

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: I
COST REPORT CERTIFICATION I 15-3030 I FROM 10/ 1/2007 I --AUDITED --DESK REVIEW I / / I
AND SETTLEMENT SUMMARY I I TO 9/30/2008 I --INITIAL --REOPENED I INTERMEDIARY NO: I
I --FINAL I-MCR CODE I
I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 6/17/2009 TIME 15:14

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: REHABILITATION HOSPITAL OF FT WAYNE 15-3030 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, XVIII, B, XIX, 1, 2, 3, 4. Rows: 1 HOSPITAL, 100 TOTAL. Values: 0, 14,925, 157, 0, 0, 14,925, 157, 0.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 7970 WEST JEFFERSON BOULEVARD P.O. BOX:  
 1.01 CITY: FORT WAYNE STATE: IN ZIP CODE: 46804- COUNTY: ALLEN

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	REHABILITATION HOSPITAL OF FT WAYNE	15-3030	2.01	11/ 1/1993	V XVIII XIX 4 5 6 N P P

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y

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?

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. N

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)

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)

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.

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
	0.00	0		

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

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)? N

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) I 2 3

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y Y

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008  
 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:  
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV 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: 19,272  
 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

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

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. N

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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	36	13,176					82
2 HMO					3,630		214
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	36	13,176			3,630		82
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	36	13,176			3,630		82
13 RPCH VISITS							
25 TOTAL	36						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			6,422				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			6,422				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			6,422				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					305	6	562
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		88.59			305	6	562
13 RPCH VISITS							
25 TOTAL		88.59					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES
 I PROVIDER NO: I PERIOD:  
 I 15-3030 I FROM 10/ 1/2007 I PREPARED 6/17/2009  
 I I TO 9/30/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		408,508	408,508	142,525	551,033
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				50,968	50,968
5	0500 EMPLOYEE BENEFITS	134,783	1,250,815	1,385,598		1,385,598
6.01	0640 ADMITTING	185,209	35,151	220,360		220,360
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	296,322	670,558	966,880	-231,754	735,126
8	0800 OPERATION OF PLANT	183,183	415,241	598,424		598,424
9	0900 LAUNDRY & LINEN SERVICE		49,880	49,880		49,880
10	1000 HOUSEKEEPING	169,602	43,497	213,099		213,099
11	1100 DIETARY	273,332	118,295	391,627	-209,653	181,974
12	1200 CAFETERIA				209,653	209,653
14	1400 NURSING ADMINISTRATION	76,785	8,818	85,603		85,603
17	1700 MEDICAL RECORDS & LIBRARY	52,166	36,484	88,650		88,650
18	1800 SOCIAL SERVICE	202,408	22,639	225,047		225,047
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,589,426	248,260	1,837,686	-17,605	1,820,081
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC		56,946	56,946		56,946
44	4400 LABORATORY	29,755	25,772	55,527	-2,547	52,980
49	4900 RESPIRATORY THERAPY	4,922	8,597	13,519	-286	13,233
50	5000 PHYSICAL THERAPY	370,295	19,334	389,629	-2,643	386,986
51	5100 OCCUPATIONAL THERAPY	419,925	9,306	429,231	-1,853	427,378
52	5200 SPEECH PATHOLOGY	91,223	4,572	95,795		95,795
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,564	15,627	41,191	74,910	116,101
56	5600 DRUGS CHARGED TO PATIENTS	88,818	192,016	280,834		280,834
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,620	2,661	46,281		46,281
59.01	3950 HEMODIALYSIS & OTHER ANCILLARY		79,175	79,175		79,175
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	4,237,338	3,722,152	7,959,490	11,715	7,971,205
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 MARKETING/PUBLIC RELATIONS	74,863	36,657	111,520	-11,715	99,805
100.01	7951 LHI GENERATIONS UNIT SPACE LEASE					
101	TOTAL	4,312,201	3,758,809	8,071,010	-0-	8,071,010

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-3030	I FROM 10/ 1/2007	I 6/17/2009
I	I TO 9/30/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	234,528	785,561
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-692	50,276
5	0500 EMPLOYEE BENEFITS	-4,150	1,381,448
6.01	0640 ADMITTING	-1,999	218,361
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-6,635	728,491
8	0800 OPERATION OF PLANT	-13,481	584,943
9	0900 LAUNDRY & LINEN SERVICE	-10,645	39,235
10	1000 HOUSEKEEPING		213,099
11	1100 DIETARY		181,974
12	1200 CAFETERIA	-60,801	148,852
14	1400 NURSING ADMINISTRATION		85,603
17	1700 MEDICAL RECORDS & LIBRARY	-1,209	87,441
18	1800 SOCIAL SERVICE		225,047
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-16,520	1,803,561
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC	-27,284	29,662
44	4400 LABORATORY	-436	52,544
49	4900 RESPIRATORY THERAPY		13,233
50	5000 PHYSICAL THERAPY		386,986
51	5100 OCCUPATIONAL THERAPY		427,378
52	5200 SPEECH PATHOLOGY	-660	95,135
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,071	118,172
56	5600 DRUGS CHARGED TO PATIENTS	-145	280,689
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		46,281
59.01	3950 HEMODIALYSIS & OTHER ANCILLARY SPEC PURPOSE COST CENTERS	-9,406	69,769
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	82,536	8,053,741
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 MARKETING/PUBLIC RELATIONS		99,805
100.01	7951 LHI GENERATIONS UNIT SPACE LEASE		
101	TOTAL	82,536	8,153,546

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-3030 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	HEMODIALYSIS & OTHER ANCILLARY	3950	OTHER ANCILLARY SERVICE COST CENTERS
	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	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MARKETING/PUBLIC RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	LHI GENERATIONS UNIT SPACE LEASE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
153030	FROM 10/ 1/2007	6/17/2009
	TO 9/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) COST CENTER		LINE NO	SALARY	OTHER
	1	2	3	4	5
1 BILLABLE MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		74,910
2					
3					
4					
5					
6 MARKETING YELLOW PGS	B	OTHER ADMINISTRATIVE AND GENERAL	6.02		11,715
7 PROPERTY TAXES	C	NEW CAP REL COSTS-BLDG & FIXT	3		192,797
8 TO RECLASS PHYSICIAN DIRECTORS	D	ADULTS & PEDIATRICS	25		49,976
9 MME DEPRECIATION	E	NEW CAP REL COSTS-MVBLE EQUIP	4		50,968
10 CAFETERIA COSTS	F	CAFETERIA	12	144,441	65,212
11 PROPERTY INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		696
36 TOTAL RECLASSIFICATIONS				144,441	446,274

(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: 153030	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 6/17/2009 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO	7			
1 BILLABLE MEDICAL SUPPLIES	A	ADULTS & PEDIATRICS	25			67,581	
2		RESPIRATORY THERAPY	49			286	
3		PHYSICAL THERAPY	50			2,643	
4		OCCUPATIONAL THERAPY	51			1,853	
5		LABORATORY	44			2,547	
6 MARKETING YELLOW PGS	B	MARKETING/PUBLIC RELATIONS	100			11,715	
7 PROPERTY TAXES	C	OTHER ADMINISTRATIVE AND GENERAL	6.02			192,797	13
8 TO RECLASS PHYSICIAN DIRECTORS	D	OTHER ADMINISTRATIVE AND GENERAL	6.02			49,976	
9 MME DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3			50,968	9
10 CAFETERIA COSTS	F	DIETARY	11		144,441	65,212	
11 PROPERTY INSURANCE	G	OTHER ADMINISTRATIVE AND GENERAL	6.02			696	12
36 TOTAL RECLASSIFICATIONS					144,441	446,274	

(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.

RECLASS CODE: A  
 EXPLANATION : BILLABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	74,910	ADULTS & PEDIATRICS	25	67,581	
2.00			0	RESPIRATORY THERAPY	49	286	
3.00			0	PHYSICAL THERAPY	50	2,643	
4.00			0	OCCUPATIONAL THERAPY	51	1,853	
5.00			0	LABORATORY	44	2,547	
TOTAL RECLASSIFICATIONS FOR CODE A			74,910				

RECLASS CODE: B  
 EXPLANATION : MARKETING YELLOW PGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	11,715	MARKETING/PUBLIC RELATIONS	100	11,715	
TOTAL RECLASSIFICATIONS FOR CODE B			11,715				

RECLASS CODE: C  
 EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	192,797	OTHER ADMINISTRATIVE AND GENER	6.02	192,797	
TOTAL RECLASSIFICATIONS FOR CODE C			192,797				

RECLASS CODE: D  
 EXPLANATION : TO RECLASS PHYSICIAN DIRECTORS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	49,976	OTHER ADMINISTRATIVE AND GENER	6.02	49,976	
TOTAL RECLASSIFICATIONS FOR CODE D			49,976				

RECLASS CODE: E  
 EXPLANATION : MME DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	50,968	NEW CAP REL COSTS-BLDG & FIXT	3	50,968	
TOTAL RECLASSIFICATIONS FOR CODE E			50,968				

RECLASS CODE: F  
 EXPLANATION : CAFETERIA COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	209,653	DIETARY	11	209,653	
TOTAL RECLASSIFICATIONS FOR CODE F			209,653				

RECLASS CODE: G  
 EXPLANATION : PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	696	OTHER ADMINISTRATIVE AND GENER	6.02	696	
TOTAL RECLASSIFICATIONS FOR CODE G			696				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	685,000	215,000		215,000		900,000	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	6,293,972	4,428,178		4,428,178		10,722,150	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,209,240	20,173		20,173	634,340	595,073	
7	SUBTOTAL	8,188,212	4,663,351		4,663,351	634,340	12,217,223	
8	RECONCILING ITEMS							
9	TOTAL	8,188,212	4,663,351		4,663,351	634,340	12,217,223	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	10,722,150		10,722,150	.947419				
4	NEW CAP REL COSTS-MV	595,073		595,073	.052581				
5	TOTAL	11,317,223		11,317,223	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	315,831		276,237	696	192,797		785,561
4	NEW CAP REL COSTS-MV	50,276						50,276
5	TOTAL	366,107		276,237	696	192,797		835,837

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	408,508						408,508
4	NEW CAP REL COSTS-MV							
5	TOTAL	408,508						408,508

\* 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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1				**COST CENTER DELETED**	1	
2				**COST CENTER DELETED**	2	
3				NEW CAP REL COSTS-BLDG &	3	
4				NEW CAP REL COSTS-MVBLE E	4	
5						
6						
7						
8						
9						
10						
11						
12	A-8-2	-16,520				
13						
14	A-8-1	256,291				
15						
16	B	-60,741	CAFETERIA		12	
17						
18						
19						
20	B	-1,209	MEDICAL RECORDS & LIBRARY		17	
21						
22	B	-60	CAFETERIA		12	
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	A-8-3					
28				**COST CENTER DELETED**	89	
29				**COST CENTER DELETED**	1	
30				**COST CENTER DELETED**	2	
31	A	-42,626	NEW CAP REL COSTS-BLDG &		3	9
32			NEW CAP REL COSTS-MVBLE E		4	
33			**COST CENTER DELETED**		20	
34						
35	A-8-4		OCCUPATIONAL THERAPY		51	
36	A-8-4		SPEECH PATHOLOGY		52	
37	B	-10,712	OTHER ADMINISTRATIVE AND		6.02	
38	B	-11,164	OPERATION OF PLANT		8	
39	B	-1,999	ADMITTING		6.01	
40	B	-58	EMPLOYEE BENEFITS		5	
41						
42						
43	A	-250	OTHER ADMINISTRATIVE AND		6.02	
44	A	-1	MEDICAL SUPPLIES CHARGED		55	
45	A	-270	OTHER ADMINISTRATIVE AND		6.02	
46	A	-260	OTHER ADMINISTRATIVE AND		6.02	
47	A	-627	NEW CAP REL COSTS-MVBLE E		4	9
48	A	-2,317	OPERATION OF PLANT		8	
49	A	-65	NEW CAP REL COSTS-MVBLE E		4	9
49.01	A	-9,648	OTHER ADMINISTRATIVE AND		6.02	
49.02	A	-11,136	OTHER ADMINISTRATIVE AND		6.02	
49.03	A	-4,092	EMPLOYEE BENEFITS		5	
49.04						
49.05						
49.06						
49.07						
49.08						
49.09						
50		82,536				

(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 49 and subscripts thereof.

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3	NEW CAP REL COSTS-BLDG &	INTEREST EXPENSE	276,237		276,237	11
2	6 2	OTHER ADMINISTRATIVE AND	ADMINISTRATION AND GENERA	89,490	58,067	31,423	
3	6 2	OTHER ADMINISTRATIVE AND	MALPRACTICE INS	13,490	19,272	-5,782	
4	6 2	OTHER ADMINISTRATIVE AND	GENERAL LIABILITY	119,378	119,378		
4.01	5	EMPLOYEE BENEFITS	WORKERS COMP	18,474	18,474		
4.02	9	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SVC	40,335	50,980	-10,645	
4.03	3	NEW CAP REL COSTS-BLDG &	BOC DEPRECIATION	917		917	9
4.04	41	RADIOLOGY-DIAGNOSTIC	LUTHERAN'S SERVICES	51,549	78,833	-27,284	
4.05	44	LABORATORY	LUTHERAN'S SERVICES	2,143	2,579	-436	
4.06	52	SPEECH PATHOLOGY	LUTHERAN'S SERVICES	2,877	3,537	-660	
4.09	55	MEDICAL SUPPLIES CHARGED	LUTHERAN'S SERVICES	6,639	4,567	2,072	
4.10	56	DRUGS CHARGED TO PATIENTS	LUTHERAN'S SERVICES	4,533	4,678	-145	
4.11	59 1	HEMODIALYSIS & OTHER ANCI	LUTHERAN'S SERVICES	29,783	39,189	-9,406	
4.12							
4.13							
5		TOTALS		655,845	399,554	256,291	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HEALTHCARE
2	G	0.00	HOSPITAL LAUNDR	0.00	CONSOLIDATED LAUNDRY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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



LINE NO.	WKSHT A	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	25	AGGREGATE					33,456	16,520	16,520
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					33,456	16,520	16,520

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-3030 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALA	RIES	ENTERED
6.01	ADMITTING	C	GROSS	CHARGES	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS	OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	SQUARE	FEET	ENTERED
11	DIETARY	12	MEALS	SERVED	ENTERED
12	CAFETERIA	13	FTE HOURS		ENTERED
14	NURSING ADMINISTRATION	15	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	18	PATIENT	DAYS %	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENE FITS	ADMITTING	SUBTOTAL	OTHER ADMINIS TRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	785,561	785,561					
004 NEW CAP REL COSTS-MVBLE E	50,276		50,276				
005 EMPLOYEE BENEFITS	1,381,448	7,234		463	1,389,145		
006 01 ADMITTING	218,361	6,106		391	61,589	286,447	
006 02 OTHER ADMINISTRATIVE AND	728,491	34,259		2,193	98,538		863,481
008 OPERATION OF PLANT	584,943	141,749		9,072	60,915	796,679	94,363
009 LAUNDRY & LINEN SERVICE	39,235					39,235	4,647
010 HOUSEKEEPING	213,099	12,119		776	56,399	282,393	33,448
011 DIETARY	181,974	27,450		1,757	42,861	254,042	30,090
012 CAFETERIA	148,852	34,193		2,188	48,032	233,265	27,629
014 NURSING ADMINISTRATION	85,603	1,951		125	25,534	113,213	13,410
017 MEDICAL RECORDS & LIBRARY	87,441	5,920		379	17,347	111,087	13,158
018 SOCIAL SERVICE	225,047	3,783		242	67,308	296,380	35,105
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,803,561	92,902		5,946	528,541	115,112	2,546,062
026 INTENSIVE CARE UNIT							301,573
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	29,662	5,708		365		41,189	4,879
044 LABORATORY	52,544				9,895	10,602	8,651
049 RESPIRATORY THERAPY	13,233	1,327		85	1,637	696	2,011
050 PHYSICAL THERAPY	386,986	138,285		8,850	123,137	49,475	83,710
051 OCCUPATIONAL THERAPY	427,378	63,236		4,047	139,641	51,682	81,252
052 SPEECH PATHOLOGY	95,135	7,035		450	30,335	10,055	16,939
055 MEDICAL SUPPLIES CHARGED	118,172	15,105		967	8,501	2,765	17,235
056 DRUGS CHARGED TO PATIENTS	280,689	6,212		398	29,535	34,339	41,595
059 PSYCHIATRIC/PSYCHOLOGICAL	46,281	2,031		130	14,505	1,682	7,655
059 01 HEMODIALYSIS & OTHER ANCI	69,769	14,694		940		4,585	89,988
059 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,053,741	621,299	39,764	1,364,250	286,447	7,854,072	828,009
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 MARKETING/PUBLIC RELATION	99,805	2,987	191	24,895		127,878	15,147
100 01 LHI GENERATIONS UNIT SPAC		161,275	10,321			171,596	20,325
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,153,546	785,561	50,276	1,389,145	286,447	8,153,546	863,481

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	891,042						
009 LAUNDRY & LINEN SERVICE		43,882					
010 HOUSEKEEPING	18,112		333,953				
011 DIETARY	41,024		15,694	340,850			
012 CAFETERIA	51,101		19,550		331,545		
014 NURSING ADMINISTRATION	2,916		1,116		6,100	136,755	
017 MEDICAL RECORDS & LIBRARY	8,848		3,385		8,767		145,245
018 SOCIAL SERVICE	5,654		2,163		19,184		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	138,843	43,882	53,116	340,850	191,975	136,755	58,368
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	8,530		3,263				2,765
044 LABORATORY					4,245		5,376
049 RESPIRATORY THERAPY	1,984		759		541		353
050 PHYSICAL THERAPY	206,667		79,064		37,622		25,087
051 OCCUPATIONAL THERAPY	94,506		36,155		37,932		26,205
052 SPEECH PATHOLOGY	10,514		4,022		8,887		5,099
055 MEDICAL SUPPLIES CHARGED	22,575		8,636		4,419		1,402
056 DRUGS CHARGED TO PATIENTS	9,284		3,552		6,325		17,412
059 PSYCHIATRIC/PSYCHOLOGICAL	3,035		1,161		5,548		853
059 01 HEMODIALYSIS & OTHER ANCI	21,960		8,401				2,325
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	645,553	43,882	240,037	340,850	331,545	136,755	145,245
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 MARKETING/PUBLIC RELATION	4,463		1,708				
100 01 LHI GENERATIONS UNIT SPAC	241,026		92,208				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	891,042	43,882	333,953	340,850	331,545	136,755	145,245

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE SUBTOTAL E	I&R COST POST STEP-DOWN ADJ	TOTAL
GENERAL SERVICE COST CNTR	18	25	27
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMITTING			
006 02 OTHER ADMINISTRATIVE AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE	358,486		
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	358,486	4,169,910	4,169,910
026 INTENSIVE CARE UNIT			
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
033 NURSERY			
ANCILLARY SRVC COST CNTRS			
041 RADIOLOGY-DIAGNOSTIC		60,626	60,626
044 LABORATORY		91,313	91,313
049 RESPIRATORY THERAPY		22,626	22,626
050 PHYSICAL THERAPY		1,138,883	1,138,883
051 OCCUPATIONAL THERAPY		962,034	962,034
052 SPEECH PATHOLOGY		188,471	188,471
055 MEDICAL SUPPLIES CHARGED		199,777	199,777
056 DRUGS CHARGED TO PATIENTS		429,341	429,341
059 PSYCHIATRIC/PSYCHOLOGICAL		82,881	82,881
059 01 HEMODIALYSIS & OTHER ANCI		133,333	133,333
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	358,486	7,479,195	7,479,195
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			
098 PHYSICIANS' PRIVATE OFFIC			
100 MARKETING/PUBLIC RELATION		149,196	149,196
100 01 LHI GENERATIONS UNIT SPAC		525,155	525,155
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	358,486	8,153,546	8,153,546

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	OTHER ADMINIS TRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	152	7,234	463	7,849	7,849		
006 01 ADMITTING	4,578	6,106	391	11,075	348	11,423	
006 02 OTHER ADMINISTRATIVE AND OPERATION OF PLANT	16,605	34,259	2,193	53,057	557		53,614
008 LAUNDRY & LINEN SERVICE	3,478	141,749	9,072	154,299	344		5,859
009 HOUSEKEEPING	5,393			5,393			289
010 DIETARY		12,119	776	12,895	319		2,077
011 CAFETERIA	1,409	27,450	1,757	30,616	242		1,868
012 NURSING ADMINISTRATION		34,193	2,188	36,381	271		1,715
014 MEDICAL RECORDS & LIBRARY		1,951	125	2,076	144		833
017 SOCIAL SERVICE	9,531	5,920	379	15,830	98		817
018 INPAT ROUTINE SRVC CNTRS		3,783	242	4,025	380		2,180
025 ADULTS & PEDIATRICS	7,637	92,902	5,946	106,485	2,987	4,590	18,725
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC LABORATORY		5,708	365	6,073		218	303
049 RESPIRATORY THERAPY	7,293	1,327	85	8,705	56	423	537
050 PHYSICAL THERAPY	2,700	138,285	8,850	149,835	9	28	125
051 OCCUPATIONAL THERAPY		63,236	4,047	67,283	696	1,973	5,197
052 SPEECH PATHOLOGY		7,035	450	7,485	789	2,061	5,045
055 MEDICAL SUPPLIES CHARGED	26,766	15,105	967	42,838	171	401	1,052
056 DRUGS CHARGED TO PATIENTS	139	6,212	398	6,749	48	110	1,070
059 PSYCHIATRIC/PSYCHOLOGICAL	30	2,031	130	2,191	167	1,369	2,583
059 01 HEMODIALYSIS & OTHER ANCI SPEC PURPOSE COST CENTERS		14,694	940	15,634	82	67	475
095 SUBTOTALS	85,711	621,299	39,764	746,774	7,708	11,423	51,412
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 01 MARKETING/PUBLIC RELATION	398	2,987	191	3,576	141		940
101 LHI GENERATIONS UNIT SPAC		161,275	10,321	171,596			1,262
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	86,109	785,561	50,276	921,946	7,849	11,423	53,614

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	160,502						
009 LAUNDRY & LINEN SERVICE		5,682					
010 HOUSEKEEPING	3,262		18,553				
011 DIETARY	7,390		872	40,988			
012 CAFETERIA	9,205		1,086		48,658		
014 NURSING ADMINISTRATION	525		62		895	4,535	
017 MEDICAL RECORDS & LIBRARY	1,594		188		1,287		19,814
018 SOCIAL SERVICE	1,018		120		2,815		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,010	5,682	2,951	40,988	28,176	4,535	7,962
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	1,537		181				377
044 LABORATORY					623		733
049 RESPIRATORY THERAPY	357		42		79		48
050 PHYSICAL THERAPY	37,227		4,392		5,521		3,423
051 OCCUPATIONAL THERAPY	17,023		2,009		5,567		3,575
052 SPEECH PATHOLOGY	1,894		223		1,304		696
055 MEDICAL SUPPLIES CHARGED	4,066		480		649		191
056 DRUGS CHARGED TO PATIENTS	1,672		197		928		2,376
059 PSYCHIATRIC/PSYCHOLOGICAL	547		65		814		116
059 01 HEMODIALYSIS & OTHER ANCI	3,956		467				317
059 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	116,283	5,682	13,335	40,988	48,658	4,535	19,814
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 MARKETING/PUBLIC RELATION	804		95				
100 01 LHI GENERATIONS UNIT SPAC	43,415		5,123				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	160,502	5,682	18,553	40,988	48,658	4,535	19,814

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	10,538			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	10,538	258,629		258,629
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE UNIT				
033 SURGICAL INTENSIVE CARE U				
033 NURSERY				
041 ANCILLARY SRVC COST CNTRS				
044 RADIOLOGY-DIAGNOSTIC		8,689		8,689
049 LABORATORY		2,372		2,372
050 RESPIRATORY THERAPY		9,393		9,393
051 PHYSICAL THERAPY		208,264		208,264
052 OCCUPATIONAL THERAPY		103,352		103,352
055 SPEECH PATHOLOGY		13,226		13,226
056 MEDICAL SUPPLIES CHARGED		49,452		49,452
059 DRUGS CHARGED TO PATIENTS		16,041		16,041
059 01 PSYCHIATRIC/PSYCHOLOGICAL		4,357		4,357
059 01 HEMODIALYSIS & OTHER ANCI		21,219		21,219
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	10,538	694,994		694,994
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
100 PHYSICIANS' PRIVATE OFFIC		5,556		5,556
100 01 MARKETING/PUBLIC RELATION		221,396		221,396
101 LHI GENERATIONS UNIT SPAC				
102 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	10,538	921,946		921,946

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	RECONCILIATION	OTHER ADMINIS
	OSTS-BLDG &	OSTS-MVBLE E	FITS			TRATIVE AND
	(SQUARE FEET	(SQUARE FEET	(GROSS SALA	( GROSS		( ACCUM.
			RIES	CHARGES		COST )
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	710,184					
005 NEW CAP REL COSTS-MVB		710,184				
006 EMPLOYEE BENEFITS	6,540	6,540	4,177,418			
006 01 ADMITTING	5,520	5,520	185,209	13,647,885		
006 02 OTHER ADMINISTRATIVE	30,972	30,972	296,322		-863,481	7,290,065
008 OPERATION OF PLANT	128,148	128,148	183,183			796,679
009 LAUNDRY & LINEN SERVI						39,235
010 HOUSEKEEPING	10,956	10,956	169,602			282,393
011 DIETARY	24,816	24,816	128,891			254,042
012 CAFETERIA	30,912	30,912	144,441			233,265
014 NURSING ADMINISTRATIO	1,764	1,764	76,785			113,213
017 MEDICAL RECORDS & LIB	5,352	5,352	52,166			111,087
018 SOCIAL SERVICE	3,420	3,420	202,408			296,380
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	83,988	83,988	1,589,426	5,484,386		2,546,062
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
041 NURSERY						
044 ANCILLARY SRVC COST C						
049 RADIOLOGY-DIAGNOSTIC	5,160	5,160		259,859		41,189
050 LABORATORY			29,755	505,127		73,041
050 RESPIRATORY THERAPY	1,200	1,200	4,922	33,168		16,978
050 PHYSICAL THERAPY	125,016	125,016	370,295	2,357,312		706,733
051 OCCUPATIONAL THERAPY	57,168	57,168	419,925	2,462,450		685,984
052 SPEECH PATHOLOGY	6,360	6,360	91,223	479,098		143,010
055 MEDICAL SUPPLIES CHAR	13,656	13,656	25,564	131,746		145,510
056 DRUGS CHARGED TO PATI	5,616	5,616	88,818	1,636,120		351,173
059 PSYCHIATRIC/PSYCHOLOG	1,836	1,836	43,620	80,143		64,629
059 01 HEMODIALYSIS & OTHER	13,284	13,284		218,476		89,988
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	561,684	561,684	4,102,555	13,647,885	-863,481	6,990,591
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
100 MARKETING/PUBLIC RELA	2,700	2,700	74,863			127,878
100 01 LHI GENERATIONS UNIT	145,800	145,800				171,596
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	785,561	50,276	1,389,145	286,447		863,481
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.106137		.332537			
105 (WRKSHT B, PT I)		.070793		.020988		.118446
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			7,849	11,423		53,614
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001879	.000837		.007354
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE HOURS)	(DIRECT NRSNG HRS)	(GROSS CHARGES)
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 OTHER ADMINISTRATIVE							
008	OPERATION OF PLANT	539,004						
009	LAUNDRY & LINEN SERVI		79,341					
010	HOUSEKEEPING	10,956		528,048				
011	DIETARY	24,816		24,816	25,963			
012	CAFETERIA	30,912		30,912		116,361		
014	NURSING ADMINISTRATIO	1,764		1,764		2,141	100	
017	MEDICAL RECORDS & LIB	5,352		5,352		3,077		13,647,885
018	SOCIAL SERVICE	3,420		3,420		6,733		
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	83,988	79,341	83,988	25,963	67,376	100	5,484,386
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE U							
033	SURGICAL INTENSIVE CA							
033	NURSERY							
041	ANCILLARY SRVC COST C							
044	RADIOLOGY-DIAGNOSTIC	5,160		5,160				259,859
044	LABORATORY					1,490		505,127
049	RESPIRATORY THERAPY	1,200		1,200		190		33,168
050	PHYSICAL THERAPY	125,016		125,016		13,204		2,357,312
051	OCCUPATIONAL THERAPY	57,168		57,168		13,313		2,462,450
052	SPEECH PATHOLOGY	6,360		6,360		3,119		479,098
055	MEDICAL SUPPLIES CHAR	13,656		13,656		1,551		131,746
056	DRUGS CHARGED TO PATI	5,616		5,616		2,220		1,636,120
059	PSYCHIATRIC/PSYCHOLOG	1,836		1,836		1,947		80,143
059	01 HEMODIALYSIS & OTHER	13,284		13,284				218,476
059	SPEC PURPOSE COST CEN							
095	SUBTOTALS	390,504	79,341	379,548	25,963	116,361	100	13,647,885
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE							
100	PHYSICIANS' PRIVATE O							
100	MARKETING/PUBLIC RELA	2,700		2,700				
100	01 LHI GENERATIONS UNIT	145,800		145,800				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	891,042	43,882	333,953	340,850	331,545	136,755	145,245
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.553081		13.128298		1,367.550000	
104	(WRKSHT B, PT I)	1.653127		.632429		2.849279		.010642
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	160,502	5,682	18,553	40,988	48,658	4,535	19,814
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.071615		1.578708		45.350000	
108	(WRKSHT B, PT III)	.297775		.035135		.418164		.001452

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS % )
	18
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
006 01 ADMITTING	
006 02 OTHER ADMINISTRATIVE	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVI	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATIO	
017 MEDICAL RECORDS & LIB	
018 SOCIAL SERVICE	100
025 INPAT ROUTINE SRVC CN	
026 ADULTS & PEDIATRICS	100
027 INTENSIVE CARE UNIT	
028 CORONARY CARE UNIT	
029 BURN INTENSIVE CARE U	
033 SURGICAL INTENSIVE CA	
033 NURSERY	
041 ANCILLARY SRVC COST C	
044 RADIOLOGY-DIAGNOSTIC	
049 LABORATORY	
050 RESPIRATORY THERAPY	
051 PHYSICAL THERAPY	
052 OCCUPATIONAL THERAPY	
055 SPEECH PATHOLOGY	
056 MEDICAL SUPPLIES CHAR	
059 DRUGS CHARGED TO PATI	
059 PSYCHIATRIC/PSYCHOLOG	
059 01 HEMODIALYSIS & OTHER	
095 SPEC PURPOSE COST CEN	
095 SUBTOTALS	100
096 NONREIMBURS COST CENT	
098 GIFT, FLOWER, COFFEE	
100 PHYSICIANS' PRIVATE O	
100 01 MARKETING/PUBLIC RELA	
101 LHI GENERATIONS UNIT	
102 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	358,486
104 (PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
105 (WRKSHT B, PT I)	3,584.860000
105 COST TO BE ALLOCATED	
106 (PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
107 (WRKSHT B, PT II)	10,538
107 COST TO BE ALLOCATED	
108 (PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	105.380000
108 (WRKSHT B, PT III)	

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	4,169,910		4,169,910	16,520	4,186,430
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
41	RADIOLOGY-DIAGNOSTIC	60,626		60,626		60,626
44	LABORATORY	91,313		91,313		91,313
49	RESPIRATORY THERAPY	22,626		22,626		22,626
50	PHYSICAL THERAPY	1,138,883		1,138,883		1,138,883
51	OCCUPATIONAL THERAPY	962,034		962,034		962,034
52	SPEECH PATHOLOGY	188,471		188,471		188,471
55	MEDICAL SUPPLIES CHARGED	199,777		199,777		199,777
56	DRUGS CHARGED TO PATIENTS	429,341		429,341		429,341
59	PSYCHIATRIC/PSYCHOLOGICAL	82,881		82,881		82,881
59 01	HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	133,333		133,333		133,333
101	SUBTOTAL	7,479,195		7,479,195	16,520	7,495,715
102	LESS OBSERVATION BEDS					
103	TOTAL	7,479,195		7,479,195	16,520	7,495,715

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009  
 I 15-3030 I FROM 10/ 1/2007 I WORKSHEET C  
 I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,484,386		5,484,386			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	259,859		259,859	.233303	.233303	.233303
44	LABORATORY	505,127		505,127	.180772	.180772	.180772
49	RESPIRATORY THERAPY	33,168		33,168	.682164	.682164	.682164
50	PHYSICAL THERAPY	2,355,250	2,062	2,357,312	.483128	.483128	.483128
51	OCCUPATIONAL THERAPY	2,462,450		2,462,450	.390682	.390682	.390682
52	SPEECH PATHOLOGY	479,098		479,098	.393387	.393387	.393387
55	MEDICAL SUPPLIES CHARGED	116,952	14,794	131,746	1.516380	1.516380	1.516380
56	DRUGS CHARGED TO PATIENTS	1,632,178	3,942	1,636,120	.262414	.262414	.262414
59	PSYCHIATRIC/PSYCHOLOGICAL	80,143		80,143	1.034164	1.034164	1.034164
59 01	HEMODIALYSIS & OTHER ANCI	216,883	1,593	218,476	.610287	.610287	.610287
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,625,494	22,391	13,647,885			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,625,494	22,391	13,647,885			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	4,169,910		4,169,910	16,520	4,186,430
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
33	SURGICAL INTENSIVE CARE U NURSERY					
	ANCILLARY SRVC COST CNTRS					
41	RADIOLOGY-DIAGNOSTIC	60,626		60,626		60,626
44	LABORATORY	91,313		91,313		91,313
49	RESPIRATORY THERAPY	22,626		22,626		22,626
50	PHYSICAL THERAPY	1,138,883		1,138,883		1,138,883
51	OCCUPATIONAL THERAPY	962,034		962,034		962,034
52	SPEECH PATHOLOGY	188,471		188,471		188,471
55	MEDICAL SUPPLIES CHARGED	199,777		199,777		199,777
56	DRUGS CHARGED TO PATIENTS	429,341		429,341		429,341
59	PSYCHIATRIC/PSYCHOLOGICAL	82,881		82,881		82,881
59	01 HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	133,333		133,333		133,333
101	SUBTOTAL	7,479,195		7,479,195	16,520	7,495,715
102	LESS OBSERVATION BEDS					
103	TOTAL	7,479,195		7,479,195	16,520	7,495,715

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,484,386		5,484,386			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	259,859		259,859	.233303	.233303	.233303
44	LABORATORY	505,127		505,127	.180772	.180772	.180772
49	RESPIRATORY THERAPY	33,168		33,168	.682164	.682164	.682164
50	PHYSICAL THERAPY	2,355,250	2,062	2,357,312	.483128	.483128	.483128
51	OCCUPATIONAL THERAPY	2,462,450		2,462,450	.390682	.390682	.390682
52	SPEECH PATHOLOGY	479,098		479,098	.393387	.393387	.393387
55	MEDICAL SUPPLIES CHARGED	116,952	14,794	131,746	1.516380	1.516380	1.516380
56	DRUGS CHARGED TO PATIENTS	1,632,178	3,942	1,636,120	.262414	.262414	.262414
59	PSYCHIATRIC/PSYCHOLOGICAL	80,143		80,143	1.034164	1.034164	1.034164
59	01 HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	216,883	1,593	218,476	.610287	.610287	.610287
101	SUBTOTAL	13,625,494	22,391	13,647,885			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,625,494	22,391	13,647,885			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	60,626	8,689	51,937			60,626
44	LABORATORY	91,313	2,372	88,941			91,313
49	RESPIRATORY THERAPY	22,626	9,393	13,233			22,626
50	PHYSICAL THERAPY	1,138,883	208,264	930,619			1,138,883
51	OCCUPATIONAL THERAPY	962,034	103,352	858,682			962,034
52	SPEECH PATHOLOGY	188,471	13,226	175,245			188,471
55	MEDICAL SUPPLIES CHARGED	199,777	49,452	150,325			199,777
56	DRUGS CHARGED TO PATIENTS	429,341	16,041	413,300			429,341
59	PSYCHIATRIC/PSYCHOLOGICAL	82,881	4,357	78,524			82,881
59	01 HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	133,333	21,219	112,114			133,333
101	SUBTOTAL	3,309,285	436,365	2,872,920			3,309,285
102	LESS OBSERVATION BEDS						
103	TOTAL	3,309,285	436,365	2,872,920			3,309,285

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	259,859	.233303	.233303
44	LABORATORY	505,127	.180772	.180772
49	RESPIRATORY THERAPY	33,168	.682164	.682164
50	PHYSICAL THERAPY	2,357,312	.483128	.483128
51	OCCUPATIONAL THERAPY	2,462,450	.390682	.390682
52	SPEECH PATHOLOGY	479,098	.393387	.393387
55	MEDICAL SUPPLIES CHARGED	131,746	1.516380	1.516380
56	DRUGS CHARGED TO PATIENTS	1,636,120	.262414	.262414
59	PSYCHIATRIC/PSYCHOLOGICAL	80,143	1.034164	1.034164
59	01 HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	218,476	.610287	.610287
101	SUBTOTAL	8,163,499		
102	LESS OBSERVATION BEDS			
103	TOTAL	8,163,499		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	60,626	8,689	51,937	869	3,012	56,745
44	LABORATORY	91,313	2,372	88,941	237	5,159	85,917
49	RESPIRATORY THERAPY	22,626	9,393	13,233	939	768	20,919
50	PHYSICAL THERAPY	1,138,883	208,264	930,619	20,826	53,976	1,064,081
51	OCCUPATIONAL THERAPY	962,034	103,352	858,682	10,335	49,804	901,895
52	SPEECH PATHOLOGY	188,471	13,226	175,245	1,323	10,164	176,984
55	MEDICAL SUPPLIES CHARGED	199,777	49,452	150,325	4,945	8,719	186,113
56	DRUGS CHARGED TO PATIENTS	429,341	16,041	413,300	1,604	23,971	403,766
59	PSYCHIATRIC/PSYCHOLOGICAL	82,881	4,357	78,524	436	4,554	77,891
59	01 HEMODIALYSIS & OTHER ANCI	133,333	21,219	112,114	2,122	6,503	124,708
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,309,285	436,365	2,872,920	43,636	166,630	3,099,019
102	LESS OBSERVATION BEDS						
103	TOTAL	3,309,285	436,365	2,872,920	43,636	166,630	3,099,019

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
	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	259,859	.218368	.229959
44	LABORATORY	505,127	.170090	.180303
49	RESPIRATORY THERAPY	33,168	.630698	.653853
50	PHYSICAL THERAPY	2,357,312	.451396	.474293
51	OCCUPATIONAL THERAPY	2,462,450	.366259	.386485
52	SPEECH PATHOLOGY	479,098	.369411	.390626
55	MEDICAL SUPPLIES CHARGED	131,746	1.412665	1.478846
56	DRUGS CHARGED TO PATIENTS	1,636,120	.246783	.261434
59	PSYCHIATRIC/PSYCHOLOGICAL	80,143	.971900	1.028724
59 01	HEMODIALYSIS & OTHER ANCI	218,476	.570809	.600574
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	8,163,499		
102	LESS OBSERVATION BEDS			
103	TOTAL	8,163,499		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				258,629		258,629
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL				258,629		258,629

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	6,422	3,630			40.27	146,180
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	6,422	3,630				146,180

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC		8,689	259,859	138,368		
44	LABORATORY		2,372	505,127	292,444		
49	RESPIRATORY THERAPY		9,393	33,168	24,354		
50	PHYSICAL THERAPY		208,264	2,357,312	1,258,425		
51	OCCUPATIONAL THERAPY		103,352	2,462,450	1,319,391		
52	SPEECH PATHOLOGY		13,226	479,098	248,231		
55	MEDICAL SUPPLIES CHARGED		49,452	131,746	86,736		
56	DRUGS CHARGED TO PATIENTS		16,041	1,636,120	934,919		
59	PSYCHIATRIC/PSYCHOLOGICAL		4,357	80,143	37,357		
59 01	HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS		21,219	218,476	141,599		
101	TOTAL		436,365	8,163,499	4,481,824		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
41	RADIOLOGY-DIAGNOSTIC	.033437	4,627
44	LABORATORY	.004696	1,373
49	RESPIRATORY THERAPY	.283195	6,897
50	PHYSICAL THERAPY	.088348	111,179
51	OCCUPATIONAL THERAPY	.041971	55,376
52	SPEECH PATHOLOGY	.027606	6,853
55	MEDICAL SUPPLIES CHARGED	.375359	32,557
56	DRUGS CHARGED TO PATIENTS	.009804	9,166
59	PSYCHIATRIC/PSYCHOLOGICAL	.054365	2,031
59 01	HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	.097123	13,753
101	TOTAL		243,812

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					6,422	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL					6,422	

Health Financial Systems      MCRIF32      FOR REHABILITATION HOSPITAL OF FT WAYNE      IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE      I      PROVIDER NO:      I      PERIOD:      I      PREPARED 6/17/2009

SERVICE OTHER PASS THROUGH COSTS      I      15-3030      I      FROM 10/ 1/2007      I      WORKSHEET D

TITLE XVIII, PART A      I      I      TO 9/30/2008      I      PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		3,630
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		3,630

TITLE XVIII, PART A HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	PSYCHIATRIC/PSYCHOLOGICAL					
59 01	HEMODIALYSIS & OTHER ANCI					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF TO CHARGES 5	O/P CST TO 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
41	RADIOLOGY-DIAGNOSTIC			259,859			138,368	
44	LABORATORY			505,127			292,444	
49	RESPIRATORY THERAPY			33,168			24,354	
50	PHYSICAL THERAPY			2,357,312			1,258,425	
51	OCCUPATIONAL THERAPY			2,462,450			1,319,391	
52	SPEECH PATHOLOGY			479,098			248,231	
55	MEDICAL SUPPLIES CHARGED			131,746			86,736	
56	DRUGS CHARGED TO PATIENTS			1,636,120			934,919	
59	PSYCHIATRIC/PSYCHOLOGICAL			80,143			37,357	
59	01 HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS			218,476			141,599	
101	TOTAL			8,163,499			4,481,824	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		1,405				
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	HEMODIALYSIS & OTHER ANCI		1,593				
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,998				

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					
41 RADIOLOGY-DIAGNOSTIC	.233303	.233303			
44 LABORATORY	.180772	.180772			
49 RESPIRATORY THERAPY	.682164	.682164			
50 PHYSICAL THERAPY	.483128	.483128			
51 OCCUPATIONAL THERAPY	.390682	.390682			
52 SPEECH PATHOLOGY	.393387	.393387			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.516380	1.516380			
56 DRUGS CHARGED TO PATIENTS	.262414	.262414			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.034164	1.034164			
59 01 HEMODIALYSIS & OTHER ANCILLARY	.610287	.610287			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				1,405	
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 HEMODIALYSIS & OTHER ANCILLARY				1,593	
101 SUBTOTAL				2,998	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				2,998	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS	7	8	9	9.01	9.02
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 HEMODIALYSIS & OTHER ANCILLARY					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

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			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	369		
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01 HEMODIALYSIS & OTHER ANCILLARY	972		
101 SUBTOTAL	1,341		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	1,341		

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 ADULTS & PEDIATRICS				258,629		258,629
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				258,629		258,629

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						
26	ADULTS & PEDIATRICS	6,422	82			40.27	3,302
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL	6,422	82				3,302

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC		8,689	259,859	6,802		
44	LABORATORY		2,372	505,127	6,501		
49	RESPIRATORY THERAPY		9,393	33,168	333		
50	PHYSICAL THERAPY		208,264	2,357,312	31,659		
51	OCCUPATIONAL THERAPY		103,352	2,462,450	32,886		
52	SPEECH PATHOLOGY		13,226	479,098	6,633		
55	MEDICAL SUPPLIES CHARGED		49,452	131,746	1,200		
56	DRUGS CHARGED TO PATIENTS		16,041	1,636,120	20,496		
59	PSYCHIATRIC/PSYCHOLOGICAL		4,357	80,143	431		
59 01	HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS		21,219	218,476	6,548		
101	TOTAL		436,365	8,163,499	113,489		

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
41	ANCILLARY SRVC COST CNTRS		
	RADIOLOGY-DIAGNOSTIC	.033437	227
44	LABORATORY	.004696	31
49	RESPIRATORY THERAPY	.283195	94
50	PHYSICAL THERAPY	.088348	2,797
51	OCCUPATIONAL THERAPY	.041971	1,380
52	SPEECH PATHOLOGY	.027606	183
55	MEDICAL SUPPLIES CHARGED	.375359	450
56	DRUGS CHARGED TO PATIENTS	.009804	201
59	PSYCHIATRIC/PSYCHOLOGICAL	.054365	23
59 01	HEMODIALYSIS & OTHER ANCI	.097123	636
	OTHER REIMBURS COST CNTRS		
101	TOTAL		6,022

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					6,422	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL					6,422	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	82
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		82

TITLE XIX

HOSPITAL

PPS

WKST A	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
		ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
41		RADIOLOGY-DIAGNOSTIC						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		PSYCHIATRIC/PSYCHOLOGICAL						
59	01	HEMODIALYSIS & OTHER ANCI						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
41	RADIOLOGY-DIAGNOSTIC			259,859			6,802	
44	LABORATORY			505,127			6,501	
49	RESPIRATORY THERAPY			33,168			333	
50	PHYSICAL THERAPY			2,357,312			31,659	
51	OCCUPATIONAL THERAPY			2,462,450			32,886	
52	SPEECH PATHOLOGY			479,098			6,633	
55	MEDICAL SUPPLIES CHARGED			131,746			1,200	
56	DRUGS CHARGED TO PATIENTS			1,636,120			20,496	
59	PSYCHIATRIC/PSYCHOLOGICAL			80,143			431	
59 01	HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS			218,476			6,548	
101	TOTAL			8,163,499			113,489	

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 HEMODIALYSIS & OTHER ANCI						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC	.218368				
44 LABORATORY	.170090				
49 RESPIRATORY THERAPY	.630698				
50 PHYSICAL THERAPY	.451396				
51 OCCUPATIONAL THERAPY	.366259				
52 SPEECH PATHOLOGY	.369411				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.412665				
56 DRUGS CHARGED TO PATIENTS	.246783				
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.971900				
59 01 HEMODIALYSIS & OTHER ANCILLARY	.570809				
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

PPS Services Non-PPS PPS Services Outpatient Outpatient  
 FYB to 12/31 Services 1/1 to FYE Ambulatory Surgical Ctr Radiology

Cost Center Description 5.01 5.02 5.03 6 7

- (A) ANCILLARY SRVC COST CNTRS
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
- 59 01 HEMODIALYSIS & OTHER ANCILLARY
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
(A) ANCILLARY SRVC COST CNTRS	8	9	9.01	9.02	9.03
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 HEMODIALYSIS & OTHER ANCILLARY					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,422
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,422
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,422
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,630
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	4,186,430
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	4,186,430

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,484,386
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,484,386
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.763336
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	854.00
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	4,186,430

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 651.89  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,366,361  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,366,361

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,824,764
49 TOTAL PROGRAM INPATIENT COSTS					4,191,125

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 146,180  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 243,812  
 52 TOTAL PROGRAM EXCLUDABLE COST 389,992  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,801,133

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 651.89  
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		4,186,430			
87 NEW CAPITAL-RELATED COST	258,629	4,186,430	.061778		
88 NON PHYSICIAN ANESTHETIST		4,186,430			
89 MEDICAL EDUCATION		4,186,430			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,422
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,422
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,422
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)	82
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	4,186,430
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	4,186,430

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,484,386
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,484,386
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.763336
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	854.00
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	4,186,430

TITLE XIX - I/P 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 651.89  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 53,455  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 53,455

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

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1 45,381  
 49 TOTAL PROGRAM INPATIENT COSTS 98,836

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,302  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 6,022  
 52 TOTAL PROGRAM EXCLUDABLE COST 9,324  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 89,512

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	651.89
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,186,430			
87	NEW CAPITAL-RELATED COST	258,629	4,186,430	.061778	
88	NON PHYSICIAN ANESTHETIST		4,186,430		
89	MEDICAL EDUCATION		4,186,430		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,075,287	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	.233303	138,368	32,282
44	LABORATORY	.180772	292,444	52,866
49	RESPIRATORY THERAPY	.682164	24,354	16,613
50	PHYSICAL THERAPY	.483128	1,258,425	607,980
51	OCCUPATIONAL THERAPY	.390682	1,319,391	515,462
52	SPEECH PATHOLOGY	.393387	248,231	97,651
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.516380	86,736	131,525
56	DRUGS CHARGED TO PATIENTS	.262414	934,919	245,336
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.034164	37,357	38,633
59 01	HEMODIALYSIS & OTHER ANCILLARY OTHER REIMBURS COST CNTRS	.610287	141,599	86,416
101	TOTAL		4,481,824	1,824,764
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,481,824	

TITLE XIX 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		68,654	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	.233303	6,802	1,587
44	LABORATORY	.180772	6,501	1,175
49	RESPIRATORY THERAPY	.682164	333	227
50	PHYSICAL THERAPY	.483128	31,659	15,295
51	OCCUPATIONAL THERAPY	.390682	32,886	12,848
52	SPEECH PATHOLOGY	.393387	6,633	2,609
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.516380	1,200	1,820
56	DRUGS CHARGED TO PATIENTS	.262414	20,496	5,378
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.034164	431	446
59 01	HEMODIALYSIS & OTHER ANCILLARY OTHER REIMBURS COST CNTRS	.610287	6,548	3,996
101	TOTAL		113,489	45,381
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		113,489	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)  
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 1,341  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 1,480  
 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)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES  
 6 ANCILLARY SERVICE CHARGES  
 7 INTERNS AND RESIDENTS SERVICE CHARGES  
 8 ORGAN ACQUISITION CHARGES  
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  
 10 TOTAL REASONABLE CHARGES  
 CUSTOMARY CHARGES  
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS  
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).  
 13 RATIO OF LINE 11 TO LINE 12  
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 1,480

COMPUTATION OF REIMBURSEMENT SETTLEMENT  
 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 296  
 19 SUBTOTAL (SEE INSTRUCTIONS) 1,184  
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)  
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS  
 22 ESRD DIRECT MEDICAL EDUCATION COSTS  
 23 SUBTOTAL 1,184  
 24 PRIMARY PAYER PAYMENTS  
 25 SUBTOTAL 1,184

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  
 26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 224  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 157  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 224  
 28 SUBTOTAL 1,341  
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.  
 30 OTHER ADJUSTMENTS (SPECIFY)  
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.  
 32 SUBTOTAL 1,341  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 1,184  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 157  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,911,775		1,184
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		3,911,775		1,184
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		14,925		157
7 TOTAL MEDICARE PROGRAM LIABILITY		3,926,700		1,341

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,842,185
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0247
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	167,235
1.05	OUTLIER PAYMENTS	89,694
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,099,114
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + ((LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.546448
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + ((LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,099,114
5	PRIMARY PAYER PAYMENTS	88,593
6	SUBTOTAL	4,010,521
7	DEDUCTIBLES	60,096
8	SUBTOTAL	3,950,425
9	COINSURANCE	36,384
10	SUBTOTAL	3,914,041
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	18,084
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	12,659
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	18,084
12	SUBTOTAL	3,926,700
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) 3,926,700
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
19	INTERIM PAYMENTS 3,911,775
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
20	BALANCE DUE PROVIDER/PROGRAM 14,925
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) 703
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	113,489	
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	113,489	
	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)	113,489	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	113,489	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

Health Financial Systems      MCRIF32      FOR REHABILITATION HOSPITAL OF FT WAYNE      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO:      I PERIOD:      I PREPARED 6/17/2009  
I 15-3030      I FROM 10/ 1/2007      I WORKSHEET E-3  
I COMPONENT NO:      I TO 9/30/2008      I PART III  
I -      I

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	86,321			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	834,959			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,077			
7 INVENTORY	13,565			
8 PREPAID EXPENSES	1,836			
9 OTHER CURRENT ASSETS	2,195			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	935,799			
FIXED ASSETS				
12 LAND	900,000			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	10,722,150			
14.01 LESS ACCUMULATED DEPRECIATION	-454,745			
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	595,073			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	11,762,478			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	-5,402,424			
26 TOTAL OTHER ASSETS	-5,402,424			
27 TOTAL ASSETS	7,295,853			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	164,826			
29 SALARIES, WAGES & FEES PAYABLE	224,943			
30 PAYROLL TAXES PAYABLE	296,239			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	149			
36 TOTAL CURRENT LIABILITIES	686,157			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	-14,052,088			
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	-14,052,088			
43 TOTAL LIABILITIES	-13,365,931			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	20,661,784			
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	20,661,784			
52 TOTAL LIABILITIES AND FUND BALANCES	7,295,853			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		20,761,941		
2 NET INCOME (LOSS)		-100,118		
3 TOTAL		20,661,823		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		20,661,823		
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		20,661,823		

	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				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	5,484,386		5,484,386
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,484,386		5,484,386
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,484,386		5,484,386
17 00 ANCILLARY SERVICES	8,142,700		8,142,700
18 00 OUTPATIENT SERVICES		20,797	20,797
24 00			
25 00 TOTAL PATIENT REVENUES	13,627,086	20,797	13,647,883

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	8,071,010
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	8,071,010

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION

1	TOTAL PATIENT REVENUES	13,647,883
2	LESS: ALLOWANCES AND DISCOUNTS ON	6,010,464
3	NET PATIENT REVENUES	7,637,419
4	LESS: TOTAL OPERATING EXPENSES	8,071,010
5	NET INCOME FROM SERVICE TO PATIENT	-433,591
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	60,741
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	1,209
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	60
22	RENTAL OF HOSPITAL SPACE	265,509
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	12,236
25	TOTAL OTHER INCOME	339,755
26	TOTAL	-93,836
	OTHER EXPENSES	
27	BAD DEBTS	6,282
28		
29		
30	TOTAL OTHER EXPENSES	6,282
31	NET INCOME (OR LOSS) FOR THE PERIO	-100,118