

**RIVERVIEW HOSPITAL**  
NOBLESVILLE, INDIANA

**PROVIDER NUMBERS**  
15-0059, 15-T059 AND 15-5669

HOSPITAL STATEMENT OF REIMBURSABLE COST  
YEAR ENDED DECEMBER 31, 2008

*CPAs / ADVISORS*



THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0059	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 9:20

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:  
 RIVERVIEW HOSPITAL 15-0059  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/28/2009 TIME 9:20  
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 Fvns0SmcS50Mc2xk  
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PI ENCRYPTION INFORMATION  
 DATE: 5/28/2009 TIME 9:20  
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\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	53,061	37,163	538,031
2	SUBPROVIDER	0	-70,265	0	49,311
5	HOSPITAL-BASED SNF	0	0	0	0
100	TOTAL	0	-17,204	37,163	587,342

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET 5-2  
 I I TO 12/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 395 WESTFIELD ROAD P.O. BOX:  
 1.01 CITY: NOBLESVILLE STATE: IN ZIP CODE: 46060- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	RIVERVIEW HOSPITAL	15-0059		7/ 7/1966	N	P	O
03.00 SUBPROVIDER	RIVERVIEW HOSPITAL REHAB	15-T059		1/ 1/1994	N	P	O
06.00 HOSPITAL-BASED SNF	RIVERVIEW HOSPITAL SNF	15-5669		10/26/1999	N	P	N

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

18 TYPE OF CONTROL 1 2  
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 100 0.9896 0.9844 0.00 1 3480 26900

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	69.00%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

MISCELLANEOUS COST REPORT INFORMATION

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

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y 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 N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? 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  
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? 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 ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

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

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

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

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

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEES
	0	1	2	3	4	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N			0.00				0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00				0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00				0

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-2  
I TO 12/31/2008 I

"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

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

N  
N

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

0

MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-3  
I I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS 5	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,940			9,105			968
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	90	32,940			9,105			968
6 INTENSIVE CARE UNIT	15	5,490			1,964			
11 NURSERY								
12 TOTAL	105	38,430			11,069			968
13 RPCH VISITS								
14 SUBPROVIDER	24	8,760			4,446			154
15 SKILLED NURSING FACILITY	25	91,125			4,318			
25 TOTAL	154							
26 OBSERVATION BED DAYS								156
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS					308			
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			19,289				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,289				
6 INTENSIVE CARE UNIT			3,355				
11 NURSERY							
12 TOTAL			22,644				
13 RPCH VISITS							
14 SUBPROVIDER			6,200				
15 SKILLED NURSING FACILITY			5,160				
25 TOTAL							
26 OBSERVATION BED DAYS	40	116	913	178	735		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,186	267	5,021
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		888.15			2,186	267	5,021
13 RPCH VISITS							
14 SUBPROVIDER		24.94			375	8	501
15 SKILLED NURSING FACILITY							
25 TOTAL		913.09					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-3  
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	54,543,125	3,322,312	57,865,437	1,899,224.00	30.47	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	13,917,391	51,191	13,968,582	399,793.00	34.94	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	37,130		37,130	1,182.00	31.41	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	9,307,644		9,307,644			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	2,456,048		2,456,048			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	639,628		639,628	21,221.00	30.14	
22	ADMINISTRATIVE & GENERAL	6,292,747		6,292,747	244,236.00	25.77	
22.01	A & G UNDER CONTRACT	727,499		727,499	3,359.00	216.58	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	1,760,621		1,760,621	74,743.00	23.56	
25	LAUNDRY & LINEN SERVICE	91,966		91,966	6,926.00	13.28	
26	HOUSEKEEPING	1,092,777		1,092,777	77,305.00	14.14	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	918,514	-626,404	292,110	29,284.00	9.98	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		575,213	575,213	42,700.00	13.47	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	806,726		806,726	19,324.00	41.75	
31	CENTRAL SERVICE AND SUPPLY	373,166		373,166	19,180.00	19.46	
32	PHARMACY	1,578,743		1,578,743	39,824.00	39.64	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	712,567		712,567	38,694.00	18.42	
34	SOCIAL SERVICE	298,439		298,439	9,361.00	31.88	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	55,270,624	3,322,312	58,592,936	1,902,583.00	30.80	
2	EXCLUDED AREA SALARIES	13,917,391	51,191	13,968,582	399,793.00	34.94	
3	SUBTOTAL SALARIES	41,353,233	3,271,121	44,624,354	1,502,790.00	29.69	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	37,130		37,130	1,182.00	31.41	
5	SUBTOTAL WAGE-RELATED COSTS	9,307,644		9,307,644		20.86	
6	TOTAL	50,698,007	3,271,121	53,969,128	1,503,972.00	35.88	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-3  
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	15,293,393	-51,191	15,242,202	626,157.00	24.34	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-7  
I I TO 12/31/2008 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	4	4.01	4.03
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB		74		
6	RVA		50		
6 .01	RVX		22		
6 .02	RVL		162		
7	RHC		224		
8	RHB		344		
9	RHA		427		
9 .01	RHX				
9 .02	RHL				
10	RMC		14		
11	RMB		5		
12	RMA		28		
12 .01	RMX		1,011		
12 .02	RML		1,909		
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2		31		
17	SE1				
18	SSC				
19	SSB				
20	SSA		17		
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL		4,318		

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9896  
 Wage Index Factor (after 10/01) : 0.9844  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-7  
I I TO 12/31/2008 I

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

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

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

Worksheet S-2 reference data:

Transition Period : 100% Federal  
Wage Index Factor (before 10/01): 0.9896  
Wage Index Factor (after 10/01): 0.9844  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : URBAN  
SNF MSA Code : 3480  
SNF CBSA Code : 26900

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET S-10  
 I TO 12/31/2008 I  
 I I

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .365508
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET S-10
I		I	TO 12/31/2008	I	
I		I		I	

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-0059  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/28/2009  
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						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT			7,398,372	7,398,372	-83,240	7,315,132
4	0400	NEW CAP REL COSTS-MVBLE EQUIP			5,230,265	5,230,265		5,230,265
5	0500	EMPLOYEE BENEFITS	639,628		5,872,941	6,512,569	512,139	7,024,708
6	0600	ADMINISTRATIVE & GENERAL	6,292,747		10,333,452	16,626,199	47,378	16,673,577
8	0800	OPERATION OF PLANT	1,760,621		2,922,071	4,682,692		4,682,692
9	0900	LAUNDRY & LINEN SERVICE	91,966		368,259	460,225		460,225
10	1000	HOUSEKEEPING	1,092,777		355,698	1,448,475		1,448,475
11	1100	DIETARY	918,514		1,396,075	2,314,589	-1,578,493	736,096
12	1200	CAFETERIA					1,449,496	1,449,496
14	1400	NURSING ADMINISTRATION	806,726		121,909	928,635		928,635
15	1500	CENTRAL SERVICES & SUPPLY	373,166		10,271,141	10,644,307	304,593	10,948,900
16	1600	PHARMACY	1,578,743		4,058,165	5,636,908		5,636,908
17	1700	MEDICAL RECORDS & LIBRARY	712,567		1,095,040	1,807,607		1,807,607
18	1800	SOCIAL SERVICE	298,439		24,791	323,230		323,230
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	8,499,179	1,075,098		9,574,277		9,574,277
26	2600	INTENSIVE CARE UNIT	2,169,674	276,959		2,446,633		2,446,633
31	3100	SUBPROVIDER	1,350,367	944,064		2,294,431		2,294,431
33	3300	NURSERY						
34	3400	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		1,770,257		1,770,257	-32,455	1,737,802
37	3700	OPERATING ROOM	731,135		5,358,322	6,089,457	-512,109	5,577,348
39	3900	DELIVERY ROOM & LABOR ROOM						
41	4100	RADIOLOGY-DIAGNOSTIC	1,517,244	836,496		2,353,740		2,353,740
41.01	4101	RENAL DIALYSIS		211,678		211,678		211,678
42	4200	RADIOLOGY-THERAPEUTIC	373,658	498,387		872,045	-4,138	867,907
42.01	4201	MRI	207,119	235,801		442,920		442,920
44	4400	LABORATORY	1,744,590	1,964,262		3,708,852		3,708,852
47	4700	BLOOD STORING, PROCESSING & TRANS.		573,055		573,055		573,055
48	4800	INTRAVENOUS THERAPY						
49	4900	RESPIRATORY THERAPY	1,160,499	204,336		1,364,835		1,364,835
50	5000	PHYSICAL THERAPY	3,842,937	1,452,830		5,295,767	-1,584	5,294,183
51	5100	OCCUPATIONAL THERAPY						
52	5200	SPEECH PATHOLOGY						
53	5300	ELECTROCARDIOLOGY	729,759	122,656		852,415	-7,752	844,663
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS						
56	5600	DRUGS CHARGED TO PATIENTS						
56.01	5601	CAT SCAN	244,806	263,022		507,828		507,828
56.02	5602	ULTRASOUND	199,038	82,563		281,601		281,601
56.03	5603	CARDIAC CATH LAB	1,426,778	338,063		1,764,841		1,764,841
56.05	5605	WOMENS CENTER	429,778	255,845		685,623		685,623
56.06	5606	ENDOSCOPY	527,856	127,540		655,396		655,396
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC						
60.01	6001	OUTPATIEN	221,150	29,925		251,075		251,075
61	6100	EMERGENCY	2,034,640	422,261		2,456,901		2,456,901
61.01	6101	SHORT STAY		62		62		62
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
65	6500	AMBULANCE SERVICES	88,185	320,856		409,041	-14,473	394,568
		SPEC PURPOSE COST CENTERS						
95		SUBTOTALS	42,064,286	66,812,517		108,876,803	79,362	108,956,165
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88,335	124,075		212,410		212,410
98	9800	PHYSICIANS' PRIVATE OFFICES						
98.01	9801	FOUNDATION	314,755	22,948		337,703		337,703
98.02	9802	CLINICS	11,304,073	10,347,574		21,651,647	-208,359	21,443,288
98.05	9805	PRACTICE MANAGEMENT	486,651	251,665		738,316		738,316
98.06	9806	MOB - NOBLESVILLE SQUARE		71,019		71,019		71,019
98.08	9808	RIVERVIEW MEDICAL ARTS		413,304		413,304		413,304
99	9900	NONPAID WORKERS						
100	7950	WORKMED	285,025	195,647		480,672		480,672
100.01	7951	MEALS ON WHEELS					128,997	128,997
101		TOTAL	54,543,125	78,238,749		132,781,874	-0-	132,781,874

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-0059  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/28/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-122,212	7,192,920
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-137	5,230,128
5	0500 EMPLOYEE BENEFITS		7,024,708
6	0600 ADMINISTRATIVE & GENERAL	-3,795,479	12,878,098
8	0800 OPERATION OF PLANT	-33,006	4,649,686
9	0900 LAUNDRY & LINEN SERVICE		460,225
10	1000 HOUSEKEEPING		1,448,475
11	1100 DIETARY		736,096
12	1200 CAFETERIA	-442,398	1,007,098
14	1400 NURSING ADMINISTRATION		928,635
15	1500 CENTRAL SERVICES & SUPPLY		10,948,900
16	1600 PHARMACY	-361,907	5,275,001
17	1700 MEDICAL RECORDS & LIBRARY	-26,426	1,781,181
18	1800 SOCIAL SERVICE		323,230
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-8,700	9,565,577
26	2600 INTENSIVE CARE UNIT		2,446,633
31	3100 SUBPROVIDER		2,294,431
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-111,996	1,625,806
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,235,614	4,341,734
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC	-910	2,352,830
41.01	4101 RENAL DIALYSIS		211,678
42	4200 RADIOLOGY-THERAPEUTIC		867,907
42.01	4201 MRI		442,920
44	4400 LABORATORY	-10,540	3,698,312
47	4700 BLOOD STORING, PROCESSING & TRANS.		573,055
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		1,364,835
50	5000 PHYSICAL THERAPY		5,294,183
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		844,663
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
56.01	5601 CAT SCAN		507,828
56.02	5602 ULTRASOUND		281,601
56.03	5603 CARDIAC CATH LAB	57	1,764,898
56.05	5605 WOMENS CENTER		685,623
56.06	5606 ENDOSCOPY		655,396
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 OUTPATIEN	-360	250,715
61	6100 EMERGENCY	-5,300	2,451,601
61.01	6101 SHORT STAY		62
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-12,946	381,622
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-6,167,874	102,788,291
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		212,410
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 FOUNDATION		337,703
98.02	9802 CLINICS		21,443,288
98.05	9805 PRACTICE MANAGEMENT		738,316
98.06	9806 MOB - NOBLESVILLE SQUARE		71,019
98.08	9808 RIVERVIEW MEDICAL ARTS		413,304
99	9900 NONPAID WORKERS		
100	7950 WORKMED		480,672
100.01	7951 MEALS ON WHEELS		128,997
101	TOTAL	-6,167,874	126,614,000

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RENAL DIALYSIS	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	MRI	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CAT SCAN	5601	DRUGS CHARGED TO PATIENTS
56.02	ULTRASOUND	5602	DRUGS CHARGED TO PATIENTS
56.03	CARDIAC CATH LAB	5603	DRUGS CHARGED TO PATIENTS
56.05	WOMENS CENTER	5605	DRUGS CHARGED TO PATIENTS
56.06	ENDOSCOPY	5606	DRUGS CHARGED TO PATIENTS
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	OUTPATIEN	6001	CLINIC
61	EMERGENCY	6100	
61.01	SHORT STAY	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
95	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FOUNDATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CLINICS	9802	PHYSICIANS' PRIVATE OFFICES
98.05	PRACTICE MANAGEMENT	9805	PHYSICIANS' PRIVATE OFFICES
98.06	MOB - NOBLESVILLE SQUARE	9806	PHYSICIANS' PRIVATE OFFICES
98.08	RIVERVIEW MEDICAL ARTS	9808	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	WORKMED	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEALS ON WHEELS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150059	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	575,213	874,283
2 AMORTIZATION OF GOODWILL RECLASS	B	CLINICS	98.02		35,862
3 INSURANCE RECLASS	C	ADMINISTRATIVE & GENERAL	6		47,378
4 MEDICAL SUPPLY RECLASS	D	CENTRAL SERVICES & SUPPLY	15		304,593
5		OPERATING ROOM	37		30
6					
7					
8					
9					
10 MEALS ON WHEELS RECLASS	E	MEALS ON WHEELS	100.01	51,191	77,806
11 RSMA RECLASS	F	EMPLOYEE BENEFITS	5		512,139
12		OPERATING ROOM	37	3,322,312	
36 TOTAL RECLASSIFICATIONS				3,948,716	1,852,091

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150059	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	575,213	874,283	
2 AMORTIZATION OF GOODWILL RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		35,862	9
3 INSURANCE RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		47,378	12
4 MEDICAL SUPPLY RECLASS	D	SKILLED NURSING FACILITY	34		32,455	
5		RADIOLOGY-THERAPEUTIC	42		4,138	
6		PHYSICAL THERAPY	50		1,584	
7		ELECTROCARDIOLOGY	53		7,752	
8		AMBULANCE SERVICES	65		14,473	
9		CLINICS	98.02		244,221	
10 MEALS ON WHEELS RECLASS	E	DIETARY	11	51,191	77,806	
11 RSMA RECLASS	F	OPERATING ROOM	37		512,139	
12		OPERATING ROOM	37		3,322,312	
36 TOTAL RECLASSIFICATIONS				626,404	5,174,403	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150059	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAFETERIA RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,449,496
TOTAL RECLASSIFICATIONS FOR CODE A		1,449,496

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,449,496
TOTAL RECLASSIFICATIONS FOR CODE A		1,449,496

RECLASS CODE: B  
EXPLANATION : AMORTIZATION OF GOODWILL RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CLINICS	35,862
TOTAL RECLASSIFICATIONS FOR CODE B		35,862

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	35,862
TOTAL RECLASSIFICATIONS FOR CODE B		35,862

RECLASS CODE: C  
EXPLANATION : INSURANCE RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	47,378
TOTAL RECLASSIFICATIONS FOR CODE C		47,378

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	47,378
TOTAL RECLASSIFICATIONS FOR CODE C		47,378

RECLASS CODE: D  
EXPLANATION : MEDICAL SUPPLY RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	304,593
2.00	OPERATING ROOM	30
3.00		0
4.00		0
5.00		0
6.00		0
TOTAL RECLASSIFICATIONS FOR CODE D		304,623

DECREASE		
COST CENTER	LINE	AMOUNT
SKILLED NURSING FACILITY	34	32,455
RADIOLOGY-THERAPEUTIC	42	4,138
PHYSICAL THERAPY	50	1,584
ELECTROCARDIOLOGY	53	7,752
AMBULANCE SERVICES	65	14,473
CLINICS	98.02	244,221
TOTAL RECLASSIFICATIONS FOR CODE D		304,623

RECLASS CODE: E  
EXPLANATION : MEALS ON WHEELS RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEALS ON WHEELS	128,997
TOTAL RECLASSIFICATIONS FOR CODE E		128,997

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	128,997
TOTAL RECLASSIFICATIONS FOR CODE E		128,997

RECLASS CODE: F  
EXPLANATION : RSMA RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	512,139
2.00	OPERATING ROOM	3,322,312
TOTAL RECLASSIFICATIONS FOR CODE F		3,834,451

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	512,139
OPERATING ROOM	37	3,322,312
TOTAL RECLASSIFICATIONS FOR CODE F		3,834,451

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	4,481,710	6,433,300			6,433,300		10,915,010	
2	LAND IMPROVEMENTS	1,814,057	111,073			111,073	4,940	1,920,190	
3	BUILDINGS & FIXTURE	71,557,729	6,758,332			6,758,332		78,316,061	
4	BUILDING IMPROVEMEN	1,387,674						1,387,674	
5	FIXED EQUIPMENT	31,427,957	221,595			221,595	3,944	31,645,608	
6	MOVABLE EQUIPMENT	70,217,250	3,172,327			3,172,327	1,175,620	72,213,957	
7	SUBTOTAL	180,886,377	16,696,627			16,696,627	1,184,504	196,398,500	
8	RECONCILING ITEMS								
9	TOTAL	180,886,377	16,696,627			16,696,627	1,184,504	196,398,500	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,354,749		2,724,659	113,512			7,192,920
4	NEW CAP REL COSTS-MV	5,230,128						5,230,128
5	TOTAL	9,584,877		2,724,659	113,512			12,423,048

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,408,162		2,829,320	160,890			7,398,372
4	NEW CAP REL COSTS-MV	5,230,265						5,230,265
5	TOTAL	9,638,427		2,829,320	160,890			12,628,637

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0059  
I  
I

I PERIOD: I PREPARED 5/28/2009  
I FROM 1/ 1/2008 I WORKSHEET A-8  
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-15,220			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-470,371			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52
37 MEDICAL RECORDS	B	-26,426	MEDICAL RECORDS & LIBRARY		17
38 CASH OVER/SHORT	B	-143	ADMINISTRATIVE & GENERAL		6
39 RADIOLOGY FILMS	B	-810	RADIOLOGY-DIAGNOSTIC		41
40 PHYSICIAN BILLING SERVICE REVENUE	B	-9,035	ADMINISTRATIVE & GENERAL		6
41 PURCHASE DISCOUNTS & REBATES	B	-578,615	ADMINISTRATIVE & GENERAL		6
42 VHA DIVIDENDS: OTHER	B	-36,505	ADMINISTRATIVE & GENERAL		6
43 EDUCATION EMS/CPR	B	-1,388	AMBULANCE SERVICES		65
44 MATERNITY CENTER -> OTHER REV	B	-8,700	ADULTS & PEDIATRICS		25
45 CARDIAC REHAB -> OTHER REV	B	57	CARDIAC CATH LAB		56.03
46 EMERGENCY -> OTHER REV	B	-5,300	EMERGENCY		61
47 AMBULANCE -> OTHER REV	B	-6,290	AMBULANCE SERVICES		65
48 LABORATORY -> OTHER REV	B	-10,540	LABORATORY		44
49 PHYSICIAN BILLING -> OTHER REV	B	-1,459	ADMINISTRATIVE & GENERAL		6
49.01 PHYSICIAN BILLING -> BILLING FEES	B	-1,228,460	ADMINISTRATIVE & GENERAL		6
49.02 ORG IMPROVEMENT -> OTHER REV	B	-15,929	ADMINISTRATIVE & GENERAL		6
49.03 205 CONNOR STREET - RENTAL INCOME	B	-15,804	ADMINISTRATIVE & GENERAL		6
49.04 MISCELLANEOUS INTEREST INCOME	B	-172,387	ADMINISTRATIVE & GENERAL		6
49.05 INTEREST INCOME - BOND FUNDS	B	-104,661	NEW CAP REL COSTS-BLDG &		3 11
49.06 INTEREST INCOME - OPERATING	B	-125,458	ADMINISTRATIVE & GENERAL		6
49.07 MISC. INCOME	B	-97,769	ADMINISTRATIVE & GENERAL		6
49.08 MISC. INCOME - HEPARING REIMB.	B	-361,907	PHARMACY		16
49.09 RENTAL INCOME - TCU	B	-99,996	SKILLED NURSING FACILITY		34
49.10 RENTAL INCOME - CMH	B	-5,290	NEW CAP REL COSTS-BLDG &		3 9
49.11 RENTAL INCOME - LLOYD PODIATRY	B	-360	OUTPATIEN		60.01
49.12 RENTAL INCOME - SEALS	B	-5,268	AMBULANCE SERVICES		65
49.13 COMMUNITY RELATIONS	A	-1,461,337	ADMINISTRATIVE & GENERAL		6
49.14 CRNA	A	-762,123	OPERATING ROOM		37
49.15 PHYSICIAN RECRUITMENT	A	-40,065	ADMINISTRATIVE & GENERAL		6
49.16 IHA LOBBYING EXPENSE	A	-3,040	ADMINISTRATIVE & GENERAL		6
49.17 AHA LOBBYING EXPENSE	A	-6,318	ADMINISTRATIVE & GENERAL		6
49.18 1991 AHA LIVES	A	-156	NEW CAP REL COSTS-BLDG &		3 9
49.19 1991 AHA LIVES	A	-4,157	NEW CAP REL COSTS-BLDG &		3 9
49.20 1992 AHA LIVES	A	-1,035	NEW CAP REL COSTS-BLDG &		3 9
49.21 1992 AHA LIVES	A	-3,476	NEW CAP REL COSTS-BLDG &		3 9
49.22 1992 NON-CAPITALIZABLE	A	-137	NEW CAP REL COSTS-MVBLE E		4 9
49.23 SINUS SURGERY	A	1,354	NEW CAP REL COSTS-BLDG &		3 9
49.24 TELEPHONE EXPENSE	A	-33,006	OPERATION OF PLANT		8
49.25 TELEPHONE DEPRECIATION	A	-4,791	NEW CAP REL COSTS-BLDG &		3 9
49.26 MOW & GUEST REVENUE	B	-422,057	CAFETERIA		12
49.27 GUEST MEAL EXPENSE OFFSET	A	-20,341	CAFETERIA		12
49.28 OTHER OPERATING REVENUE	B	-3,155	ADMINISTRATIVE & GENERAL		6
49.29					
49.30					
49.31					
49.32					
49.33					
49.34					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 15-0059  
I

I PERIOD: I PREPARED 5/28/2009  
I FROM 1/ 1/2008 I WORKSHEET A-8  
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
49.35						
49.36						
49.37						
49.38						
49.39						
49.40						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,167,874				

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

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	37	OPERATING ROOM	4,096,548	4,566,919	-470,371	
2						
3						
4						
5		TOTALS	4,096,548	4,566,919	-470,371	

\* 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	RSMA		100.00	0.00
2				0.00	0.00
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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET A-8-2  
 I I TO 12/31/2008 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	34	TCU	21,600	10,800	10,800	208,000	96	9,600	480
2	37	ANESTHESIA	3,120	3,120					
3	41	RADIOLOGY	100	100					
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	24,820	14,020	10,800		96	9,600	480

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET A-8-2  
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 34	TCU					9,600	1,200	12,000
2 37	ANESTHESIA							3,120
3 41	RADIOLOGY							100
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					9,600	1,200	15,220

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	MAN	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	
GENERAL SERVICE COST CNTR							5a.00
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	7,192,920			7,192,920			
004 NEW CAP REL COSTS-MVBLE E	5,230,128				5,230,128		
005 EMPLOYEE BENEFITS	7,024,708			36,639	8,083	7,069,430	
006 ADMINISTRATIVE & GENERAL	12,878,098			485,053	2,384,721	777,381	16,525,253
008 OPERATION OF PLANT	4,649,686			3,008,968	189,767	217,500	8,065,921
009 LAUNDRY & LINEN SERVICE	460,225			30,722	2,069	11,361	504,377
010 HOUSEKEEPING	1,448,475			10,714	14,704	134,997	1,608,890
011 DIETARY	736,096			80,645	17,468	36,086	870,295
012 CAFETERIA	1,007,098			50,521		71,060	1,128,679
014 NURSING ADMINISTRATION	928,635			5,589	249	99,660	1,034,133
015 CENTRAL SERVICES & SUPPLY	10,948,900			55,333	22,464	46,099	11,072,796
016 PHARMACY	5,275,001			36,191	7,713	195,032	5,513,937
017 MEDICAL RECORDS & LIBRARY	1,781,181			57,977	25,034	88,028	1,952,220
018 SOCIAL SERVICE	323,230			8,383	648	36,868	369,129
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,565,577			1,143,575	296,790	1,049,955	12,055,897
026 INTENSIVE CARE UNIT	2,446,633			84,187	157,434	268,033	2,956,287
031 SUBPROVIDER	2,294,431			153,311	12,053	166,819	2,626,614
033 NURSERY							
034 SKILLED NURSING FACILITY	1,625,806			135,545	13,497		1,774,848
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,341,734			283,327	305,581	500,747	5,431,389
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	2,352,830			154,103	117,058	187,434	2,811,425
041 01 RENAL DIALYSIS	211,678			7,621	89		219,388
042 RADIOLOGY-THERAPEUTIC	867,907			106,108	271,164	46,160	1,291,339
042 01 MRI	442,920			19,246	19,832	25,587	507,585
044 LABORATORY	3,698,312			104,763	207,226	215,520	4,225,821
047 BLOOD STORING, PROCESSING	573,055			5,977	3,175		582,207
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,364,835			28,540	57,202	143,363	1,593,940
050 PHYSICAL THERAPY	5,294,183			47,114	87,353	474,741	5,903,391
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	844,663			251,096	130,557	90,152	1,316,468
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN	507,828			16,736	45,649	30,242	600,455
056 02 ULTRASOUND	281,601			2,989	1,103	24,588	310,281
056 03 CARDIAC CATH LAB	1,764,898			43,020	203,522	176,258	2,187,698
056 05 WOMENS CENTER	685,623			121,588	231,613	53,093	1,091,917
056 06 ENDOSCOPY	655,396			59,427	201,699	65,209	981,731
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OUTPATIEN	250,715			16,317	10,212	27,320	304,564
061 EMERGENCY	2,451,601			216,295	168,710	251,351	3,087,957
061 01 SHORT STAY	62			246,568	4,733		251,363
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	381,622					10,894	392,516
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	102,788,291			7,114,188	5,219,172	5,521,538	101,150,711
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	212,410			62,938	9,192	10,913	295,453
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	337,703			9,877	1,764	38,884	388,228
098 02 CLINICS	21,443,288					1,396,441	22,839,729
098 05 PRACTICE MANAGEMENT	738,316					60,119	798,435
098 06 MOB - NOBLESVILLE SQUARE	71,019						71,019
098 08 RIVERVIEW MEDICAL ARTS	413,304						413,304
099 NONPAID WORKERS							
100 WORKMED	480,672					35,211	515,883
100 01 MEALS ON WHEELS	128,997			5,917		6,324	141,238
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	126,614,000			7,192,920	5,230,128	7,069,430	126,614,000

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	16,525,253						
008	OPERATION OF PLANT	1,210,759	9,276,680					
009	LAUNDRY & LINEN SERVICE	75,711	77,820	657,908				
010	HOUSEKEEPING	241,507	27,139		1,877,536			
011	DIETARY	130,638	204,279		11,472	1,216,684		
012	CAFETERIA	169,424	127,972		26,767		1,452,842	
014	NURSING ADMINISTRATION	155,232	14,156				28,944	1,232,465
015	CENTRAL SERVICES & SUPPLY	1,662,115	140,160	4,343	22,943		28,728	
016	PHARMACY	827,686	91,674		30,591		59,649	
017	MEDICAL RECORDS & LIBRARY	293,044	146,860		22,943		57,956	
018	SOCIAL SERVICE	55,409	21,234				14,021	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,809,687	2,896,729	201,669	328,859	659,512	286,613	632,108
026	INTENSIVE CARE UNIT	443,762	213,249	55,664	152,956	76,801	95,725	211,118
031	SUBPROVIDER	394,276	388,345	50,269	267,673	263,055	77,693	171,349
033	NURSERY				99,421			
034	SKILLED NURSING FACILITY	266,419	343,341	55,468		217,316		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	815,295	717,682	82,444	256,201		13,904	
039	DELIVERY ROOM & LABOR ROO			23,226	26,767			
041	RADIOLOGY-DIAGNOSTIC	422,017	390,351	50,269	114,717		82,924	
041	01 RENAL DIALYSIS	32,932	19,304					
042	RADIOLOGY-THERAPEUTIC	193,840	268,776	3,027	30,591		17,758	
042	01 MRI	76,193	48,751		7,648		9,686	
044	LABORATORY	634,330	265,369	132	99,421		107,766	
047	BLOOD STORING, PROCESSING	87,394	15,140					
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	239,263	72,294		7,648		55,524	
050	PHYSICAL THERAPY	886,146	119,342		45,887		183,304	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	197,612	636,038	6,382	30,591		38,124	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056	01 CAT SCAN	90,133	42,392				11,536	
056	02 ULTRASOUND	46,576	7,570		7,648		6,137	
056	03 CARDIAC CATH LAB	328,391	108,971	19,147	68,830		64,265	
056	05 WOMENS CENTER	163,905	307,989	3,092	38,239		25,493	
056	06 ENDOSCOPY	147,366	150,531		30,591		22,779	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 OUTPATIEN	45,717	41,333	1,250	38,239		12,255	
061	EMERGENCY	463,527	547,885	82,641	107,069		98,796	217,890
061	01 SHORT STAY	37,732	624,570	12,831			1,842	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	58,920					5,853	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	12,702,958	9,077,246	651,854	1,873,712	1,216,684	1,407,275	1,232,465
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	44,350	159,426		3,824		6,680	
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FOUNDATION	58,276	25,019				16,713	
098	02 CLINICS	3,428,478		5,856				
098	05 PRACTICE MANAGEMENT	119,851						
098	06 MOB - NOBLESVILLE SQUARE	10,661						
098	08 RIVERVIEW MEDICAL ARTS	62,040						
099	NONPAID WORKERS							
100	WORKMED	77,438		198			16,482	
100	01 MEALS ON WHEELS	21,201	14,989				5,692	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	16,525,253	9,276,680	657,908	1,877,536	1,216,684	1,452,842	1,232,465

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	12,931,085						
016 PHARMACY		6,523,537					
017 MEDICAL RECORDS & LIBRARY			2,473,023				
018 SOCIAL SERVICE				459,793			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			602,669	321,047	19,794,790		19,794,790
026 INTENSIVE CARE UNIT			98,713	34,992	4,339,267		4,339,267
031 SUBPROVIDER				51,830	4,291,104		4,291,104
033 NURSERY					99,421		99,421
034 SKILLED NURSING FACILITY			15,586	51,924	2,724,902		2,724,902
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			555,911		7,872,826		7,872,826
039 DELIVERY ROOM & LABOR ROO					49,993		49,993
041 RADIOLOGY-DIAGNOSTIC			5,195		3,876,898		3,876,898
041 01 RENAL DIALYSIS					271,624		271,624
042 RADIOLOGY-THERAPEUTIC			31,173		1,836,504		1,836,504
042 01 MRI					649,863		649,863
044 LABORATORY			20,782		5,353,621		5,353,621
047 BLOOD STORING, PROCESSING					684,741		684,741
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					1,968,669		1,968,669
050 PHYSICAL THERAPY			270,162		7,408,232		7,408,232
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			67,541		2,292,756		2,292,756
055 MEDICAL SUPPLIES CHARGED	12,931,085				12,931,085		12,931,085
056 DRUGS CHARGED TO PATIENTS		6,523,537			6,523,537		6,523,537
056 01 CAT SCAN					744,516		744,516
056 02 ULTRASOUND					378,212		378,212
056 03 CARDIAC CATH LAB					2,777,302		2,777,302
056 05 WOMENS CENTER					1,630,635		1,630,635
056 06 ENDOSCOPY					1,332,998		1,332,998
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OUTPATIEN					443,358		443,358
061 EMERGENCY			768,923		5,374,688		5,374,688
061 01 SHORT STAY					928,338		928,338
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					457,289		457,289
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,931,085	6,523,537	2,436,655	459,793	97,037,169		97,037,169
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					509,733		509,733
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION					488,236		488,236
098 02 CLINICS			36,368		26,310,431		26,310,431
098 05 PRACTICE MANAGEMENT					918,286		918,286
098 06 MOB - NOBLESVILLE SQUARE					81,680		81,680
098 08 RIVERVIEW MEDICAL ARTS					475,344		475,344
099 NONPAID WORKERS							
100 WORKMED					610,001		610,001
100 01 MEALS ON WHEELS					183,120		183,120
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,931,085	6,523,537	2,473,023	459,793	126,614,000		126,614,000

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	2	3	4	4a	5
	GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &								
002	OLD CAP REL COSTS-MVBLE E								
003	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	EMPLOYEE BENEFITS				36,639	8,083	44,722	44,722	
006	ADMINISTRATIVE & GENERAL				485,053	2,384,721	2,869,774	4,921	
008	OPERATION OF PLANT				3,008,968	189,767	3,198,735	1,377	
009	LAUNDRY & LINEN SERVICE				30,722	2,069	32,791	72	
010	HOUSEKEEPING				10,714	14,704	25,418	855	
011	DIETARY				80,645	17,468	98,113	228	
012	CAFETERIA				50,521		50,521	450	
014	NURSING ADMINISTRATION				5,589	249	5,838	631	
015	CENTRAL SERVICES & SUPPLY				55,333	22,464	77,797	292	
016	PHARMACY				36,191	7,713	43,904	1,235	
017	MEDICAL RECORDS & LIBRARY				57,977	25,034	83,011	557	
018	SOCIAL SERVICE				8,383	648	9,031	233	
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS				1,143,575	296,790	1,440,365	6,646	
026	INTENSIVE CARE UNIT				84,187	157,434	241,621	1,697	
031	SUBPROVIDER				153,311	12,053	165,364	1,056	
033	NURSERY								
034	SKILLED NURSING FACILITY				135,545	13,497	149,042		
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM				283,327	305,581	588,908	3,170	
039	DELIVERY ROOM & LABOR ROO								
041	RADIOLOGY-DIAGNOSTIC				154,103	117,058	271,161	1,186	
041 01	RENAL DIALYSIS				7,621	89	7,710		
042	RADIOLOGY-THERAPEUTIC				106,108	271,164	377,272	292	
042 01	MRI				19,246	19,832	39,078	162	
044	LABORATORY				104,763	207,226	311,989	1,364	
047	BLOOD STORING, PROCESSING				5,977	3,175	9,152		
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY				28,540	57,202	85,742	908	
050	PHYSICAL THERAPY				47,114	87,353	134,467	3,005	
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY				251,096	130,557	381,653	571	
055	MEDICAL SUPPLIES CHARGED								
056	DRUGS CHARGED TO PATIENTS								
056 01	CAT SCAN				16,736	45,649	62,385	191	
056 02	ULTRASOUND				2,989	1,103	4,092	156	
056 03	CARDIAC CATH LAB				43,020	203,522	246,542	1,116	
056 05	WOMENS CENTER				121,588	231,613	353,201	336	
056 06	ENDOSCOPY				59,427	201,699	261,126	413	
	OUTPAT SERVICE COST CNTRS								
060	CLINIC								
060 01	OUTPATIEN				16,317	10,212	26,529	173	
061	EMERGENCY				216,295	168,710	385,005	1,591	
061 01	SHORT STAY				246,568	4,733	251,301		
062	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
065	AMBULANCE SERVICES								69
	SPEC PURPOSE COST CENTERS								
095	SUBTOTALS				7,114,188	5,219,172	12,333,360	34,953	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP				62,938	9,192	72,130	69	
098	PHYSICIANS' PRIVATE OFFIC								
098 01	FOUNDATION				9,877	1,764	11,641	246	
098 02	CLINICS							8,810	
098 05	PRACTICE MANAGEMENT							381	
098 06	MOB - NOBLESVILLE SQUARE								
098 08	RIVERVIEW MEDICAL ARTS								
099	NONPAID WORKERS								
100	WORKMED								223
100 01	MEALS ON WHEELS				5,917		5,917	40	
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL				7,192,920	5,230,128	12,423,048	44,722	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL	2,874,695						
009	OPERATION OF PLANT	210,625	3,410,737					
010	LAUNDRY & LINEN SERVICE	13,171	28,612	74,646				
011	HOUSEKEEPING	42,013	9,978		78,264			
012	DIETARY	22,726	75,107		478	196,652		
014	CAFETERIA	29,473	47,051		1,116		128,611	
015	NURSING ADMINISTRATION	27,004	5,205				2,562	41,240
016	CENTRAL SERVICES & SUPPLY	289,144	51,532	493	956		2,543	
017	PHARMACY	143,985	33,705		1,275		5,280	
018	MEDICAL RECORDS & LIBRARY	50,978	53,996		956		5,131	
018	SOCIAL SERVICE	9,639	7,807				1,241	
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	314,816	1,065,035	22,882	13,709	106,597	25,373	21,151
031	INTENSIVE CARE UNIT	77,198	78,405	6,316	6,376	12,413	8,474	7,064
033	SUBPROVIDER	68,589	142,782	5,704	11,158	42,517	6,878	5,734
034	NURSERY				4,144			
037	SKILLED NURSING FACILITY	46,347	126,235	6,293		35,125		
039	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	141,830	263,868	9,354	10,680		1,231	
042	DELIVERY ROOM & LABOR ROO			2,635	1,116			
044	RADIOLOGY-DIAGNOSTIC	73,415	143,520	5,704	4,782		7,341	
044 01	RENAL DIALYSIS	5,729	7,097					
042 01	RADIOLOGY-THERAPEUTIC	33,721	98,820	343	1,275		1,572	
044 01	MRT	13,255	17,924		319		857	
047	LABORATORY	110,349	97,568	15	4,144		9,540	
048	BLOOD STORING, PROCESSING	15,203	5,567					
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	41,623	26,580		319		4,915	
051	PHYSICAL THERAPY	154,155	43,878		1,913		16,227	
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
055	ELECTROCARDIOLOGY	34,377	233,851	724	1,275		3,375	
056	MEDICAL SUPPLIES CHARGED							
056 01	DRUGS CHARGED TO PATIENTS							
056 02	CAT SCAN	15,680	15,586				1,021	
056 03	ULTRASOUND	8,102	2,783		319		543	
056 05	CARDIAC CATH LAB	57,127	40,065	2,172	2,869		5,689	
056 06	WOMENS CENTER	28,513	113,238	351	1,594		2,257	
060	ENDOSCOPY	25,636	55,345		1,275		2,016	
060 01	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061 01	OUTPATIENT	7,953	15,197	142	1,594		1,085	
061 01	EMERGENCY	80,636	201,440	9,376	4,463		8,746	7,291
062	SHORT STAY	6,564	229,634	1,456			163	
065	OBSERVATION BEDS (NON-DIS							
095	OTHER REIMBURS COST CNTRS							
096	AMBULANCE SERVICES	10,250					518	
098	SPEC PURPOSE COST CENTERS							
098 01	SUBTOTALS	2,209,826	3,337,411	73,960	78,105	196,652	124,578	41,240
098 02	NONREIMBURS COST CENTERS							
098 05	GIFT, FLOWER, COFFEE SHOP	7,715	58,616		159		591	
098 08	PHYSICIANS' PRIVATE OFFIC							
098 02	FOUNDATION	10,138	9,199				1,479	
098 06	CLINICS	596,359		664				
098 08	PRACTICE MANAGEMENT	20,850						
099	MOB - NOBLESVILLE SQUARE	1,855						
100	RIVERVIEW MEDICAL ARTS	10,793						
100 01	NONPAID WORKERS							
101	WORKMED	13,471		22			1,459	
102	MEALS ON WHEELS	3,688	5,511				504	
103	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	2,874,695	3,410,737	74,646	78,264	196,652	128,611	41,240

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	422,757						
017	PHARMACY		229,384					
018	MEDICAL RECORDS & LIBRARY			194,629				
025	SOCIAL SERVICE				27,951			
026	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS			47,431	19,517	3,083,522		3,083,522
033	INTENSIVE CARE UNIT			7,769	2,127	449,460		449,460
034	SUBPROVIDER				3,151	452,933		452,933
037	NURSERY					4,144		4,144
041	SKILLED NURSING FACILITY			1,227	3,156	367,425		367,425
042	ANCILLARY SRVC COST CNTRS							
044	OPERATING ROOM			43,751		1,062,792		1,062,792
047	DELIVERY ROOM & LABOR ROO					3,751		3,751
048	RADIOLOGY-DIAGNOSTIC			409		507,518		507,518
049	01 RENAL DIALYSIS					20,536		20,536
050	02 RADIOLOGY-THERAPEUTIC			2,453		515,748		515,748
051	03 MRI					71,595		71,595
052	04 LABORATORY			1,636		536,605		536,605
053	05 BLOOD STORING, PROCESSING					29,922		29,922
054	06 INTRAVENOUS THERAPY							
055	07 RESPIRATORY THERAPY					160,087		160,087
056	08 PHYSICAL THERAPY			21,262		374,907		374,907
057	09 OCCUPATIONAL THERAPY							
058	10 SPEECH PATHOLOGY							
059	11 ELECTROCARDIOLOGY			5,315		661,141		661,141
060	12 MEDICAL SUPPLIES CHARGED	422,757				422,757		422,757
061	13 DRUGS CHARGED TO PATIENTS		229,384			229,384		229,384
062	14 01 CAT SCAN					94,863		94,863
063	15 02 ULTRASOUND					15,995		15,995
064	16 03 CARDIAC CATH LAB					355,580		355,580
065	17 05 WOMENS CENTER					499,490		499,490
066	18 06 ENDOSCOPY					345,811		345,811
067	19 07 OUTPAT SERVICE COST CNTRS							
068	20 CLINIC							
069	21 01 OUTPATIEN					52,673		52,673
070	22 061 EMERGENCY			60,514		759,062		759,062
071	23 01 SHORT STAY					489,118		489,118
072	24 02 OBSERVATION BEDS (NON-DIS							
073	25 03 OTHER REIMBURS COST CNTRS							
074	26 05 AMBULANCE SERVICES					10,837		10,837
075	27 06 SPEC PURPOSE COST CENTERS							
076	28 095 SUBTOTALS	422,757	229,384	191,767	27,951	11,577,656		11,577,656
077	29 06 NONREIMBURS COST CENTERS							
078	30 08 GIFT, FLOWER, COFFEE SHOP					139,280		139,280
079	31 08 PHYSICIANS' PRIVATE OFFIC							
080	32 01 FOUNDATION					32,703		32,703
081	33 02 CLINICS			2,862		608,695		608,695
082	34 05 PRACTICE MANAGEMENT					21,231		21,231
083	35 06 MOB - NOBLESVILLE SQUARE					1,855		1,855
084	36 08 RIVERVIEW MEDICAL ARTS					10,793		10,793
085	37 099 NONPAID WORKERS							
086	38 100 WORKMED					15,175		15,175
087	39 01 MEALS ON WHEELS					15,660		15,660
088	40 101 CROSS FOOT ADJUSTMENTS							
089	41 102 NEGATIVE COST CENTER							
090	42 103 TOTAL	422,757	229,384	194,629	27,951	12,423,048		12,423,048

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	481,369					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			481,369			
004 NEW CAP REL COSTS-MVB				4,982,435		
005 EMPLOYEE BENEFITS	2,452		2,452	7,700	57,225,809	
006 ADMINISTRATIVE & GENE	32,461		32,461	2,271,784	6,292,747	-16,525,253
008 OPERATION OF PLANT	201,368		201,368	180,780	1,760,621	
009 LAUNDRY & LINEN SERVI	2,056		2,056	1,971	91,966	
010 HOUSEKEEPING	717		717	14,008	1,092,777	
011 DIETARY	5,397		5,397	16,641	292,110	
012 CAFETERIA	3,381		3,381		575,213	
014 NURSING ADMINISTRATIO	374		374	237	806,726	
015 CENTRAL SERVICES & SU	3,703		3,703	21,400	373,166	
016 PHARMACY	2,422		2,422	7,348	1,578,743	
017 MEDICAL RECORDS & LIB	3,880		3,880	23,848	712,567	
018 SOCIAL SERVICE	561		561	617	298,439	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	76,531		76,531	282,734	8,499,179	
026 INTENSIVE CARE UNIT	5,634		5,634	149,978	2,169,674	
031 SUBPROVIDER	10,260		10,260	11,482	1,350,367	
033 NURSERY						
034 SKILLED NURSING FACIL	9,071		9,071	12,858		
ANCILLARY SRVC COST C						
037 OPERATING ROOM	18,961		18,961	291,109	4,053,447	
039 DELIVERY ROOM & LABOR						
041 RADIOLOGY-DIAGNOSTIC	10,313		10,313	111,514	1,517,244	
041 01 RENAL DIALYSIS	510		510	85		
042 RADIOLOGY-THERAPEUTIC	7,101		7,101	258,322	373,658	
042 01 MRI	1,288		1,288	18,893	207,119	
044 LABORATORY	7,011		7,011	197,412	1,744,590	
047 BLOOD STORING, PROCES	400		400	3,025		
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,910		1,910	54,493	1,160,499	
050 PHYSICAL THERAPY	3,153		3,153	83,216	3,842,937	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	16,804		16,804	124,374	729,759	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
056 01 CAT SCAN	1,120		1,120	43,487	244,806	
056 02 ULTRASOUND	200		200	1,051	199,038	
056 03 CARDIAC CATH LAB	2,879		2,879	193,883	1,426,778	
056 05 WOMENS CENTER	8,137		8,137	220,644	429,778	
056 06 ENDOSCOPY	3,977		3,977	192,147	527,856	
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 OUTPATIEN	1,092		1,092	9,728	221,150	
061 EMERGENCY	14,475		14,475	160,720	2,034,640	
061 01 SHORT STAY	16,501		16,501	4,509		
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES					88,185	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	476,100		476,100	4,971,998	44,695,779	-16,525,253
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	4,212		4,212	8,757	88,335	
098 PHYSICIANS' PRIVATE O						
098 01 FOUNDATION	661		661	1,680	314,755	
098 02 CLINICS					11,304,073	
098 05 PRACTICE MANAGEMENT					486,651	
098 06 MOB - NOBLESVILLE SQU						
098 08 RIVERVIEW MEDICAL ART						
099 NONPAID WORKERS						
100 WORKMED					285,025	
100 01 MEALS ON WHEELS	396		396		51,191	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			7,192,920	5,230,128	7,069,430	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			14.942632		.123536	
(WRKSHT B, PT I)				1.049713		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					44,722	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000782	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( HOURS OF SERVICE )	( MEALS SERVED )	( MAN HOURS )	( DIRECT ) ( NR )
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	110,088,747						
008 OPERATION OF PLANT	8,065,921	245,088					
009 LAUNDRY & LINEN SERVICE	504,377	2,056	745,093				
010 HOUSEKEEPING	1,608,890	717		491			
011 DIETARY	870,295	5,397		3	94,086		
012 CAFETERIA	1,128,679	3,381		7		969,974	
014 NURSING ADMINISTRATION	1,034,133	374				19,324	373,094
015 CENTRAL SERVICES & SUPPLIES	11,072,796	3,703	4,918	6		19,180	
016 PHARMACY	5,513,937	2,422		8		39,824	
017 MEDICAL RECORDS & LIBRARY	1,952,220	3,880		6		38,694	
018 SOCIAL SERVICE	369,129	561				9,361	
INPAT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	12,055,897	76,531	228,394	86	51,000	191,353	191,353
026 INTENSIVE CARE UNIT	2,956,287	5,634	63,041	40	5,939	63,910	63,910
031 SUBPROVIDER	2,626,614	10,260	56,931	70	20,342	51,871	51,871
033 NURSERY				26			
034 SKILLED NURSING FACILITY	1,774,848	9,071	62,818		16,805		
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	5,431,389	18,961		67		9,283	
039 DELIVERY ROOM & LABOR				7			
041 RADIOLOGY-DIAGNOSTIC	2,811,425	10,313	56,931	30		55,363	
041 01 RENAL DIALYSIS	219,388	510					
042 RADIOLOGY-THERAPEUTIC	1,291,339	7,101	3,428	8		11,856	
042 01 MRI	507,585	1,288		2		6,467	
044 LABORATORY	4,225,821	7,011	149	26		71,949	
047 BLOOD STORING, PROCESSING	582,207	400					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,593,940	1,910		2		37,070	
050 PHYSICAL THERAPY	5,903,391	3,153		12		122,381	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,316,468	16,804	7,228	8		25,453	
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
056 01 CAT SCAN	600,455	1,120				7,702	
056 02 ULTRASOUND	310,281	200		2		4,097	
056 03 CARDIAC CATH LAB	2,187,698	2,879	21,684	18		42,906	
056 05 WOMENS CENTER	1,091,917	8,137	3,502	10		17,020	
056 06 ENDOSCOPY	981,731	3,977		8		15,208	
OUTPAT SERVICE COST CENTER							
060 01 OUTPATIENT	304,564	1,092	1,416	10		8,182	
061 EMERGENCY	3,087,957	14,475	93,593	28		65,960	65,960
061 01 SHORT STAY	251,363	16,501	14,531			1,230	
062 OBSERVATION BEDS (NON-PAYING)							
OTHER REIMBURSEMENT COST CENTER							
065 AMBULANCE SERVICES	392,516					3,908	
SPECIAL PURPOSE COST CENTER							
095 SUBTOTALS	84,625,458	239,819	738,237	490	94,086	939,552	373,094
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	295,453	4,212		1		4,460	
098 PHYSICIANS' PRIVATE OFFICE							
098 01 FOUNDATION	388,228	661				11,158	
098 02 CLINICS	22,839,729		6,632				
098 05 PRACTICE MANAGEMENT	798,435						
098 06 MOB - NOBLESVILLE SQUARE	71,019						
098 08 RIVERVIEW MEDICAL ARTS CENTER	413,304						
099 NONPAID WORKERS							
100 WORKMED	515,883		224			11,004	
100 01 MEALS ON WHEELS	141,238	396				3,800	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	16,525,253	9,276,680	657,908	1,877,536	1,216,684	1,452,842	1,232,465
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		37.850405		3,823.902240		1.497815	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	.150108		.882988		12.931616		3.303363
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)	2,874,695	3,410,737	74,646	78,264	196,652	128,611	41,240
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.026113	13.916377	.100183	159.397149	2.090130	.132592	.110535

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E
		(COSTED EQUIS. 15	R(COSTED )EQUIS. 16	R(TIME )SPENT 17
	GENERAL SERVICE COST			
001	OLD CAP REL COSTS-BLD			
002	OLD CAP REL COSTS-MVB			
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU	1,000		
016	PHARMACY		100	
017	MEDICAL RECORDS & LIB			476
018	SOCIAL SERVICE			4,888
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS			116
026	INTENSIVE CARE UNIT			19
031	SUBPROVIDER			551
033	NURSERY			
034	SKILLED NURSING FACIL			3
	ANCILLARY SRVC COST C			
037	OPERATING ROOM			107
039	DELIVERY ROOM & LABOR			
041	RADIOLOGY-DIAGNOSTIC			1
041	01 RENAL DIALYSIS			
042	RADIOLOGY-THERAPEUTIC			6
042	01 MRI			
044	LABORATORY			4
047	BLOOD STORING, PROCES			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY			52
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			13
055	MEDICAL SUPPLIES CHAR	1,000		
056	DRUGS CHARGED TO PATI		100	
056	01 CAT SCAN			
056	02 ULTRASOUND			
056	03 CARDIAC CATH LAB			
056	05 WOMENS CENTER			
056	06 ENDOSCOPY			
	OUTPAT SERVICE COST C			
060	CLINIC			
060	01 OUTPATIEN			
061	EMERGENCY			148
061	01 SHORT STAY			
062	OBSERVATION BEDS (NON			
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	1,000	100	469
	NONREIMBURS COST CENT			4,888
096	GIFT, FLOWER, COFFEE			
098	PHYSICIANS' PRIVATE O			
098	01 FOUNDATION			
098	02 CLINICS			7
098	05 PRACTICE MANAGEMENT			
098	06 MOB - NOBLESVILLE SQU			
098	08 RIVERVIEW MEDICAL ART			
099	NONPAID WORKERS			
100	WORKMED			
100	01 MEALS ON WHEELS			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	12,931,085	6,523,537	2,473,023
	(PER WRKSHT B, PART			459,793
104	UNIT COST MULTIPLIER		65,235.370000	94.065671
	(WRKSHT B, PT I)	12,931.085000		5,195.426471
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	422,757	229,384	194,629
	(PER WRKSHT B, PART			27,951
108	UNIT COST MULTIPLIER		2,293.840000	5.718290
	(WRKSHT B, PT III)	422.757000		408.884454

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	19,794,790		19,794,790		19,794,790
26	INTENSIVE CARE UNIT	4,339,267		4,339,267		4,339,267
31	SUBPROVIDER	4,291,104		4,291,104		4,291,104
33	NURSERY	99,421		99,421		99,421
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,724,902		2,724,902	1,200	2,726,102
37	OPERATING ROOM	7,872,826		7,872,826		7,872,826
39	DELIVERY ROOM & LABOR ROO	49,993		49,993		49,993
41	RADIOLOGY-DIAGNOSTIC	3,876,898		3,876,898		3,876,898
41 01	RENAL DIALYSIS	271,624		271,624		271,624
42	RADIOLOGY-THERAPEUTIC	1,836,504		1,836,504		1,836,504
42 01	MRI	649,863		649,863		649,863
44	LABORATORY	5,353,621		5,353,621		5,353,621
47	BLOOD STORING, PROCESSING	684,741		684,741		684,741
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,968,669		1,968,669		1,968,669
50	PHYSICAL THERAPY	7,408,232		7,408,232		7,408,232
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,292,756		2,292,756		2,292,756
55	MEDICAL SUPPLIES CHARGED	12,931,085		12,931,085		12,931,085
56	DRUGS CHARGED TO PATIENTS	6,523,537		6,523,537		6,523,537
56 01	CAT SCAN	744,516		744,516		744,516
56 02	ULTRASOUND	378,212		378,212		378,212
56 03	CARDIAC CATH LAB	2,777,302		2,777,302		2,777,302
56 05	WOMENS CENTER	1,630,635		1,630,635		1,630,635
56 06	ENDOSCOPY	1,332,998		1,332,998		1,332,998
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OUTPATIEN	443,358		443,358		443,358
61	EMERGENCY	5,374,688		5,374,688		5,374,688
61 01	SHORT STAY	928,338		928,338		928,338
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	894,594		894,594		894,594
65	AMBULANCE SERVICES	457,289		457,289		457,289
101	SUBTOTAL	97,931,763		97,931,763	1,200	97,932,963
102	LESS OBSERVATION BEDS	894,594		894,594		894,594
103	TOTAL	97,037,169		97,037,169	1,200	97,038,369

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	26,917,169		26,917,169			
26	INTENSIVE CARE UNIT	7,396,359		7,396,359			
31	SUBPROVIDER	6,191,821		6,191,821			
33	NURSERY						
34	SKILLED NURSING FACILITY	2,700,075		2,700,075			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,133,292	14,705,058	26,838,350	.293342	.293342	.293342
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	1,921,878	7,626,036	9,547,914	.406047	.406047	.406047
41 01	RENAL DIALYSIS	263,223		263,223	1.031916	1.031916	1.031916
42	RADIOLOGY-THERAPEUTIC	133,158	4,523,458	4,656,616	.394386	.394386	.394386
42 01	MRI	1,054,786	6,244,045	7,298,831	.089037	.089037	.089037
44	LABORATORY	8,714,976	14,470,735	23,185,711	.230902	.230902	.230902
47	BLOOD STORING, PROCESSING	526,643	265,718	792,361	.864178	.864178	.864178
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,674,036	391,711	4,065,747	.484208	.484208	.484208
50	PHYSICAL THERAPY	6,704,888	7,689,237	14,394,125	.514671	.514671	.514671
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,196,275	4,516,892	6,713,167	.341531	.341531	.341531
55	MEDICAL SUPPLIES CHARGED	28,518,581	21,574,500	50,093,081	.258141	.258141	.258141
56	DRUGS CHARGED TO PATIENTS	11,455,906	5,134,866	16,590,772	.393203	.393203	.393203
56 01	CAT SCAN	4,484,176	15,517,244	20,001,420	.037223	.037223	.037223
56 02	ULTRASOUND	317,268	1,948,987	2,266,255	.166889	.166889	.166889
56 03	CARDIAC CATH LAB	4,242,148	6,814,535	11,056,683	.251188	.251188	.251188
56 05	WOMENS CENTER	8,659	3,407,771	3,416,430	.477292	.477292	.477292
56 06	ENDOSCOPY	493,535	3,894,911	4,388,446	.303752	.303752	.303752
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN	126,933	336,633	463,566	.956408	.956408	.956408
61	EMERGENCY	2,122,968	9,560,761	11,683,729	.460015	.460015	.460015
61 01	SHORT STAY	2,627	78,122	80,749	11.496588	11.496588	11.496588
62	OBSERVATION BEDS (NON-DIS		3,468,666	3,468,666	.257907	.257907	.257907
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,014,634	1,014,634	.450694	.450694	.450694
101	SUBTOTAL	132,301,380	133,184,520	265,485,900			
102	LESS OBSERVATION BEDS						
103	TOTAL	132,301,380	133,184,520	265,485,900			

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	19,794,790		19,794,790		19,794,790
31	INTENSIVE CARE UNIT	4,339,267		4,339,267		4,339,267
33	SUBPROVIDER	4,291,104		4,291,104		4,291,104
34	NURSERY	99,421		99,421		99,421
	SKILLED NURSING FACILITY	2,724,902		2,724,902	1,200	2,726,102
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,872,826		7,872,826		7,872,826
39	DELIVERY ROOM & LABOR ROO	49,993		49,993		49,993
41	RADIOLOGY-DIAGNOSTIC	3,876,898		3,876,898		3,876,898
41 01	RENAL DIALYSIS	271,624		271,624		271,624
42	RADIOLOGY-THERAPEUTIC	1,836,504		1,836,504		1,836,504
42 01	MRI	649,863		649,863		649,863
44	LABORATORY	5,353,621		5,353,621		5,353,621
47	BLOOD STORING, PROCESSING	684,741		684,741		684,741
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,968,669		1,968,669		1,968,669
50	PHYSICAL THERAPY	7,408,232		7,408,232		7,408,232
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,292,756		2,292,756		2,292,756
55	MEDICAL SUPPLIES CHARGED	12,931,085		12,931,085		12,931,085
56	DRUGS CHARGED TO PATIENTS	6,523,537		6,523,537		6,523,537
56 01	CAT SCAN	744,516		744,516		744,516
56 02	ULTRASOUND	378,212		378,212		378,212
56 03	CARDIAC CATH LAB	2,777,302		2,777,302		2,777,302
56 05	WOMENS CENTER	1,630,635		1,630,635		1,630,635
56 06	ENDOSCOPY	1,332,998		1,332,998		1,332,998
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OUTPATIEN	443,358		443,358		443,358
61	EMERGENCY	5,374,688		5,374,688		5,374,688
61 01	SHORT STAY	928,338		928,338		928,338
62	OBSERVATION BEDS (NON-DIS	894,594		894,594		894,594
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	457,289		457,289		457,289
101	SUBTOTAL	97,931,763		97,931,763	1,200	97,932,963
102	LESS OBSERVATION BEDS	894,594		894,594		894,594
103	TOTAL	97,037,169		97,037,169	1,200	97,038,369

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	26,917,169		26,917,169			
26	INTENSIVE CARE UNIT	7,396,359		7,396,359			
31	SUBPROVIDER	6,191,821		6,191,821			
33	NURSERY						
34	SKILLED NURSING FACILITY	2,700,075		2,700,075			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,133,292	14,705,058	26,838,350	.293342	.293342	.293342
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	1,921,878	7,626,036	9,547,914	.406047	.406047	.406047
41	01 RENAL DIALYSIS	263,223		263,223	1.031916	1.031916	1.031916
42	RADIOLOGY-THERAPEUTIC	133,158	4,523,458	4,656,616	.394386	.394386	.394386
42	01 MRI	1,054,786	6,244,045	7,298,831	.089037	.089037	.089037
44	LABORATORY	8,714,976	14,470,735	23,185,711	.230902	.230902	.230902
47	BLOOD STORING, PROCESSING	526,643	265,718	792,361	.864178	.864178	.864178
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,674,036	391,711	4,065,747	.484208	.484208	.484208
50	PHYSICAL THERAPY	6,704,888	7,689,237	14,394,125	.514671	.514671	.514671
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,196,275	4,516,892	6,713,167	.341531	.341531	.341531
55	MEDICAL SUPPLIES CHARGED	28,518,581	21,574,500	50,093,081	.258141	.258141	.258141
56	DRUGS CHARGED TO PATIENTS	11,455,906	5,134,866	16,590,772	.393203	.393203	.393203
56	01 CAT SCAN	4,484,176	15,517,244	20,001,420	.037223	.037223	.037223
56	02 ULTRASOUND	317,268	1,948,987	2,266,255	.166889	.166889	.166889
56	03 CARDIAC CATH LAB	4,242,148	6,814,535	11,056,683	.251188	.251188	.251188
56	05 WOMENS CENTER	8,659	3,407,771	3,416,430	.477292	.477292	.477292
56	06 ENDOSCOPY	493,535	3,894,911	4,388,446	.303752	.303752	.303752
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIEN	126,933	336,633	463,566	.956408	.956408	.956408
61	EMERGENCY	2,122,968	9,560,761	11,683,729	.460015	.460015	.460015
61	01 SHORT STAY	2,627	78,122	80,749	11.496588	11.496588	11.496588
62	OBSERVATION BEDS (NON-DIS		3,468,666	3,468,666	.257907	.257907	.257907
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,014,634	1,014,634	.450694	.450694	.450694
101	SUBTOTAL	132,301,380	133,184,520	265,485,900			
102	LESS OBSERVATION BEDS						
103	TOTAL	132,301,380	133,184,520	265,485,900			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,872,826	1,062,792	6,810,034			7,872,826
39	DELIVERY ROOM & LABOR ROO	49,993	3,751	46,242			49,993
41	RADIOLOGY-DIAGNOSTIC	3,876,898	507,518	3,369,380			3,876,898
41 01	RENAL DIALYSIS	271,624	20,536	251,088			271,624
42	RADIOLOGY-THERAPEUTIC	1,836,504	515,748	1,320,756			1,836,504
42 01	MRI	649,863	71,595	578,268			649,863
44	LABORATORY	5,353,621	536,605	4,817,016			5,353,621
47	BLOOD STORING, PROCESSING	684,741	29,922	654,819			684,741
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,968,669	160,087	1,808,582			1,968,669
50	PHYSICAL THERAPY	7,408,232	374,907	7,033,325			7,408,232
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,292,756	661,141	1,631,615			2,292,756
55	MEDICAL SUPPLIES CHARGED	12,931,085	422,757	12,508,328			12,931,085
56	DRUGS CHARGED TO PATIENTS	6,523,537	229,384	6,294,153			6,523,537
56 01	CAT SCAN	744,516	94,863	649,653			744,516
56 02	ULTRASOUND	378,212	15,995	362,217			378,212
56 03	CARDIAC CATH LAB	2,777,302	355,580	2,421,722			2,777,302
56 05	WOMENS CENTER	1,630,635	499,490	1,131,145			1,630,635
56 06	ENDOSCOPY	1,332,998	345,811	987,187			1,332,998
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN	443,358	52,673	390,685			443,358
61	EMERGENCY	5,374,688	759,062	4,615,626			5,374,688
61 01	SHORT STAY	928,338	489,118	439,220			928,338
62	OBSERVATION BEDS (NON-DIS	894,594	139,354	755,240			894,594
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	457,289	10,837	446,452			457,289
101	SUBTOTAL	66,682,279	7,359,526	59,322,753			66,682,279
102	LESS OBSERVATION BEDS	894,594	139,354	755,240			894,594
103	TOTAL	65,787,685	7,220,172	58,567,513			65,787,685

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			
37	OPERATING ROOM	26,838,350	.293342	.293342
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	9,547,914	.406047	.406047
41 01	RENAL DIALYSIS	263,223	1.031916	1.031916
42	RADIOLOGY-THERAPEUTIC	4,656,616	.394386	.394386
42 01	MRI	7,298,831	.089037	.089037
44	LABORATORY	23,185,711	.230902	.230902
47	BLOOD STORING, PROCESSING	792,361	.864178	.864178
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	4,065,747	.484208	.484208
50	PHYSICAL THERAPY	14,394,125	.514671	.514671
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	6,713,167	.341531	.341531
55	MEDICAL SUPPLIES CHARGED	50,093,081	.258141	.258141
56	DRUGS CHARGED TO PATIENTS	16,590,772	.393203	.393203
56 01	CAT SCAN	20,001,420	.037223	.037223
56 02	ULTRASOUND	2,266,255	.166889	.166889
56 03	CARDIAC CATH LAB	11,056,683	.251188	.251188
56 05	WOMENS CENTER	3,416,430	.477292	.477292
56 06	ENDOSCOPY	4,388,446	.303752	.303752
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN	463,566	.956408	.956408
61	EMERGENCY	11,683,729	.460015	.460015
61 01	SHORT STAY	80,749	11.496588	11.496588
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,468,666	.257907	.257907
65	AMBULANCE SERVICES	1,014,634	.450694	.450694
101	SUBTOTAL	222,280,476		
102	LESS OBSERVATION BEDS	3,468,666		
103	TOTAL	218,811,810		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,872,826	1,062,792	6,810,034	106,279	394,982	7,371,565
39	DELIVERY ROOM & LABOR ROO	49,993	3,751	46,242	375	2,682	46,936
41	RADIOLOGY-DIAGNOSTIC	3,876,898	507,518	3,369,380	50,752	195,424	3,630,722
41 01	RENAL DIALYSIS	271,624	20,536	251,088	2,054	14,563	255,007
42	RADIOLOGY-THERAPEUTIC	1,836,504	515,748	1,320,756	51,575	76,604	1,708,325
42 01	MRI	649,863	71,595	578,268	7,160	33,540	609,163
44	LABORATORY	5,353,621	536,605	4,817,016	53,661	279,387	5,020,573
47	BLOOD STORING, PROCESSING	684,741	29,922	654,819	2,992	37,980	643,769
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,968,669	160,087	1,808,582	16,009	104,898	1,847,762
50	PHYSICAL THERAPY	7,408,232	374,907	7,033,325	37,491	407,933	6,962,808
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,292,756	661,141	1,631,615	66,114	94,634	2,132,008
55	MEDICAL SUPPLIES CHARGED	12,931,085	422,757	12,508,328	42,276	725,483	12,163,326
56	DRUGS CHARGED TO PATIENTS	6,523,537	229,384	6,294,153	22,938	365,061	6,135,538
56 01	CAT SCAN	744,516	94,863	649,653	9,486	37,680	697,350
56 02	ULTRASOUND	378,212	15,995	362,217	1,600	21,009	355,603
56 03	CARDIAC CATH LAB	2,777,302	355,580	2,421,722	35,558	140,460	2,601,284
56 05	WOMENS CENTER	1,630,635	499,490	1,131,145	49,949	65,606	1,515,080
56 06	ENDOSCOPY	1,332,998	345,811	987,187	34,581	57,257	1,241,160
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN	443,358	52,673	390,685	5,267	22,660	415,431
61	EMERGENCY	5,374,688	759,062	4,615,626	75,906	267,706	5,031,076
61 01	SHORT STAY	928,338	489,118	439,220	48,912	25,475	853,951
62	OBSERVATION BEDS (NON-DIS	894,594	139,354	755,240	13,935	43,804	836,855
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	457,289	10,837	446,452	1,084	25,894	430,311
101	SUBTOTAL	66,682,279	7,359,526	59,322,753	735,954	3,440,722	62,505,603
102	LESS OBSERVATION BEDS	894,594	139,354	755,240	13,935	43,804	836,855
103	TOTAL	65,787,685	7,220,172	58,567,513	722,019	3,396,918	61,668,748

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

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	26,838,350	.274665	.289382
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	9,547,914	.380263	.400731
41 01	RENAL DIALYSIS	263,223	.968787	1.024113
42	RADIOLOGY-THERAPEUTIC	4,656,616	.366860	.383310
42 01	MRI	7,298,831	.083460	.088056
44	LABORATORY	23,185,711	.216537	.228587
47	BLOOD STORING, PROCESSING	792,361	.812469	.860402
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	4,065,747	.454470	.480271
50	PHYSICAL THERAPY	14,394,125	.483726	.512066
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	6,713,167	.317586	.331683
55	MEDICAL SUPPLIES CHARGED	50,093,081	.242814	.257297
56	DRUGS CHARGED TO PATIENTS	16,590,772	.369816	.391820
56 01	CAT SCAN	20,001,420	.034865	.036749
56 02	ULTRASOUND	2,266,255	.156912	.166183
56 03	CARDIAC CATH LAB	11,056,683	.235268	.247972
56 05	WOMENS CENTER	3,416,430	.443469	.462672
56 06	ENDOSCOPY	4,388,446	.282824	.295872
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN	463,566	.896164	.945046
61	EMERGENCY	11,683,729	.430605	.453518
61 01	SHORT STAY	80,749	10.575376	10.890859
62	OBSERVATION BEDS (NON-DIS	3,468,666	.241261	.253890
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,014,634	.424105	.449625
101	SUBTOTAL	222,280,476		
102	LESS OBSERVATION BEDS	3,468,666		
103	TOTAL	218,811,810		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,083,522		3,083,522
26	INTENSIVE CARE UNIT				449,460		449,460
31	SUBPROVIDER				452,933		452,933
33	NURSERY				4,144		4,144
101	TOTAL				3,990,059		3,990,059

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I  
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,202	9,105			152.63	1,389,696
26	INTENSIVE CARE UNIT	3,355	1,964			133.97	263,117
31	SUBPROVIDER	6,200	4,446			73.05	324,780
33	NURSERY						
101	TOTAL	29,757	15,515				1,977,593

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0059 I I

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	OLD CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,062,792	26,838,350	6,671,090		
39	DELIVERY ROOM & LABOR ROO		3,751				
41	RADIOLOGY-DIAGNOSTIC		507,518	9,547,914	1,551,820		
41 01	RENAL DIALYSIS		20,536	263,223	200,992		
42	RADIOLOGY-THERAPEUTIC		515,748	4,656,616	50,133		
42 01	MRI		71,595	7,298,831	552,607		
44	LABORATORY		536,605	23,185,711	4,473,894		
47	BLOOD STORING, PROCESSING		29,922	792,361	411,030		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		160,087	4,065,747	1,255,075		
50	PHYSICAL THERAPY		374,907	14,394,125	940,521		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		661,141	6,713,167	1,026,790		
55	MEDICAL SUPPLIES CHARGED		422,757	50,093,081	14,955,205		
56	DRUGS CHARGED TO PATIENTS		229,384	16,590,772	6,275,471		
56 01	CAT SCAN		94,863	20,001,420	2,668,397		
56 02	ULTRASOUND		15,995	2,266,255	167,802		
56 03	CARDIAC CATH LAB		355,580	11,056,683	1,680,504		
56 05	WOMENS CENTER		499,490	3,416,430			
56 06	ENDOSCOPY		345,811	4,388,446			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN		52,673	463,566			
61	EMERGENCY		759,062	11,683,729	783,390		
61 01	SHORT STAY		489,118	80,749			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		139,354	3,468,666			
65	AMBULANCE SERVICES						
101	TOTAL		7,348,689	221,265,842	43,664,721		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0059 I I

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.039600	264,175
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.053155	82,487
41 01	RENAL DIALYSIS	.078017	15,681
42	RADIOLOGY-THERAPEUTIC	.110756	5,553
42 01	MRI	.009809	5,421
44	LABORATORY	.023144	103,544
47	BLOOD STORING, PROCESSING	.037763	15,522
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.039375	49,419
50	PHYSICAL THERAPY	.026046	24,497
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.098484	101,122
55	MEDICAL SUPPLIES CHARGED	.008439	126,207
56	DRUGS CHARGED TO PATIENTS	.013826	86,765
56 01	CAT SCAN	.004743	12,656
56 02	ULTRASOUND	.007058	1,184
56 03	CARDIAC CATH LAB	.032160	54,045
56 05	WOMENS CENTER	.146202	
56 06	ENDOSCOPY	.078800	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OUTPATIEN	.113626	
61	EMERGENCY	.064967	50,894
61 01	SHORT STAY	6.057264	
62	OBSERVATION BEDS (NON-DIS	.040175	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		999,172

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III  
 PPS

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

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					20,202	
26	INTENSIVE CARE UNIT					3,355	
31	SUBPROVIDER					6,200	
33	NURSERY						
34	SKILLED NURSING FACILITY					5,160	
101	TOTAL					34,917	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	9,105
26	INTENSIVE CARE UNIT		1,964
31	SUBPROVIDER		4,446
33	NURSERY		
34	SKILLED NURSING FACILITY		4,318
101	TOTAL		19,833

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS 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
37	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
41	01 RENAL DIALYSIS							
42	RADIOLOGY-THERAPEUTIC							
42	01 MRI							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
56	01 CAT SCAN							
56	02 ULTRASOUND							
56	03 CARDIAC CATH LAB							
56	05 WOMENS CENTER							
56	06 ENDOSCOPY							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 OUTPATIEN							
61	EMERGENCY							
61	01 SHORT STAY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			26,838,350			6,671,090	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			9,547,914			1,551,820	
41	01 RENAL DIALYSIS			263,223			200,992	
42	RADIOLOGY-THERAPEUTIC			4,656,616			50,133	
42	01 MRI			7,298,831			552,607	
44	LABORATORY			23,185,711			4,473,894	
47	BLOOD STORING, PROCESSING			792,361			411,030	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			4,065,747			1,255,075	
50	PHYSICAL THERAPY			14,394,125			940,521	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			6,713,167			1,026,790	
55	MEDICAL SUPPLIES CHARGED			50,093,081			14,955,205	
56	DRUGS CHARGED TO PATIENTS			16,590,772			6,275,471	
56	01 CAT SCAN			20,001,420			2,668,397	
56	02 ULTRASOUND			2,266,255			167,802	
56	03 CARDIAC CATH LAB			11,056,683			1,680,504	
56	05 WOMENS CENTER			3,416,430				
56	06 ENDOSCOPY			4,388,446				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 OUTPATIEN			463,566				
61	EMERGENCY			11,683,729			783,390	
61	01 SHORT STAY			80,749				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,468,666				
65	AMBULANCE SERVICES							
101	TOTAL			221,265,842			43,664,721	

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
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,646,170					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	3,140,486					
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC	1,986,193					
42 01	MRI	1,721,664					
44	LABORATORY	52,676					
47	BLOOD STORING, PROCESSING	191,263					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	65,122					
50	PHYSICAL THERAPY	186,996					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	935,795					
55	MEDICAL SUPPLIES CHARGED	5,334,134					
56	DRUGS CHARGED TO PATIENTS	2,708,596					
56 01	CAT SCAN	4,151,241					
56 02	ULTRASOUND	295,358					
56 03	CARDIAC CATH LAB	1,534,232					
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY	985,124					
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	804,493					
65	AMBULANCE SERVICES						
101	TOTAL	29,739,543					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.293342	.293342			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.406047	.406047			
41 01 RENAL DIALYSIS	1.031916	1.031916			
42 RADIOLOGY-THERAPEUTIC	.394386	.394386			
42 01 MRI	.089037	.089037			
44 LABORATORY	.230902	.230902			
47 BLOOD STORING, PROCESSING & TRANS.	.864178	.864178			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.484208	.484208			
50 PHYSICAL THERAPY	.514671	.514671			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.341531	.341531			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.258141	.258141			
56 DRUGS CHARGED TO PATIENTS	.393203	.393203			
56 01 CAT SCAN	.037223	.037223			
56 02 ULTRASOUND	.166889	.166889			
56 03 CARDIAC CATH LAB	.251188	.251188			
56 05 WOMENS CENTER	.477292	.477292			
56 06 ENDOSCOPY	.303752	.303752			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIEN	.956408	.956408			
61 EMERGENCY	.460015	.460015			
61 01 SHORT STAY	11.496588	11.496588			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.257907	.257907			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.450694	.450694			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,646,170			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		3,140,486			
41	01 RENAL DIALYSIS					
42	RADIOLOGY-THERAPEUTIC		1,986,193			
42	01 MRI		1,721,664			
44	LABORATORY		52,676			
47	BLOOD STORING, PROCESSING & TRANS.		191,263			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		65,122			
50	PHYSICAL THERAPY		186,996			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		935,795			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,334,134	1,103		
56	DRUGS CHARGED TO PATIENTS		2,708,596			
56	01 CAT SCAN		4,151,241			
56	02 ULTRASOUND		295,358			
56	03 CARDIAC CATH LAB		1,534,232			
56	05 WOMENS CENTER					
56	06 ENDOSCOPY					
60	OUTPAT SERVICE COST CNTRS					
60	01 OUTPATIEN					
61	EMERGENCY		985,124			
61	01 SHORT STAY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		804,493			
62	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		29,739,543	1,103		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		29,739,543	1,103		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,656,259	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,275,185	
41 01 RENAL DIALYSIS					
42 RADIOLOGY-THERAPEUTIC				783,327	
42 01 MRI				153,292	
44 LABORATORY				12,163	
47 BLOOD STORING, PROCESSING & TRANS.				165,285	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				31,533	
50 PHYSICAL THERAPY				96,241	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				319,603	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,376,959	285
56 DRUGS CHARGED TO PATIENTS				1,065,028	
56 01 CAT SCAN				154,522	
56 02 ULTRASOUND				49,292	
56 03 CARDIAC CATH LAB				385,381	
56 05 WOMENS CENTER					
56 06 ENDOSCOPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIEN					
61 EMERGENCY				453,172	
61 01 SHORT STAY					
62 OBSERVATION BEDS (NON-DISTINCT PART)				207,484	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				8,184,726	285
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				8,184,726	285

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 RENAL DIALYSIS			
42 RADIOLOGY-THERAPEUTIC			
42 01 MRI			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
56 01 CAT SCAN			
56 02 ULTRASOUND			
56 03 CARDIAC CATH LAB			
56 05 WOMENS CENTER			
56 06 ENDOSCOPY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 OUTPATIEN			
61 EMERGENCY			
61 01 SHORT STAY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI
I	15-0059	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.393203
3	PROGRAM COSTS	7,792
		3,064

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-T059 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,062,792	26,838,350	74,189		
39	DELIVERY ROOM & LABOR ROO		3,751				
41	RADIOLOGY-DIAGNOSTIC		507,518	9,547,914	67,418		
41 01	RENAL DIALYSIS		20,536	263,223	49,205		
42	RADIOLOGY-THERAPEUTIC		515,748	4,656,616	24,677		
42 01	MRI		71,595	7,298,831	19,599		
44	LABORATORY		536,605	23,185,711	402,476		
47	BLOOD STORING, PROCESSING		29,922	792,361	9,301		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		160,087	4,065,747	122,914		
50	PHYSICAL THERAPY		374,907	14,394,125	3,224,566		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		661,141	6,713,167	26,238		
55	MEDICAL SUPPLIES CHARGED		422,757	50,093,081	537,122		
56	DRUGS CHARGED TO PATIENTS		229,384	16,590,772	751,588		
56 01	CAT SCAN		94,863	20,001,420	60,558		
56 02	ULTRASOUND		15,995	2,266,255	3,680		
56 03	CARDIAC CATH LAB		355,580	11,056,683	2,085		
56 05	WOMENS CENTER		499,490	3,416,430			
56 06	ENDOSCOPY		345,811	4,388,446			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN		52,673	463,566			
61	EMERGENCY		759,062	11,683,729	3,981		
61 01	SHORT STAY		489,118	80,749			
62	OBSERVATION BEDS (NON-DIS		139,354	3,468,666			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		7,348,689	221,265,842	5,379,597		

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.039600	2,938
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.053155	3,584
41 01	RENAL DIALYSIS	.078017	3,839
42	RADIOLOGY-THERAPEUTIC	.110756	2,733
42 01	MRI	.009809	192
44	LABORATORY	.023144	9,315
47	BLOOD STORING, PROCESSING	.037763	351
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.039375	4,840
50	PHYSICAL THERAPY	.026046	83,987
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.098484	2,584
55	MEDICAL SUPPLIES CHARGED	.008439	4,533
56	DRUGS CHARGED TO PATIENTS	.013826	10,391
56 01	CAT SCAN	.004743	287
56 02	ULTRASOUND	.007058	26
56 03	CARDIAC CATH LAB	.032160	67
56 05	WOMENS CENTER	.146202	
56 06	ENDOSCOPY	.078800	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OUTPATIEN	.113626	
61	EMERGENCY	.064967	259
61 01	SHORT STAY	6.057264	
62	OBSERVATION BEDS (NON-DIS	.040175	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		129,926



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS			26,838,350			74,189	
37	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			9,547,914			67,418	
41 01	RENAL DIALYSIS			263,223			49,205	
42	RADIOLOGY-THERAPEUTIC			4,656,616			24,677	
42 01	MRI			7,298,831			19,599	
44	LABORATORY			23,185,711			402,476	
47	BLOOD STORING, PROCESSING			792,361			9,301	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			4,065,747			122,914	
50	PHYSICAL THERAPY			14,394,125			3,224,566	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			6,713,167			26,238	
55	MEDICAL SUPPLIES CHARGED			50,093,081			537,122	
56	DRUGS CHARGED TO PATIENTS			16,590,772			751,588	
56 01	CAT SCAN			20,001,420			60,558	
56 02	ULTRASOUND			2,266,255			3,680	
56 03	CARDIAC CATH LAB			11,056,683			2,085	
56 05	WOMENS CENTER			3,416,430				
56 06	ENDOSCOPY			4,388,446				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OUTPATIEN			463,566				
61	EMERGENCY			11,683,729			3,981	
61 01	SHORT STAY			80,749				
62	OBSERVATION BEDS (NON-DIS			3,468,666				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			221,265,842			5,379,597	

TITLE XVIII, PART A

SUBPROVIDER 1

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
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-5669 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-5669 I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
41	RADIOLOGY-DIAGNOSTIC	
41 01	RENAL DIALYSIS	
42	RADIOLOGY-THERAPEUTIC	
42 01	MRI	
44	LABORATORY	
47	BLOOD STORING, PROCESSING	
48	INTRAVENOUS THERAPY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
56 01	CAT SCAN	
56 02	ULTRASOUND	
56 03	CARDIAC CATH LAB	
56 05	WOMENS CENTER	
56 06	ENDOSCOPY	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
60 01	OUTPATIEN	
61	EMERGENCY	
61 01	SHORT STAY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
65	AMBULANCE SERVICES	
101	TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
41 01	RENAL DIALYSIS					
42	RADIOLOGY-THERAPEUTIC					
42 01	MRI					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
56 01	CAT SCAN					
56 02	ULTRASOUND					
56 03	CARDIAC CATH LAB					
56 05	WOMENS CENTER					
56 06	ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OUTPATIEN					
61	EMERGENCY					
61 01	SHORT STAY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT CHARGE 6	INPAT PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			26,838,350					
39	DELIVERY ROOM & LABOR ROO								
41	RADIOLOGY-DIAGNOSTIC			9,547,914				38,356	
41 01	RENAL DIALYSIS			263,223					
42	RADIOLOGY-THERAPEUTIC			4,656,616					
42 01	MRI			7,298,831					
44	LABORATORY			23,185,711				349,954	
47	BLOOD STORING, PROCESSING			792,361					
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			4,065,747				7,597	
50	PHYSICAL THERAPY			14,394,125				725,100	
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY			6,713,167				1,747	
55	MEDICAL SUPPLIES CHARGED			50,093,081				225,286	
56	DRUGS CHARGED TO PATIENTS			16,590,772				667,995	
56 01	CAT SCAN			20,001,420					
56 02	ULTRASOUND			2,266,255					
56 03	CARDIAC CATH LAB			11,056,683					
56 05	WOMENS CENTER			3,416,430					
56 06	ENDOSCOPY			4,388,446					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60 01	OUTPATIEN			463,566					
61	EMERGENCY			11,683,729					
61 01	SHORT STAY			80,749					
62	OBSERVATION BEDS (NON-DIS			3,468,666					
	OTHER REIMBURS COST CNTRS								
65	AMBULANCE SERVICES								
101	TOTAL			221,265,842				2,016,035	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIEN						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	20,202
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,202
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	20,202
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)	9,105
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	19,794,790
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	19,794,790

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	26,917,169
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	26,117,354
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.735396
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,292.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19,794,790

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II
I	15-0059	I		I	

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				979.84
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				8,921,443
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				8,921,443

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	4,339,267	3,355	1,293.37	1,964	2,540,179
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,652,813
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	999,172
52	TOTAL PROGRAM EXCLUDABLE COST	2,651,985
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	21,741,641

## TARGET AMOUNT AND LIMIT COMPUTATION

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

## PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-0059 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 913
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 979.84
- 85 OBSERVATION BED COST 894,594

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		19,794,790		894,594	
87 NEW CAPITAL-RELATED COST	3,083,522	19,794,790	.155774	894,594	139,354
88 NON PHYSICIAN ANESTHETIST		19,794,790		894,594	
89 MEDICAL EDUCATION		19,794,790		894,594	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 15-T059 I I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,200
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,200
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,200
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,446
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	4,291,104
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	4,291,104

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,191,821
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,191,821
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.693028
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	998.68
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	4,291,104

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 692.11  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,077,121  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,077,121

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,379,832
49 TOTAL PROGRAM INPATIENT COSTS					5,456,953

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 324,780  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 129,926  
 52 TOTAL PROGRAM EXCLUDABLE COST 454,706  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,002,247

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-T059 I I

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	692.11
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	4,291,104			
87	NEW CAPITAL-RELATED COST	452,933	4,291,104	.105552	
88	NON PHYSICIAN ANESTHETIST		4,291,104		
89	MEDICAL EDUCATION		4,291,104		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	15-5669	I		I	

TITLE XVIII PART A

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,160
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,160
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,160
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,318
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,726,102
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,726,102

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,700,075
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,700,075
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.009639
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	523.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,726,102

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-5669 I I

TITLE XVIII PART A

SNF

PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,726,102
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		528.31
68	PROGRAM ROUTINE SERVICE COST		2,281,243
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,281,243
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		367,425
72	PER DIEM CAPITAL-RELATED COSTS		71.21
73	PROGRAM CAPITAL-RELATED COSTS		307,485
74	INPATIENT ROUTINE SERVICE COST		1,973,758
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,973,758
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,281,243
80	PROGRAM INPATIENT ANCILLARY SERVICES		794,657
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,075,900

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 15-0059 I I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	20,202
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,202
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,202
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)	968
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	19,794,790
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	19,794,790

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	26,917,169
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	26,117,354
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.735396
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,292.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19,794,790

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
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 I 15-0059 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 979.84  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 948,485  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 948,485

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	99,421				
43 INTENSIVE CARE UNIT	4,339,267	3,355	1,293.37		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 675,446
49 TOTAL PROGRAM INPATIENT COSTS					1,623,931

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
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TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	913
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	979.84
85	OBSERVATION BED COST	894,594

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I	
I	15-T059	I		I		

TITLE XIX - I/P

SUBPROVIDER I

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,200
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,200
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,200
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)	154
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	4,291,104
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	4,291,104

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,191,821
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,191,821
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.693028
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	998.68
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	4,291,104

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-T059 I I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 692.11  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 106,585  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 106,585

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 81,559
49 TOTAL PROGRAM INPATIENT COSTS					188,144

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
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TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	692.11
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		10,987,718	
26	INTENSIVE CARE UNIT		4,181,154	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.293342	6,671,090	1,956,911
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.406047	1,551,820	630,112
41 01	RENAL DIALYSIS	1.031916	200,992	207,407
42	RADIOLOGY-THERAPEUTIC	.394386	50,133	19,772
42 01	MRI	.089037	552,607	49,202
44	LABORATORY	.230902	4,473,894	1,033,031
47	BLOOD STORING, PROCESSING & TRANS.	.864178	411,030	355,203
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.484208	1,255,075	607,717
50	PHYSICAL THERAPY	.514671	940,521	484,059
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.341531	1,026,790	350,681
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.258141	14,955,205	3,860,552
56	DRUGS CHARGED TO PATIENTS	.393203	6,275,471	2,467,534
56 01	CAT SCAN	.037223	2,668,397	99,326
56 02	ULTRASOUND	.166889	167,802	28,004
56 03	CARDIAC CATH LAB	.251188	1,680,504	422,122
56 05	WOMENS CENTER	.477292		
56 06	ENDOSCOPY	.303752		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OUTPATIEN	.956408		
61	EMERGENCY	.460015	783,390	360,371
61 01	SHORT STAY	11.496588		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.257907		
65	AMBULANCE SERVICES			
101	TOTAL		43,664,721	12,932,004
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		43,664,721	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,439,874	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.293342	74,189	21,763
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.406047	67,418	27,375
41 01	RENAL DIALYSIS	1.031916	49,205	50,775
42	RADIOLOGY-THERAPEUTIC	.394386	24,677	9,732
42 01	MRI	.089037	19,599	1,745
44	LABORATORY	.230902	402,476	92,933
47	BLOOD STORING, PROCESSING & TRANS.	.864178	9,301	8,038
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.484208	122,914	59,516
50	PHYSICAL THERAPY	.514671	3,224,566	1,659,591
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.341531	26,238	8,961
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.258141	537,122	138,653
56	DRUGS CHARGED TO PATIENTS	.393203	751,588	295,527
56 01	CAT SCAN	.037223	60,558	2,254
56 02	ULTRASOUND	.166889	3,680	614
56 03	CARDIAC CATH LAB	.251188	2,085	524
56 05	WOMENS CENTER	.477292		
56 06	ENDOSCOPY	.303752		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN	.956408		
61	EMERGENCY	.460015	3,981	1,831
61 01	SHORT STAY	11.496588		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.257907		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		5,379,597	2,379,832
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,379,597	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-5669 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.293342		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.406047	38,356	15,574
41 01	RENAL DIALYSIS	1.031916		
42	RADIOLOGY-THERAPEUTIC	.394386		
42 01	MRI	.089037		
44	LABORATORY	.230902	349,954	80,805
47	BLOOD STORING, PROCESSING & TRANS.	.864178		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.484208	7,597	3,679
50	PHYSICAL THERAPY	.514671	725,100	373,188
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.341531	1,747	597
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.258141	225,286	58,156
56	DRUGS CHARGED TO PATIENTS	.393203	667,995	262,658
56 01	CAT SCAN	.037223		
56 02	ULTRASOUND	.166889		
56 03	CARDIAC CATH LAB	.251188		
56 05	WOMENS CENTER	.477292		
56 06	ENDOSCOPY	.303752		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN	.956408		
61	EMERGENCY	.460015		
61 01	SHORT STAY	11.496588		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.257907		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,016,035	794,657
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,016,035	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-0059 I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		1,942,894	
26	INTENSIVE CARE UNIT		1,584	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.293342	435,872	127,860
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.406047	36,745	14,920
41 01	RENAL DIALYSIS	1.031916	1,739	1,795
42	RADIOLOGY-THERAPEUTIC	.394386	2,030	801
42 01	MRI	.089037	27,414	2,441
44	LABORATORY	.230902	217,234	50,160
47	BLOOD STORING, PROCESSING & TRANS.	.864178	21,419	18,510
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.484208	73,978	35,821
50	PHYSICAL THERAPY	.514671	16,479	8,481
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.341531	38,476	13,141
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.258141	825,229	213,025
56	DRUGS CHARGED TO PATIENTS	.393203	312,260	122,782
56 01	CAT SCAN	.037223	93,240	3,471
56 02	ULTRASOUND	.166889	11,243	1,876
56 03	CARDIAC CATH LAB	.251188	81,563	20,488
56 05	WOMENS CENTER	.477292		
56 06	ENDOSCOPY	.303752	3,852	1,170
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN	.956408	2,243	2,145
61	EMERGENCY	.460015	58,804	27,051
61 01	SHORT STAY	11.496588	827	9,508
62	OBSERVATION BEDS (NON-DISTINCT PART)	.257907		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,260,647	675,446
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,260,647	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-T059 I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		151,627	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.293342		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.406047	2,274	923
41 01	RENAL DIALYSIS	1.031916		
42	RADIOLOGY-THERAPEUTIC	.394386		
42 01	MRI	.089037	3,828	341
44	LABORATORY	.230902	9,955	2,299
47	BLOOD STORING, PROCESSING & TRANS.	.864178	518	448
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.484208	7,296	3,533
50	PHYSICAL THERAPY	.514671	99,750	51,338
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.341531	1,791	612
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.258141	30,878	7,971
56	DRUGS CHARGED TO PATIENTS	.393203	31,265	12,293
56 01	CAT SCAN	.037223	2,151	80
56 02	ULTRASOUND	.166889	1,763	294
56 03	CARDIAC CATH LAB	.251188		
56 05	WOMENS CENTER	.477292		
56 06	ENDOSCOPY	.303752		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIEN	.956408	1,492	1,427
61	EMERGENCY	.460015		
61 01	SHORT STAY	11.496588		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.257907		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		192,961	81,559
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		192,961	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART A  
 I 15-0059 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

- DRG AMOUNT
- 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1
- 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 15,096,095
- 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1
- MANAGED CARE PATIENTS
- 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
- 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
- 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
- 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
- 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
- 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) 612,620
- 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 102.99
- INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
- 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
- 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
- 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
- 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
- FOR CR PERIODS ENDING ON OR AFTER 7/1/2005  
 E-3 PT 6 LN 15 PLUS LN 3.06
- 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
- 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS
- 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
- 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
- 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
- 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
- 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
- 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
- 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
- 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
- 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
- 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)
- 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
- 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
- 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1
- SUM OF LINES PLUS E-3, PT  
 3.21 - 3.23 VI, LINE 23
- 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).
- DISPROPORTIONATE SHARE ADJUSTMENT
- 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
- 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I
- 4.02 SUM OF LINES 4 AND 4.01
- 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)
- 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)
- ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
- 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART A  
 I 15-0059 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	15,708,715
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	15,708,715
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,378,400
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	17,087,115
17	PRIMARY PAYER PAYMENTS	41,606
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,045,509
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,637,494
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	75,264
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	194,374
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	136,062
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	122,077
22	SUBTOTAL	15,468,813
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	15,468,813
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	15,415,752
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	53,061
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART B	
I	15-0059	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,349
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,184,726
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,780,612
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)	3,349
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	8,895
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	8,895
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	8,895
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,546
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,349
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,780,612
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	212
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,745,654
19	SUBTOTAL (SEE INSTRUCTIONS)	5,038,095
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,038,095
24	PRIMARY PAYER PAYMENTS	5,065
25	SUBTOTAL	5,033,030
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	188,549
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	131,984
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	120,568
28	SUBTOTAL	5,165,014
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)	110
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,164,904
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,127,741
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	37,163
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-0059 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		15,347,363		5,033,464
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	1/ 1/2008	75,521	1/ 1/2008	98,702
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	7/22/2008	7,132	7/22/2008	4,425
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		68,389		94,277
4 TOTAL INTERIM PAYMENTS		15,415,752		5,127,741
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)		53,061		37,163
7 TOTAL MEDICARE PROGRAM LIABILITY		15,468,813		5,164,904

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-T059 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,298,563		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		5,298,563		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		70,265		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,228,298		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-5669 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,609,793		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,609,793		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,609,793		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 15-T059 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,912,236
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0253
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	151,999
1.05	OUTLIER PAYMENTS	254,675
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,318,910
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	16.939891
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,318,910
5	PRIMARY PAYER PAYMENTS	6,932
6	SUBTOTAL	5,311,978
7	DEDUCTIBLES	53,216
8	SUBTOTAL	5,258,762
9	COINSURANCE	30,464
10	SUBTOTAL	5,228,298
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,228,298
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 15-T059 I I

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

15.99 OUTLIER RECONCILIATION ADJUSTMENT  
 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS  
 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS  
 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) 5,228,298  
 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 19 INTERIM PAYMENTS 5,298,563  
 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 20 BALANCE DUE PROVIDER/PROGRAM -70,265  
 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-5669 I I

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-5669	I		I	

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

TITLE XVIII

SNF

PPS  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1,623,931	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		1,623,931	
7	INPATIENT PRIMARY PAYER PAYMENTS		140,374	
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,483,557	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,944,478	
11	ANCILLARY SERVICE CHARGES		2,260,647	
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		4,205,125	
	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)		4,205,125	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		2,721,568	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,483,557	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,483,557	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,483,557	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,483,557	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		1,483,557	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		1,483,557	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,483,557	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		945,526	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III	
I	-	I		I		

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

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

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

1  
538,031

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-T059 I I I

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

TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	188,144	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	188,144	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	188,144	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	151,627	
11	ANCILLARY SERVICE CHARGES	192,961	
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	344,588	
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)	344,588	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	156,444	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	188,144	
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	188,144	
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	188,144	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	188,144	
36	COINSURANCE	26,182	
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)	161,962	
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	161,962	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	161,962	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	112,651	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0059	I	FROM 1/ 1/2008	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III	
I	15-T059	I		I		

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

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

1  
49,311

2

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I  
 I I TO 12/31/2008 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,475,250			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	20,661,169			
5	OTHER RECEIVABLES	208,996			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,005,613			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	5,502,453			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	36,853,481			
FIXED ASSETS					
12	LAND	10,915,010			
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS				
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	185,483,490			
18	LESS ACCUMULATED DEPRECIATION	-100,186,323			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	96,212,177			
OTHER ASSETS					
21	INVESTMENTS	30,209,162			
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	2,713,366			
25	TOTAL OTHER ASSETS	32,922,528			
26	TOTAL ASSETS	165,988,186			
27					

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I  
 I I TO 12/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,696,195			
29 SALARIES, WAGES & FEES PAYABLE	7,368,220			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,742,213			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,449,702			
36 TOTAL CURRENT LIABILITIES	15,256,330			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	55,736,172			
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	55,736,172			
43 TOTAL LIABILITIES	70,992,502			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	94,995,684			
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	94,995,684			
52 TOTAL LIABILITIES AND FUND BALANCES	165,988,186			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		95,516,612		
2	NET INCOME (LOSS)		-521,028		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		94,995,584		
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		94,995,584		
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		94,995,584		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET G-2  
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	26,917,169		26,917,169
2 00 SUBPROVIDER	6,191,821		6,191,821
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	33,108,990		33,108,990
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,396,359		7,396,359
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,396,359		7,396,359
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	40,505,349		40,505,349
17 00 ANCILLARY SERVICES	91,866,203		91,866,203
18 00 OUTPATIENT SERVICES		165,615,076	165,615,076
20 00 AMBULANCE SERVICES			
24 00 OTHER OUTPATIENT REVENUE		3,155	3,155
25 00 TOTAL PATIENT REVENUES	132,371,552	165,618,231	297,989,783

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	132,781,874		
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		132,781,874	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET G-3  
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	297,989,783
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	164,449,786
3	NET PATIENT REVENUES	133,539,997
4	LESS: TOTAL OPERATING EXPENSES	132,781,874
5	NET INCOME FROM SERVICE TO PATIENTS	758,123
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,257,577
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	5,013,972
25	TOTAL OTHER INCOME	6,271,549
26	TOTAL	7,029,672
	OTHER EXPENSES	
27	INVESTMENT LOSS	7,550,700
28		
29		
30	TOTAL OTHER EXPENSES	7,550,700
31	NET INCOME (OR LOSS) FOR THE PERIOD	-521,028

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0059 I FROM 1/ 1/2008 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV  
 I 15-0059 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,276,316
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	84,726
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	61.87
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.26
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	4.42
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	6.68
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.36
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	17,358
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,378,400
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	