

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: I
COST REPORT CERTIFICATION I 15-3037 I FROM 1/ 1/2008 I --AUDITED --DESK REVIEW I / / I
AND SETTLEMENT SUMMARY I I TO 12/31/2008 I --INITIAL --REOPENED I INTERMEDIARY NO: I
I I I --FINAL 1-MCR CODE I I
I 00 - # OF REOPENINGS I I

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2009 TIME 16:57

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: SOUTHERN INDIANA REHAB HOSPITAL 15-3037 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.

Handwritten signature of R. J. ...

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

Handwritten title and date: 5/27/2009

ECR ENCRYPTION INFORMATION DATE: 5/26/2009 TIME 16:57

9k8rFFgqQ1bloikp9DqzxI3z8dD1N0 XSbtB0Jmsi4XrjFAWUo6hiur7e0ckz CBP:0Aydy90bki4B

PI ENCRYPTION INFORMATION DATE: 5/26/2009 TIME 16:57

dab7t:BrOXFwr7tVurtv8uF94qv1X0 DkrDl0nzsBNE4fDMU0mwwCpt58FA6G Anj.4.hgTY05vsuX

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, TITLE XVIII, 2, 3, TITLE XIX, 4. Rows include HOSPITAL, HOSPITAL-BASED SNF, and TOTAL with associated values.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3104 BLACKISTON BOULEVARD
 1.01 CITY: NEW ALBANY

P.O. BOX:
 STATE: IN ZIP CODE: 47150- COUNTY: FLOYD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	SOUTHERN INDIANA REHAB HOSPITAL	15-3037	2.01	3/1/2002	V XVIII XIX
06.00 HOSPITAL-BASED SNF	SOUTHERN INDIANA REHAB HOSPITAL	15-5765		8/3/2007	N P O N

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

18 TYPE OF CONTROL 1 2 5

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 5
 20 SUBPROVIDER

OTHER INFORMATION

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

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

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING 40.89% Y/N
28.04 RECRUITMENT 0.00%
28.05 RETENTION 11.49% Y
28.06 TRAINING 0.20% Y
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?
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.
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
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE 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 NHCMQ 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
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
- 2.01 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
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).

- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

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

PROVIDER NO: 15-3037 I PERIOD: 1/1/2008 I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS
				TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX	
1 ADULTS & PEDIATRICS	1	38	2.01	3	4	6,648	5	406
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDI		38				6,648		406
6 INTENSIVE CARE UNIT								
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL		38				6,648		406
13 RPCH VISITS								
15 SKILLED NURSING FACILITY		22				4,783		
25 TOTAL		60						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED		TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			8,936				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDI			8,936				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			8,936				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			6,531				
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	
1 ADULTS & PEDIATRICS	9	10	11	12	13	15
2 HMO					442	26
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDI						
6 INTENSIVE CARE UNIT						
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		170.57			442	26
13 RPCH VISITS						
15 SKILLED NURSING FACILITY		22.25				
25 TOTAL		192.82				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 I FROM 1/ 1/2008 I WORKSHEET 5-3
 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	8,847,234	8,847,234			
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	774,079	774,079			
8.01	EXCLUDED AREA SALARIES					
OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:					
9.01	PHARMACY SERVICES UNDER CONTRACT					
9.02	LABORATORY SERVICES UNDER CONTRACT					
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT					
10	CONTRACT LABOR: PHYS PART A					
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)					
11	HOME OFFICE SALARIES & WAGE RELATED COSTS					
12	HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)					CMS 339
14	WAGE-RELATED COSTS (OTHER)					CMS 339
15	EXCLUDED AREAS					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	56,384	56,384			
22	ADMINISTRATIVE & GENERAL	437,588	437,588			
22.01	A & G UNDER CONTRACT					
23	MAINTENANCE & REPAIRS	228,282	228,282			
24	OPERATION OF PLANT					
25	LAUNDRY & LINEN SERVICE	18,005	18,005			
26	HOUSEKEEPING	193,331	193,331			
26.01	HOUSEKEEPING UNDER CONTRACT					
27	DIETARY	255,195	255,195			
27.01	DIETARY UNDER CONTRACT					
28	CAFETERIA					
29	MAINTENANCE OF PERSONNEL					
30	NURSING ADMINISTRATION					
31	CENTRAL SERVICE AND SUPPLY					
32	PHARMACY					
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	66,347	66,347			
34	SOCIAL SERVICE	472,161	472,161			
35	OTHER GENERAL SERVICE	260,278	260,278			
PART III - HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES	8,847,234	8,847,234			
2	EXCLUDED AREA SALARIES	774,079	774,079			
3	SUBTOTAL SALARIES	8,073,155	8,073,155			
4	SUBTOTAL OTHER WAGES & RELATED COSTS					
5	SUBTOTAL WAGE-RELATED COSTS					
6	TOTAL	8,073,155	8,073,155			
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	1,987,571	1,987,571			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: 15-3037 I PERIOD: FROM 1/1/2008 TO 12/31/2008 I WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		25				
2	RUB		142				
3	RUA		7				
3 .01	RUX		542				
3 .02	RUL		3,787				
4	RVC						
5	RVB		15				
6	RVA						
6 .01	RVX		36				
6 .02	RVL		104				
7	RHC						
8	RHB		4				
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB		26				
12	RMA						
12 .01	RMX		54				
12 .02	RML		29				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		12				
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		4,783				

(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): 0.9065
 Wage Index Factor (after 10/01) : 0.9249
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 4520
 SNF CBSA Code : 31140

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-3037 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

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

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9065
 Wage Index Factor (after 10/01) : 0.9249
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 4520
 SNF CBSA Code : 31140

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD:
I 15-3037 I FROM 1/ 1/2008
I I TO 12/31/2008

I PREPARED 5/20/2009
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR				631,491	631,491
4	0400 NEW CAP REL COSTS-BLDG & FIXT				386,535	386,535
5	0500 NEW CAP REL COSTS-MVBLE EQUIP				1,503,252	1,697,730
6	0600 EMPLOYEE BENEFITS	56,384	138,094	194,478	-1,233,502	2,870,490
7	0700 ADMINISTRATIVE & GENERAL	437,588	3,666,404	4,103,992	-41,072	587,218
8	0800 MAINTENANCE & REPAIRS	228,282	400,008	628,290	-2,973	19,640
9	0900 LAUNDRY & LINEN SERVICE	18,005	4,608	22,613	-33,295	218,327
10	1000 HOUSEKEEPING	193,331	58,291	251,622	-45,028	621,665
11	1100 DIETARY	255,195	411,498	666,693		
15	1500 CENTRAL SERVICES & SUPPLY					
17	1700 MEDICAL RECORDS & LIBRARY	66,347	59,161	125,508	-14,456	111,052
18	1800 SOCIAL SERVICE	472,161	121,131	593,292	-84,124	509,168
19	1950 QUAILITY ASSURANCE	260,278	67,446	327,724	-43,656	284,068
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	2,038,366	849,626	2,887,992	-355,052	2,532,940
27	2700 INTENSIVE CARE UNIT					
28	2800 CORONARY CARE UNIT					
29	2900 BURN INTENSIVE CARE UNIT					
33	3300 SURGICAL INTENSIVE CARE UNIT					
34	3400 NURSERY					
34	3400 SKILLED NURSING FACILITY	774,079	220,318	994,397	-135,177	859,220
37	3700 ANCILLARY SRVC COST CNTRS					
41	4100 OPERATING ROOM		3,127	3,127		3,127
44	4400 RADIOLOGY-DIAGNOSTIC		59,156	59,156		59,156
48	4800 LABORATORY		264,971	264,971		264,971
49	4900 INTRAVENOUS THERAPY					
50	5000 RESPIRATORY THERAPY	46,245	339,412	385,657	-8,419	377,238
51	5100 PHYSICAL THERAPY	2,173,263	528,662	2,701,925	-582,713	2,119,212
52	5200 OCCUPATIONAL THERAPY	1,010,768	214,723	1,225,491	20,666	1,246,157
53	5300 SPEECH PATHOLOGY	478,979	99,819	578,798	-23,198	555,600
54	5400 ELECTROCARDIOLOGY		960	960		960
55	5500 ELECTROENCEPHALOGRAPHY		1,392	1,392		1,392
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		338,255	338,255		338,255
57	5700 DRUGS CHARGED TO PATIENTS		873,221	873,221		873,221
59	5900 RENAL DIALYSIS					
59.01	5950 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	337,963	185,718	523,681	-107,435	416,246
61	6100 URODYNAMICS					
61	6100 OUTPAT SERVICE COST CNTRS		4,905	4,905		4,905
90	9000 EMERGENCY					
95	9500 SPEC PURPOSE COST CENTERS					
95	9500 OTHER CAPITAL RELATED COSTS	8,847,234	8,910,906	17,758,140	-168,156	17,589,984
100	10000 SUBTOTALS					
100.02	10000 NONREIMBURSABLE MARKETING				168,156	168,156
101	10100 BRIDGEPOINT					
101	10100 TOTAL	8,847,234	8,910,906	17,758,140	-0-	17,758,140

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 I FROM 1/ 1/2008 I WORKSHEET A
 I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		631,491
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	184,559	571,094
5	0500 EMPLOYEE BENEFITS		1,697,730
6	0600 ADMINISTRATIVE & GENERAL	1,528,395	4,398,885
7	0700 MAINTENANCE & REPAIRS	-933	586,285
9	0900 LAUNDRY & LINEN SERVICE		19,640
10	1000 HOUSEKEEPING		218,327
11	1100 DIETARY	-129,542	492,123
15	1500 CENTRAL SERVICES & SUPPLY		
17	1700 MEDICAL RECORDS & LIBRARY	-2,502	108,550
18	1800 SOCIAL SERVICE		509,168
19	1950 QUAILITY ASSURANCE		284,068
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-216,633	2,316,307
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		859,220
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-53	3,074
41	4100 RADIOLOGY-DIAGNOSTIC	847	60,003
44	4400 LABORATORY	-40,358	224,613
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-10,681	366,557
50	5000 PHYSICAL THERAPY	-117,234	2,001,978
51	5100 OCCUPATIONAL THERAPY	-745	1,245,412
52	5200 SPEECH PATHOLOGY	-62,451	493,149
53	5300 ELECTROCARDIOLOGY	-140	820
54	5400 ELECTROENCEPHALOGRAPHY	-746	646
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-477	337,778
56	5600 DRUGS CHARGED TO PATIENTS	31,703	904,924
57	5700 RENAL DIALYSIS		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-108,917	307,329
59.01	3950 URODYNAMICS		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-590	4,315
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	1,053,502	18,643,486
	NONREIMBURS COST CENTERS		
100	7950 NONREIMBURSABLE MARKETING		168,156
100.02	7951 BRIDGEPOINT		
101	TOTAL	1,053,502	18,811,642

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 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		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	QUAILITY ASSURANCE	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	URODYNAMICS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
100	NONREIMBURSABLE MARKETING	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	BRIDGEPOINT	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 153037

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

PREPARED 5/20/2009 WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 BENEFITS	A	EMPLOYEE BENEFITS	5			73,471
2		EMPLOYEE BENEFITS	5			39,113
3		EMPLOYEE BENEFITS	5			2,973
4		EMPLOYEE BENEFITS	5			33,114
5		EMPLOYEE BENEFITS	5			43,691
6		EMPLOYEE BENEFITS	5			11,379
7		EMPLOYEE BENEFITS	5			80,329
8		EMPLOYEE BENEFITS	5			43,420
9		EMPLOYEE BENEFITS	5			350,654
10		EMPLOYEE BENEFITS	5			7,807
11		EMPLOYEE BENEFITS	5			344,102
12		EMPLOYEE BENEFITS	5			205,443
13		EMPLOYEE BENEFITS	5			90,497
14		EMPLOYEE BENEFITS	5			45,197
15		EMPLOYEE BENEFITS	5			132,062
16 LEASES	B	NEW CAP REL COSTS-MVBLE EQUIP	4			12,804
17		NEW CAP REL COSTS-MVBLE EQUIP	4			1,959
18		NEW CAP REL COSTS-MVBLE EQUIP	4			181
19		NEW CAP REL COSTS-MVBLE EQUIP	4			1,337
20		NEW CAP REL COSTS-MVBLE EQUIP	4			3,077
21		NEW CAP REL COSTS-MVBLE EQUIP	4			3,795
22		NEW CAP REL COSTS-MVBLE EQUIP	4			236
23		NEW CAP REL COSTS-MVBLE EQUIP	4			4,398
24		NEW CAP REL COSTS-MVBLE EQUIP	4			612
25		NEW CAP REL COSTS-MVBLE EQUIP	4			7,033
26		NEW CAP REL COSTS-MVBLE EQUIP	4			408
27		NEW CAP REL COSTS-MVBLE EQUIP	4			3,115
28 DAY TREATMENT	C	PHYSICAL THERAPY	50		36,037	7,732
29		OCCUPATIONAL THERAPY	51		9,145	1,963
30		SPEECH PATHOLOGY	52		5,725	1,228
31 INSURANCE	D	NEW CAP REL COSTS-MVBLE EQUIP	4			30,542
32 MARKETING/PUBLIC RELATIONS	E	NONREIMBURSABLE MARKETING	100			168,156
33 THERAPY ADMINISTRATION	F	OCCUPATIONAL THERAPY	51		174,898	40,103
34		SPEECH PATHOLOGY	52		49,090	11,256
35 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3			631,491
1 DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4			317,038
36 TOTAL RECLASSIFICATIONS					274,895	2,751,716

(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: 153037 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/20/2009 WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 BENEFITS	A	ADMINISTRATIVE & GENERAL	6			73,471	
2		MAINTENANCE & REPAIRS	7			39,113	
3		LAUNDRY & LINEN SERVICE	9			2,973	
4		HOUSEKEEPING	10			33,114	
5		DIETARY	11			43,691	
6		MEDICAL RECORDS & LIBRARY	17			11,379	
7		SOCIAL SERVICE	18			80,329	
8		QUALITY ASSURANCE	19			43,420	
9		ADULTS & PEDIATRICS	25			350,654	
10		RESPIRATORY THERAPY	49			7,807	
11		PHYSICAL THERAPY	50			344,102	
12		OCCUPATIONAL THERAPY	51			205,443	
13		SPEECH PATHOLOGY	52			90,497	
14		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59			45,197	
15		SKILLED NURSING FACILITY	34			132,062	
16 LEASES	B	ADMINISTRATIVE & GENERAL	6			12,804	10
17		MAINTENANCE & REPAIRS	7			1,959	10
18		HOUSEKEEPING	10			181	10
19		DIETARY	11			1,337	10
20		MEDICAL RECORDS & LIBRARY	17			3,077	10
21		SOCIAL SERVICE	18			3,795	10
22		QUALITY ASSURANCE	19			236	10
23		ADULTS & PEDIATRICS	25			4,398	10
24		RESPIRATORY THERAPY	49			612	10
25		PHYSICAL THERAPY	50			7,033	10
26		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59			408	10
27		SKILLED NURSING FACILITY	34			3,115	10
28 DAY TREATMENT	C	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59		50,907	10,923	
29							
30							
31 INSURANCE	D	ADMINISTRATIVE & GENERAL	6			30,542	12
32 MARKETING/PUBLIC RELATIONS	E	ADMINISTRATIVE & GENERAL	6			168,156	
33 THERAPY ADMINISTRATION	F	PHYSICAL THERAPY	50		223,988	51,359	
34							
35 DEPRECIATION	G	ADMINISTRATIVE & GENERAL	6			948,529	9
1 DEPRECIATION	G						9
36 TOTAL RECLASSIFICATIONS					274,895	2,751,716	

(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: 153037 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/20/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	EMPLOYEE BENEFITS	5	73,471	ADMINISTRATIVE & GENERAL	6	73,471	
2.00	EMPLOYEE BENEFITS	5	39,113	MAINTENANCE & REPAIRS	7	39,113	
3.00	EMPLOYEE BENEFITS	5	2,973	LAUNDRY & LINEN SERVICE	9	2,973	
4.00	EMPLOYEE BENEFITS	5	33,114	HOUSEKEEPING	10	33,114	
5.00	EMPLOYEE BENEFITS	5	43,691	DIETARY	11	43,691	
6.00	EMPLOYEE BENEFITS	5	11,379	MEDICAL RECORDS & LIBRARY	17	11,379	
7.00	EMPLOYEE BENEFITS	5	80,329	SOCIAL SERVICE	18	80,329	
8.00	EMPLOYEE BENEFITS	5	43,420	QUALITY ASSURANCE	19	43,420	
9.00	EMPLOYEE BENEFITS	5	350,654	ADULTS & PEDIATRICS	25	350,654	
10.00	EMPLOYEE BENEFITS	5	7,807	RESPIRATORY THERAPY	49	7,807	
11.00	EMPLOYEE BENEFITS	5	344,102	PHYSICAL THERAPY	50	344,102	
12.00	EMPLOYEE BENEFITS	5	205,443	OCCUPATIONAL THERAPY	51	205,443	
13.00	EMPLOYEE BENEFITS	5	90,497	SPEECH PATHOLOGY	52	90,497	
14.00	EMPLOYEE BENEFITS	5	45,197	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	45,197	
15.00	EMPLOYEE BENEFITS	5	132,062	SKILLED NURSING FACILITY	34	132,062	
TOTAL RECLASSIFICATIONS FOR CODE A			1,503,252				1,503,252

RECLASS CODE: B
EXPLANATION: LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	12,804	ADMINISTRATIVE & GENERAL	6	12,804	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,959	MAINTENANCE & REPAIRS	7	1,959	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	181	HOUSEKEEPING	10	181	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,337	DIETARY	11	1,337	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,077	MEDICAL RECORDS & LIBRARY	17	3,077	
6.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,795	SOCIAL SERVICE	18	3,795	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	4	236	QUALITY ASSURANCE	19	236	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,398	ADULTS & PEDIATRICS	25	4,398	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	612	RESPIRATORY THERAPY	49	612	
10.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,033	PHYSICAL THERAPY	50	7,033	
11.00	NEW CAP REL COSTS-MVBLE EQUIP	4	408	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	408	
12.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,115	SKILLED NURSING FACILITY	34	3,115	
TOTAL RECLASSIFICATIONS FOR CODE B			38,955				38,955

RECLASS CODE: C
EXPLANATION: DAY TREATMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	PHYSICAL THERAPY	50	43,769	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	61,830	
2.00	OCCUPATIONAL THERAPY	51	11,108			0	
3.00	SPEECH PATHOLOGY	52	6,953			0	
TOTAL RECLASSIFICATIONS FOR CODE C			61,830				61,830

RECLASS CODE: D
EXPLANATION: INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	30,542	ADMINISTRATIVE & GENERAL	6	30,542	
TOTAL RECLASSIFICATIONS FOR CODE D			30,542				30,542

RECLASS CODE: E
EXPLANATION: MARKETING/PUBLIC RELATIONS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NONREIMBURSABLE MARKETING	100	168,156	ADMINISTRATIVE & GENERAL	6	168,156	
TOTAL RECLASSIFICATIONS FOR CODE E			168,156				168,156

RECLASS CODE: F
EXPLANATION: THERAPY ADMINISTRATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	215,001	PHYSICAL THERAPY	50	275,347	
2.00	SPEECH PATHOLOGY	52	60,346			0	
TOTAL RECLASSIFICATIONS FOR CODE F			275,347				275,347

RECLASSIFICATIONS

PROVIDER NO: 153037	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/20/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	--

RECLASS CODE: G
 EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	631,491	ADMINISTRATIVE & GENERAL	6	948,529
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	317,038			0
TOTAL RECLASSIFICATIONS FOR CODE G			948,529			948,529

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	425,000					425,000	
2	LAND IMPROVEMENTS	128,046					128,046	
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	14,708,463					14,708,463	
5	FIXED EQUIPMENT	422,533	155,755		155,755		578,288	
6	MOVABLE EQUIPMENT	4,388,275	-4,155		-4,155		4,384,120	
7	SUBTOTAL	20,072,317	151,600		151,600		20,223,917	
8	RECONCILING ITEMS							
9	TOTAL	20,072,317	151,600		151,600		20,223,917	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	631,491						631,491
4	NEW CAP REL COSTS-MV	501,597	38,955		30,542			571,094
5	TOTAL	1,133,088	38,955		30,542			1,202,585

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

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

* All lines numbers except line 5 are to be consistent with workshcet 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 15-3037 I

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/20/2009 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		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 PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-30,902	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-197,632				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,164,373				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
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			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		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 BAD DEBTS	A	-11,866	ADMINISTRATIVE & GENERAL		6	
38 DIETARY INSTRUCTIONS	B	-113,391	DIETARY		11	
39 SCOTT COUNTY ST	A	-26,068	SPEECH PATHOLOGY		52	
40 INTEREST EXPENSE	A	-192,348	ADMINISTRATIVE & GENERAL		6	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 COMMUNITY BENEFIT	A	-122,538	ADMINISTRATIVE & GENERAL		6	
47 MISCELLANEOUS INCOME	B	-65,058	ADMINISTRATIVE & GENERAL		6	
48 HIM	B	-5,996	MEDICAL RECORDS & LIBRARY		17	
49 MISCELLANEOUS INCOME - PT	B	-117,234	PHYSICAL THERAPY		50	
49.01 MISCELLANEOUS INCOME - OT	B	-745	OCCUPATIONAL THERAPY		51	
49.03 TRANSPORTATION	A	-127,118	ADULTS & PEDIATRICS		25	
49.04 MISCELLANEOUS INCOME - ST	B	-33,362	SPEECH PATHOLOGY		52	
49.05 MISCELLANEOUS INCOME - PSYCHOLOGY	B	-800	PSYCHIATRIC/PSYCHOLOGICAL		59	
49.06 PROFESSIONAL DUES	A	-8,102	ADMINISTRATIVE & GENERAL		6	
49.07 MALPRACTICE INSURANCE	A	-41,560	ADMINISTRATIVE & GENERAL		6	
49.08 VENDING REVENUE	A	-16,151	DIETARY		11	
50 TOTAL (SUM OF LINES 1 THRU 49)		1,053,502				

- (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	52	SPEECH PATHOLOGY	FLOYD - ST	3,021	-3,021	
2	37	OPERATING ROOM	FLOYD - OR	2,487	2,540	-53
3	41	RADIOLOGY-DIAGNOSTIC	FLOYD - RAD	38,181	37,530	651
4	44	LABORATORY	FLOYD - LAB	14,421	28,105	-13,684
4.01	49	RESPIRATORY THERAPY	FLOYD - RT	76	92	-16
4.02	53	ELECTROCARDIOLOGY	FLOYD - EKG	820	960	-140
4.03	54	ELECTROENCEPHALOGRAPHY	FLOYD - EEG	646	1,392	-746
4.04	55	MEDICAL SUPPLIES CHARGED	FLOYD - MED SUP	116	12,267	-12,151
4.05	56	DRUGS CHARGED TO PATIENTS	FLOYD - PHAR.	804,735	785,375	19,360
4.06	61	EMERGENCY	FLOYD - ER	2,722	3,312	-590
4.07	7	MAINTENANCE & REPAIRS	FLOYD-PLANT		933	-933
4.08	17	MEDICAL RECORDS & LIBRARY	CLARK - MED REC	30,596	27,102	3,494
4.09	41	RADIOLOGY-DIAGNOSTIC	CLARK - XRAY	603	514	89
4.10	44	LABORATORY	CLARK - LAB	207,511	234,185	-26,674
4.12	49	RESPIRATORY THERAPY	CLARK - RT	300,055	310,720	-10,665
4.14	55	MEDICAL SUPPLIES CHARGED	CLARK - MED SUP	285,933	282,394	3,539
4.15	56	DRUGS CHARGED TO PATIENTS	CLARK - PHAR	69,980	57,637	12,343
4.16	55	MEDICAL SUPPLIES CHARGED	RSC	266,270	258,135	8,135
4.17	6	ADMINISTRATIVE & GENERAL	RSC	11,008	10,672	336
4.18	41	RADIOLOGY-DIAGNOSTIC	RSC	3,494	3,387	107
4.24	4	NEW CAP REL COSTS-MVBLE E	JHSMH	184,559		184,559
4.26	6	ADMINISTRATIVE & GENERAL	JHSMH	2,825,433	825,000	2,000,433
5		TOTALS		5,049,646	2,885,273	2,164,373

* 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
	2	3	4	5	6
1	B	0.00	JEWISH HOSPITAL	33.34	
2	B	0.00	CLARK MEMORIAL	33.33	
3	B	0.00	FLOYD MEMORIAL	33.33	
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 5/20/2009
I 15-3037 I FROM 1/ 1/2008 I WORKSHEET A-8-2
I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
25	AGGREGATE	162,610	51,542	111,068	177,200	858	73,095	3,655
59	AGGREGATE	108,117	108,117					
101	TOTAL	270,727	159,659	111,068		858	73,095	3,655

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-3037
I

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

I PREPARED 5/20/2009
I WORKSHEET A-8-2
I GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
		11	12	13	14	15	16	17	18
1	25	AGGREGATE					73,095	37,973	89,515
2	59	AGGREGATE							108,117
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					73,095	37,973	197,632

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 15-3037
I

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

I PREPARED 5/20/2009
I NOT A CMS WORKSHEET
I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SAL		ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	LBS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HTIME	SPENT	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	BLANK		NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	16	MR TIME	SPENT	ENTERED
18	SOCIAL SERVICE	16	MR TIME	SPENT	ENTERED
19	QUAILITY ASSURANCE	16	MR TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-3037
I
I

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

I PREPARED 5/20/2009
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	631,491	631,491					
004 NEW CAP REL COSTS-MVBLE E	571,094		571,094				
005 EMPLOYEE BENEFITS	1,697,730			1,697,730			
006 ADMINISTRATIVE & GENERAL	4,398,885	211,142	190,947	81,184	4,882,158	4,882,158	
007 MAINTENANCE & REPAIRS	586,285			44,278	630,563	221,007	851,570
009 LAUNDRY & LINEN SERVICE	19,640			3,492	23,132	8,108	
010 HOUSEKEEPING	218,327			37,499	255,826	89,665	
011 DIETARY	492,123	41,170	37,232	49,498	620,023	217,312	83,404
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY	108,550			12,869	121,419	42,556	
018 SOCIAL SERVICE	509,168			91,581	600,749	210,557	
019 QUALITY ASSURANCE	284,068			50,484	334,552	117,257	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,316,307	68,616	62,054	395,366	2,842,343	996,217	139,007
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY	859,220	77,276	69,885	150,142	1,156,523	405,351	156,550
037 SKILLED NURSING FACILITY							
041 ANCILLARY SRVC COST CNTRS	3,074				3,074	1,077	
044 OPERATING ROOM	60,003	2,321	2,099		64,423	22,580	4,702
048 RADIOLOGY-DIAGNOSTIC	224,613	1,714	1,550		227,877	79,869	3,473
049 LABORATORY							
050 INTRAVENOUS THERAPY	366,557	967	875	8,970	377,369	132,264	1,959
051 RESPIRATORY THERAPY	2,001,978	124,591	112,675	385,075	2,624,319	919,800	252,405
052 PHYSICAL THERAPY	1,245,412	92,459	83,616	231,748	1,653,235	579,444	187,308
053 OCCUPATIONAL THERAPY	493,149	5,899	5,335	99,866	604,249	211,784	11,951
054 SPEECH PATHOLOGY	820				820	287	
055 ELECTROCARDIOLOGY	646				646	226	
056 ELECTROENCEPHALOGRAPHY	337,778				337,778	118,388	
057 MEDICAL SUPPLIES CHARGED	904,924	1,582	1,431		907,937	318,224	3,206
059 DRUGS CHARGED TO PATIENTS	307,329	3,754	3,395	55,678	370,156	129,736	7,605
059 01 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 URODYNAMICS							
061 OUTPAT SERVICE COST CNTRS	4,315				4,315	1,512	
095 EMERGENCY	18,643,486	631,491	571,094	1,697,730	18,643,486	4,823,221	851,570
100 SPEC PURPOSE COST CENTERS							
100 02 SUBTOTALS	168,156				168,156	58,937	
101 NONREIMBURS COST CENTERS							
102 NONREIMBURSABLE MARKETING							
103 BRIDGEPOINT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,811,642	631,491	571,094	1,697,730	18,811,642	4,882,158	851,570

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING		DIETARY	CENTRAL SERVI	MEDICAL RECOR	SOCIAL SERVIC	QUAILITY ASSU
	9	10	11	15	17	18	19
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	31,240						
011 HOUSEKEEPING	990	346,481					
015 DIETARY	990	40,121	961,850				
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY		3,067			167,042		
019 SOCIAL SERVICE		2,646				813,952	
025 QUAILITY ASSURANCE							451,809
026 INPAT ROUTINE SRVC CNTRS	18,033	147,173	554,898		96,508	470,258	261,031
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U	4,953	59,499	406,952		70,534	343,694	190,778
037 NURSERY							
041 SKILLED NURSING FACILITY							
044 ANCILLARY SRVC COST CNTRS							
048 OPERATING ROOM							
050 RADIOLOGY-DIAGNOSTIC		1,035					
051 LABORATORY							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY		1,380					
054 PHYSICAL THERAPY	2,635	63,034					
055 OCCUPATIONAL THERAPY	3,639	19,324					
056 SPEECH PATHOLOGY		4,218					
057 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPHY							
059 01 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS		805					
059 01 RENAL DIALYSIS							
059 01 PSYCHIATRIC/PSYCHOLOGICAL		4,179					
059 01 URODYNAMICS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
095 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	31,240	346,481	961,850		167,042	813,952	451,809
100 02 NONREIMBURS COST CENTERS							
100 02 NONREIMBURSABLE MARKETING							
101 BRIDGEPOINT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	31,240	346,481	961,850		167,042	813,952	451,809

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
GENERAL SERVICE COST CNTR			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
015 CENTRAL SERVICES & SUPPLY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 QUAILITY ASSURANCE			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	5,525,468		5,525,468
026 INTENSIVE CARE UNIT			
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
033 NURSERY			
034 SKILLED NURSING FACILITY	2,794,834		2,794,834
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	4,151		4,151
041 RADIOLOGY-DIAGNOSTIC	92,740		92,740
044 LABORATORY	311,219		311,219
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	512,972		512,972
050 PHYSICAL THERAPY	3,862,193		3,862,193
051 OCCUPATIONAL THERAPY	2,442,950		2,442,950
052 SPEECH PATHOLOGY	832,202		832,202
053 ELECTROCARDIOLOGY	1,107		1,107
054 ELECTROENCEPHALOGRAPHY	872		872
055 MEDICAL SUPPLIES CHARGED	456,166		456,166
056 DRUGS CHARGED TO PATIENTS	1,230,172		1,230,172
057 RENAL DIALYSIS			
059 PSYCHIATRIC/PSYCHOLOGICAL	511,676		511,676
059 01 URODYNAMICS			
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	5,827		5,827
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	18,584,549		18,584,549
NONREIMBURS COST CENTERS			
100 NONREIMBURSABLE MARKETING	227,093		227,093
100 02 BRIDGEPOINT			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	18,811,642		18,811,642

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 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	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL		211,142	190,947	402,089		402,089	
009 MAINTENANCE & REPAIRS						18,202	18,202
010 LAUNDRY & LINEN SERVICE						668	
011 HOUSEKEEPING						7,385	
015 DIETARY		41,170	37,232	78,402		17,898	1,783
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE						3,505	
025 QUAILITY ASSURANCE						17,341	
026 INPAT ROUTINE SRVC CNTRS						9,657	
027 ADULTS & PEDIATRICS		68,616	62,054	130,670		82,045	2,971
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U							
037 NURSERY							
041 SKILLED NURSING FACILITY		77,276	69,885	147,161		33,384	3,346
044 ANCILLARY SRVC COST CNTRS							
048 OPERATING ROOM							
049 RADIOLOGY-DIAGNOSTIC						89	
050 LABORATORY		2,321	2,099	4,420		1,860	101
051 INTRAVENOUS THERAPY		1,714	1,550	3,264		6,578	74
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY		967	875	1,842		10,893	42
054 OCCUPATIONAL THERAPY		124,591	112,675	237,266		75,754	5,394
055 SPEECH PATHOLOGY		92,459	83,616	176,075		47,722	4,004
056 ELECTROCARDIOLOGY		5,899	5,335	11,234		17,442	255
057 ELECTROENCEPHALOGRAPHY						24	
058 MEDICAL SUPPLIES CHARGED						19	
059 DRUGS CHARGED TO PATIENTS						9,750	
061 RENAL DIALYSIS		1,582	1,431	3,013		26,209	69
095 PSYCHIATRIC/PSYCHOLOGICAL		3,754	3,395	7,149		10,685	163
061 01 URODYNAMICS							
061 02 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY							
095 SPEC PURPOSE COST CENTERS						125	
095 SUBTOTALS		631,491	571,094	1,202,585		397,235	18,202
100 NONREIMBURS COST CENTERS							
100 02 NONREIMBURSABLE MARKETING						4,854	
101 BRIDGEPOINT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		631,491	571,094	1,202,585		402,089	18,202

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:
I 15-3037
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/20/2009
I WORKSHEET B
I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	QUALITY ASSU RANCE
	9	10	11	15	17	18	19
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	668						
011 HOUSEKEEPING	21	7,406					
015 DIETARY	21	858	98,962				
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY					66		
019 SOCIAL SERVICE					57		
025 QUAILTY ASSURANCE							9,657
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	386	3,145	57,092				5,579
028 INTENSIVE CARE UNIT					2,063	10,052	
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U							
037 NURSERY							
041 SKILLED NURSING FACILITY	106	1,272	41,870		1,508	7,346	4,078
044 ANCILLARY SRVC COST CNTRS							
048 OPERATING ROOM							
049 RADIOLOGY-DIAGNOSTIC			22				
050 LABORATORY							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY			30				
053 PHYSICAL THERAPY	56	1,347					
054 OCCUPATIONAL THERAPY	78	413					
055 SPEECH PATHOLOGY			90				
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
059 01 URODYNAMICS							
061 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY							
100 SPEC PURPOSE COST CENTERS							
100 02 BRIDGEPOINT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	668	7,406	98,962		3,571	17,398	9,657

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:
I 15-3037
II PERIOD:
I FROM 1/ 1/2008 I
I TO 12/31/2008 II PREPARED 5/20/2009
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
007	MAINTENANCE & REPAIRS			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
015	CENTRAL SERVICES & SUPPLY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
019	QUAILITY ASSURANCE			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	294,003		294,003
026	INTENSIVE CARE UNIT			
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
033	NURSERY			
034	SKILLED NURSING FACILITY	240,071		240,071
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	89		89
041	RADIOLOGY-DIAGNOSTIC	6,403		6,403
044	LABORATORY	9,916		9,916
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY	12,807		12,807
050	PHYSICAL THERAPY	319,817		319,817
051	OCCUPATIONAL THERAPY	228,292		228,292
052	SPEECH PATHOLOGY	29,021		29,021
053	ELECTROCARDIOLOGY	24		24
054	ELECTROENCEPHALOGRAPHY	19		19
055	MEDICAL SUPPLIES CHARGED	9,750		9,750
056	DRUGS CHARGED TO PATIENTS	29,308		29,308
057	RENAL DIALYSIS			
059	PSYCHIATRIC/PSYCHOLOGICAL	18,086		18,086
059	01 URODYNAMICS			
	OUTPAT SERVICE COST CNTRS			
061	EMERGENCY	125		125
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	1,197,731		1,197,731
	NONREIMBURS COST CENTERS			
100	NONREIMBURSABLE MARKETING	4,854		4,854
100	02 BRIDGEPOINT			
101	CROSS FOOT ADJUSTMENTS			
102	NEGATIVE COST CENTER			
103	TOTAL	1,202,585		1,202,585

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-3037
I

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

I PREPARED 5/20/2009
I WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (SQUARE) FEET	E FITS (GROSS SAL)		(ACCUM. COST	(SQUARE) FEET
	3	4	5	6a.00	6	7
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	71,831					
004 NEW CAP REL COSTS-MVB		71,831				
005 EMPLOYEE BENEFITS			8,752,897		13,929,484	
006 ADMINISTRATIVE & GENE	24,017	24,017	418,557	-4,882,158	630,563	47,814
007 MAINTENANCE & REPAIRS			228,282		23,132	
009 LAUNDRY & LINEN SERVI			18,005		255,826	
010 HOUSEKEEPING			193,331		620,023	4,683
011 DIETARY	4,683	4,683	255,195			
015 CENTRAL SERVICES & SU					121,419	
017 MEDICAL RECORDS & LIB			66,347		600,749	
018 SOCIAL SERVICE			472,161		334,552	
019 QUALITY ASSURANCE			260,278			
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	7,805	7,805	2,038,366		2,842,343	7,805
026 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY						
034 SKILLED NURSING FACIL	8,790	8,790	774,079		1,156,523	8,790
ANCILLARY SRVC COST C						
037 OPERATING ROOM					3,074	
041 RADIOLOGY-DIAGNOSTIC	264	264			64,423	264
044 LABORATORY	195	195			227,877	195
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	110	110	46,245		377,369	110
050 PHYSICAL THERAPY	14,172	14,172	1,985,313		2,624,319	14,172
051 OCCUPATIONAL THERAPY	10,517	10,517	1,194,810		1,653,235	10,517
052 SPEECH PATHOLOGY	671	671	514,872		604,249	671
053 ELECTROCARDIOLOGY					820	
054 ELECTROENCEPHALOGRAPH					646	
055 MEDICAL SUPPLIES CHAR					337,778	
056 DRUGS CHARGED TO PATI	180	180			907,937	180
057 RENAL DIALYSIS						
059 PSYCHIATRIC/PSYCHOLOG	427	427	287,056		370,156	427
059 01 URODYNAMICS						
061 OUTPAT SERVICE COST C					4,315	
EMERGENCY						
095 SPEC PURPOSE COST CEN	71,831	71,831	8,752,897	-4,882,158	13,761,328	47,814
SUBTOTALS						
NONREIMBURS COST CENT					168,156	
100 NONREIMBURSABLE MARKE						
100 02 BRIDGEPOINT						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	631,491	571,094	1,697,730		4,882,158	851,570
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.791344		.193962		.350491	17.810056
(WRKSHT B, PT I)		7.950523				
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					402,089	18,202
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.028866	.380683
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	QUALITY ASSU RANCE
		(LBS OF LAUNDRY	(HTIME)SPENT	(MEALS)SERVED	(BLANK)	(MR TIME)SPENT	(MR TIME)SPENT	(MR TIME)SPENT
		9	10	11	15	17	18	19
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
009	MAINTENANCE & REPAIRS							
010	LAUNDRY & LINEN SERVI	51,135						
011	HOUSEKEEPING	1,621	45,183					
015	DIETARY	1,621	5,232	46,283				
017	CENTRAL SERVICES & SU					15,467		
018	MEDICAL RECORDS & LIB		400				15,467	
019	SOCIAL SERVICE		345					15,467
025	QUALITY ASSURANCE							15,467
026	INPAT ROUTINE SRVC CN							
027	ADULTS & PEDIATRICS	29,517	19,192	26,701		8,936	8,936	8,936
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
033	BURN INTENSIVE CARE U							
034	SURGICAL INTENSIVE CA							
037	NURSERY							
041	SKILLED NURSING FACIL	8,107	7,759	19,582		6,531	6,531	6,531
044	ANCILLARY SRVC COST C							
048	OPERATING ROOM							
049	RADIOLOGY-DIAGNOSTIC		135					
050	LABORATORY							
051	INTRAVENOUS THERAPY							
052	RESPIRATORY THERAPY							
053	PHYSICAL THERAPY	4,313	8,220					
054	OCCUPATIONAL THERAPY	5,956	2,520					
055	SPEECH PATHOLOGY		550					
056	ELECTROCARDIOLOGY							
057	ELECTROENCEPHALOGRAPH							
059	MEDICAL SUPPLIES CHAR							
061	DRUGS CHARGED TO PATI		105					
061	RENAL DIALYSIS							
061	PSYCHIATRIC/PSYCHOLOG		545					
061	URODYNAMICS							
061	OUTPAT SERVICE COST C							
061	EMERGENCY							
061	SPEC PURPOSE COST CEN							
095	SUBTOTALS	51,135	45,183	46,283		15,467	15,467	15,467
100	NONREIMBURS COST CENT							
100	NONREIMBURSABLE MARKE							
100	02 BRIDGEPOINT							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	31,240	346,481	961,850		167,042	813,952	451,809
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		7.668393				52.625073	
105	(WRKSHT B, PT I)	.610932		20.781929		10.799897		29.211159
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	668	7,406	98,962		3,571	17,398	9,657
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER	.013063	.163911	2.138193		.230879	1.124846	.624362
108	(WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,525,468		5,525,468	37,973	5,563,441
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,794,834		2,794,834		2,794,834
37	OPERATING ROOM	4,151		4,151		4,151
41	RADIOLOGY-DIAGNOSTIC	92,740		92,740		92,740
44	LABORATORY	311,219		311,219		311,219
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	512,972		512,972		512,972
50	PHYSICAL THERAPY	3,862,193		3,862,193		3,862,193
51	OCCUPATIONAL THERAPY	2,442,950		2,442,950		2,442,950
52	SPEECH PATHOLOGY	832,202		832,202		832,202
53	ELECTROCARDIOLOGY	1,107		1,107		1,107
54	ELECTROENCEPHALOGRAPHY	872		872		872
55	MEDICAL SUPPLIES CHARGED	456,166		456,166		456,166
56	DRUGS CHARGED TO PATIENTS	1,230,172		1,230,172		1,230,172
57	RENAL DIALYSIS					
59	PSYCHIATRIC/PSYCHOLOGICAL	511,676		511,676		511,676
59 01	URODYNAMICS					
61	OUTPAT SERVICE COST CNTRS EMERGENCY	5,827		5,827		5,827
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,584,549		18,584,549	37,973	18,622,522
102	LESS OBSERVATION BEDS					
103	TOTAL	18,584,549		18,584,549	37,973	18,622,522

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 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	10,413,526		10,413,526			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	1,755,763		1,755,763			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	48,162		48,162	.086188	.086188	.086188
41	RADIOLOGY-DIAGNOSTIC	270,044	739	270,783	.342488	.342488	.342488
44	LABORATORY	1,721,622	2,201	1,723,823	.180540	.180540	.180540
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,397,524	392,074	1,789,598	.286641	.286641	.286641
50	PHYSICAL THERAPY	7,432,547	7,368,302	14,800,849	.260944	.260944	.260944
51	OCCUPATIONAL THERAPY	6,841,385	1,869,662	8,711,047	.280443	.280443	.280443
52	SPEECH PATHOLOGY	1,274,357	1,170,637	2,444,994	.340370	.340370	.340370
53	ELECTROCARDIOLOGY	21,760		21,760	.050873	.050873	.050873
54	ELECTROENCEPHALOGRAPHY	1,289		1,289	.676493	.676493	.676493
55	MEDICAL SUPPLIES CHARGED	839,505		839,505	.543375	.543375	.543375
56	DRUGS CHARGED TO PATIENTS	3,335,592	3	3,335,595	.368801	.368801	.368801
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL	363,848	1,335,525	1,699,373	.301097	.301097	.301097
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	30,661		30,661	.190046	.190046	.190046
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	35,747,585	12,139,143	47,886,728			
102	LESS OBSERVATION BEDS						
103	TOTAL	35,747,585	12,139,143	47,886,728			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-3037 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,525,468		5,525,468	37,973	5,563,441
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,794,834		2,794,834		2,794,834
37	OPERATING ROOM	4,151		4,151		4,151
41	RADIOLOGY-DIAGNOSTIC	92,740		92,740		92,740
44	LABORATORY	311,219		311,219		311,219
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	512,972		512,972		512,972
50	PHYSICAL THERAPY	3,862,193		3,862,193		3,862,193
51	OCCUPATIONAL THERAPY	2,442,950		2,442,950		2,442,950
52	SPEECH PATHOLOGY	832,202		832,202		832,202
53	ELECTROCARDIOLOGY	1,107		1,107		1,107
54	ELECTROENCEPHALOGRAPHY	872		872		872
55	MEDICAL SUPPLIES CHARGED	456,166		456,166		456,166
56	DRUGS CHARGED TO PATIENTS	1,230,172		1,230,172		1,230,172
57	RENAL DIALYSIS					
59	PSYCHIATRIC/PSYCHOLOGICAL	511,676		511,676		511,676
59	01 URODYNAMICS					
61	OUTPAT SERVICE COST CNTRS EMERGENCY	5,827		5,827		5,827
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,584,549		18,584,549	37,973	18,622,522
102	LESS OBSERVATION BEDS					
103	TOTAL	18,584,549		18,584,549	37,973	18,622,522

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-3037 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	10,413,526		10,413,526			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,755,763		1,755,763			
37	OPERATING ROOM	48,162		48,162	.086188	.086188	.086188
41	RADIOLOGY-DIAGNOSTIC	270,044	739	270,783	.342488	.342488	.342488
44	LABORATORY	1,721,622	2,201	1,723,823	.180540	.180540	.180540
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,397,524	392,074	1,789,598	.286641	.286641	.286641
50	PHYSICAL THERAPY	7,432,547	7,368,302	14,800,849	.260944	.260944	.260944
51	OCCUPATIONAL THERAPY	6,841,385	1,869,662	8,711,047	.280443	.280443	.280443
52	SPEECH PATHOLOGY	1,274,357	1,170,637	2,444,994	.340370	.340370	.340370
53	ELECTROCARDIOLOGY	21,760		21,760	.050873	.050873	.050873
54	ELECTROENCEPHALOGRAPHY	1,289		1,289	.676493	.676493	.676493
55	MEDICAL SUPPLIES CHARGED	839,505		839,505	.543375	.543375	.543375
56	DRUGS CHARGED TO PATIENTS	3,335,592	3	3,335,595	.368801	.368801	.368801
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL	363,848	1,335,525	1,699,373	.301097	.301097	.301097
59 01	URODYNAMICS						
61	OUTPAT SERVICE COST CNTRS EMERGENCY	30,661		30,661	.190046	.190046	.190046
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	35,747,585	12,139,143	47,886,728			
102	LESS OBSERVATION BEDS						
103	TOTAL	35,747,585	12,139,143	47,886,728			

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						4,151
	OPERATING ROOM	4,151	89	4,062			92,740
41	RADIOLOGY-DIAGNOSTIC	92,740	6,403	86,337			311,219
44	LABORATORY	311,219	9,916	301,303			
48	INTRAVENOUS THERAPY						512,972
49	RESPIRATORY THERAPY	512,972	12,807	500,165			3,862,193
50	PHYSICAL THERAPY	3,862,193	319,817	3,542,376			2,442,950
51	OCCUPATIONAL THERAPY	2,442,950	228,292	2,214,658			832,202
52	SPEECH PATHOLOGY	832,202	29,021	803,181			1,107
53	ELECTROCARDIOLOGY	1,107	24	1,083			872
54	ELECTROENCEPHALOGRAPHY	872	19	853			456,166
55	MEDICAL SUPPLIES CHARGED	456,166	9,750	446,416			1,230,172
56	DRUGS CHARGED TO PATIENTS	1,230,172	29,308	1,200,864			
57	RENAL DIALYSIS						511,676
59	PSYCHIATRIC/PSYCHOLOGICAL	511,676	18,086	493,590			
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						5,827
61	EMERGENCY	5,827	125	5,702			
	OTHER REIMBURS COST CNTRS						10,264,247
101	SUBTOTAL	10,264,247	663,657	9,600,590			
102	LESS OBSERVATION BEDS						10,264,247
103	TOTAL	10,264,247	663,657	9,600,590			

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	48,162	.086188	.086188
41	RADIOLOGY-DIAGNOSTIC	270,783	.342488	.342488
44	LABORATORY	1,723,823	.180540	.180540
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,789,598	.286641	.286641
50	PHYSICAL THERAPY	14,800,849	.260944	.260944
51	OCCUPATIONAL THERAPY	8,711,047	.280443	.280443
52	SPEECH PATHOLOGY	2,444,994	.340370	.340370
53	ELECTROCARDIOLOGY	21,760	.050873	.050873
54	ELECTROENCEPHALOGRAPHY	1,289	.676493	.676493
55	MEDICAL SUPPLIES CHARGED	839,505	.543375	.543375
56	DRUGS CHARGED TO PATIENTS	3,335,595	.368801	.368801
57	RENAL DIALYSIS			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,699,373	.301097	.301097
59	01 URODYNAMICS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	30,661	.190046	.190046
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	35,717,439		
102	LESS OBSERVATION BEDS			
103	TOTAL	35,717,439		

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	4,151	89	4,062	9	236	3,906
41	RADIOLOGY-DIAGNOSTIC	92,740	6,403	86,337	640	5,008	87,092
44	LABORATORY	311,219	9,916	301,303	992	17,476	292,751
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	512,972	12,807	500,165	1,281	29,010	482,681
50	PHYSICAL THERAPY	3,862,193	319,817	3,542,376	31,982	205,458	3,624,753
51	OCCUPATIONAL THERAPY	2,442,950	228,292	2,214,658	22,829	128,450	2,291,671
52	SPEECH PATHOLOGY	832,202	29,021	803,181	2,902	46,584	782,716
53	ELECTROCARDIOLOGY	1,107	24	1,083	2	63	1,042
54	ELECTROENCEPHALOGRAPHY	872	19	853	2	49	821
55	MEDICAL SUPPLIES CHARGED	456,166	9,750	446,416	975	25,892	429,299
56	DRUGS CHARGED TO PATIENTS	1,230,172	29,308	1,200,864	2,931	69,650	1,157,591
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL	511,676	18,086	493,590	1,809	28,628	481,239
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,827	125	5,702	13	331	5,483
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,264,247	663,657	9,600,590	66,367	556,835	9,641,045
102	LESS OBSERVATION BEDS						
103	TOTAL	10,264,247	663,657	9,600,590	66,367	556,835	9,641,045

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	48,162	.081101	.086001
41	RADIOLOGY-DIAGNOSTIC	270,783	.321630	.340125
44	LABORATORY	1,723,823	.169827	.179965
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,789,598	.269715	.285925
50	PHYSICAL THERAPY	14,800,849	.244902	.258783
51	OCCUPATIONAL THERAPY	8,711,047	.263076	.277822
52	SPEECH PATHOLOGY	2,444,994	.320130	.339183
53	ELECTROCARDIOLOGY	21,760	.047886	.050781
54	ELECTROENCEPHALOGRAPHY	1,289	.636928	.674942
55	MEDICAL SUPPLIES CHARGED	839,505	.511372	.542214
56	DRUGS CHARGED TO PATIENTS	3,335,595	.347042	.367923
57	RENAL DIALYSIS			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,699,373	.283186	.300032
59	01 URODYNAMICS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	30,661	.178827	.189622
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	35,717,439		
102	LESS OBSERVATION BEDS			
103	TOTAL	35,717,439		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO:
I 15-3037
I

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

I PREPARED 5/20/2009
I WORKSHEET D
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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				294,003		294,003
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				294,003		294,003

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	8,936	6,648			32.90	218,719
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	8,936	6,648				218,719

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-3037 I
 PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL	
		RELATED COST 1	RELATED COST 2			CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC		89	48,162	23,434		
44	LABORATORY		6,403	270,783	139,382		
48	INTRAVENOUS THERAPY		9,916	1,723,823	826,016		
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY		12,807	1,789,598	647,948		
51	OCCUPATIONAL THERAPY		319,817	14,800,849	3,183,034		
52	SPEECH PATHOLOGY		228,292	8,711,047	3,092,178		
53	ELECTROCARDIOLOGY		29,021	2,444,994	702,708		
54	ELECTROENCEPHALOGRAPHY		24	21,760	11,882		
55	MEDICAL SUPPLIES CHARGED		19	1,289	645		
56	DRUGS CHARGED TO PATIENTS		9,750	839,505	403,869		
57	RENAL DIALYSIS		29,308	3,335,595	1,503,816		
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	URODYNAMICS		18,086	1,699,373	194,497		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS		125	30,661	24,240		
101	TOTAL		663,657	35,717,439	10,753,649		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.001848	43
41	RADIOLOGY-DIAGNOSTIC	.023646	3,296
44	LABORATORY	.005752	4,751
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.007156	4,637
50	PHYSICAL THERAPY	.021608	68,779
51	OCCUPATIONAL THERAPY	.026207	81,037
52	SPEECH PATHOLOGY	.011870	8,341
53	ELECTROCARDIOLOGY	.001103	13
54	ELECTROENCEPHALOGRAPHY	.014740	10
55	MEDICAL SUPPLIES CHARGED	.011614	4,691
56	DRUGS CHARGED TO PATIENTS	.008786	13,213
57	RENAL DIALYSIS		
59	PSYCHIATRIC/PSYCHOLOGICAL	.010643	2,070
59	01 URODYNAMICS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.004077	99
	OTHER REIMBURS COST CNTRS		
101	TOTAL		190,980

PPS

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-3037 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					8,936	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					6,531	
34	SKILLED NURSING FACILITY					15,467	
101	TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-3037 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	8
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY	4,783	
101	TOTAL	11,431	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			48,162			23,434	
41	RADIOLOGY-DIAGNOSTIC			270,783			139,382	
44	LABORATORY			1,723,823			826,016	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,789,598			647,948	
50	PHYSICAL THERAPY			14,800,849			3,183,034	
51	OCCUPATIONAL THERAPY			8,711,047			3,092,178	
52	SPEECH PATHOLOGY			2,444,994			702,708	
53	ELECTROCARDIOLOGY			21,760			11,882	
54	ELECTROENCEPHALOGRAPHY			1,289			645	
55	MEDICAL SUPPLIES CHARGED			839,505			403,869	
56	DRUGS CHARGED TO PATIENTS			3,335,595			1,503,816	
57	RENAL DIALYSIS							
59	PSYCHIATRIC/PSYCHOLOGICAL			1,699,373			194,497	
59	01 URODYNAMICS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			30,661			24,240	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			35,717,439			10,753,649	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART IV
 I 15-3037 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	262,579					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	3,602					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL	36,005					
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	302,186					

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	.086188	.086188			
41 RADIOLOGY-DIAGNOSTIC	.342488	.342488			
44 LABORATORY	.180540	.180540			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.286641	.286641			
50 PHYSICAL THERAPY	.260944	.260944			
51 OCCUPATIONAL THERAPY	.280443	.280443			
52 SPEECH PATHOLOGY	.340370	.340370			
53 ELECTROCARDIOLOGY	.050873	.050873			
54 ELECTROENCEPHALOGRAPHY	.676493	.676493			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.543375	.543375			
56 DRUGS CHARGED TO PATIENTS	.368801	.368801			
57 RENAL DIALYSIS					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.301097	.301097			
59 01 URODYNAMICS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.190046	.190046			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		262,579			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		3,602			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		36,005			
59 01 URODYNAMICS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
101 SUBTOTAL		302,186			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		302,186			

(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

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					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				75,266	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY				1,010	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				10,841	
59 01 URODYNAMICS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
101 SUBTOTAL				87,117	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				87,117	

(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 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01 URODYNAMICS			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	PSYCHIATRIC/PSYCHOLOGICAL		
59 01	URODYNAMICS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.							
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			48,162			5,697	
41	RADIOLOGY-DIAGNOSTIC			270,783			52,479	
44	LABORATORY			1,723,823			431,765	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			1,789,598			317,209	
51	OCCUPATIONAL THERAPY			14,800,849			2,016,409	
52	SPEECH PATHOLOGY			8,711,047			1,686,227	
53	ELECTROCARDIOLOGY			2,444,994			93,706	
54	ELECTROENCEPHALOGRAPHY			21,760			5,186	
55	MEDICAL SUPPLIES CHARGED			1,289				
56	DRUGS CHARGED TO PATIENTS			839,505			190,051	
57	RENAL DIALYSIS			3,335,595			944,389	
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	URODYNAMICS			1,699,373			53,361	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			30,661				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			35,717,439			5,796,479	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 URODYNAMICS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,936
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,936
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,936
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,648
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,563,441
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,563,441

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,412,595
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,412,595
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.534299
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,165.24
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,563,441

TITLE XVIII PART A HOSPITAL PPS

ART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	622.59
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,138,978
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,138,978

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

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	218,719
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	190,980
52	TOTAL PROGRAM EXCLUDABLE COST	409,699
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	6,889,118

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

TITLE XVIII PART A

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 622.59
- 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		5,563,441			
87 NEW CAPITAL-RELATED COST	294,003	5,563,441	.052846		
88 NON PHYSICIAN ANESTHETIST		5,563,441			
89 MEDICAL EDUCATION		5,563,441			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,531
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,531
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,531
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)	4,783
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	2,794,834
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)	2,794,834
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,755,763
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,755,763
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.591806
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	268.84
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	2,794,834

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SNF

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,794,834
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	427.93
68	PROGRAM ROUTINE SERVICE COST	2,046,789
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,046,789
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	240,071
72	PER DIEM CAPITAL-RELATED COSTS	36.76
73	PROGRAM CAPITAL-RELATED COSTS	175,823
74	INPATIENT ROUTINE SERVICE COST	1,870,966
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,870,966
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,046,789
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,686,188
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,732,977

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		7,184,847	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.086188	23,434	2,020
41	RADIOLOGY-DIAGNOSTIC	.342488	139,382	47,737
44	LABORATORY	.180540	826,016	149,129
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.286641	647,948	185,728
50	PHYSICAL THERAPY	.260944	3,183,034	830,594
51	OCCUPATIONAL THERAPY	.280443	3,092,178	867,180
52	SPEECH PATHOLOGY	.340370	702,708	239,181
53	ELECTROCARDIOLOGY	.050873	11,882	604
54	ELECTROENCEPHALOGRAPHY	.676493	645	436
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.543375	403,869	219,452
56	DRUGS CHARGED TO PATIENTS	.368801	1,503,816	554,609
57	RENAL DIALYSIS			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.301097	194,497	58,562
59	01 URODYNAMICS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.190046	24,240	4,607
	OTHER REIMBURS COST CNTRS			
101	TOTAL		10,753,649	3,159,839
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,753,649	

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			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.086188	5,697	491
41	RADIOLOGY-DIAGNOSTIC	.342488	52,479	17,973
44	LABORATORY	.180540	431,765	77,951
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.286641	317,209	90,925
50	PHYSICAL THERAPY	.260944	2,016,409	526,170
51	OCCUPATIONAL THERAPY	.280443	1,686,227	472,891
52	SPEECH PATHOLOGY	.340370	93,706	31,895
53	ELECTROCARDIOLOGY	.050873	5,186	264
54	ELECTROENCEPHALOGRAPHY	.676493		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.543375	190,051	103,269
56	DRUGS CHARGED TO PATIENTS	.368801	944,389	348,292
57	RENAL DIALYSIS			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.301097	53,361	16,067
59	01 URODYNAMICS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.190046		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,796,479	1,686,188
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,796,479	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	87,117
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	60,228
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	60,228

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	17,942
19	SUBTOTAL (SEE INSTRUCTIONS)	42,286
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	42,286
24	PRIMARY PAYER PAYMENTS	42,286
25	SUBTOTAL	42,286

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	42,286
28	SUBTOTAL	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	42,286
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	42,286
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
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.		6,406,256		42,286
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		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		6,406,256		42,286
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		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)		11,858		
7 TOTAL MEDICARE PROGRAM LIABILITY		6,394,398		42,286

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,314,602		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,314,602		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		2,314,602		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	5,716,039
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	.0488
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	329,804
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	426,138
1.05	OUTLIER PAYMENTS	6,471,981
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	24.415301
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	6,471,981
4	SUBTOTAL (SEE INSTRUCTIONS)	24,055
5	PRIMARY PAYER PAYMENTS	6,447,926
6	SUBTOTAL	37,792
7	DEDUCTIBLES	6,410,134
8	SUBTOTAL	23,808
9	COINSURANCE	6,386,326
10	SUBTOTAL	11,531
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	8,072
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9,839
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	6,394,398
12	SUBTOTAL	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,394,398
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,406,256
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-11,858
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 FROM 1/1/2008 I WORKSHEET E-3
 I 15-3037 I TO 12/31/2008 I PART III
 I COMPONENT NO: I
 I 15-5765 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
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7				7,091
8	SUBTOTAL			
9	INPATIENT PRIMARY PAYER PAYMENTS			
				-7,091
	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
				7,091
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
				-7,091
	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			
33	XVIII ENTER AMOUNT FROM LINE 30			
				2,384,897
	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			
44	PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
46	FOR PAYMENT OF PART A SERVICES			
47	RATIO OF LINE 43 TO 44			
48	TOTAL CUSTOMARY CHARGES			
49	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
50	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
51	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
	OTHER ADJUSTMENTS (SPECIFY)			
52	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
53	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
				2,314,602
	SUBTOTAL			
54	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
55	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
56	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
57	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
58	INTERIM PAYMENTS			
				2,314,602
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
	BALANCE DUE PROVIDER/PROGRAM			

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

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

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA COLUMN 1 COLUMN 1.01
 1.000000

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IME FTE CAP

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

 I PROVIDER NO:
 I 15-3037
 I

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

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,780,344			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	8,714,623			
5	OTHER RECEIVABLES	-180,006			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,233,120			
7	INVENTORY				
8	PREPAID EXPENSES	122,250			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	6,204,091			
FIXED ASSETS					
12	LAND	425,000			
12.01					
13	LAND IMPROVEMENTS	128,046			
13.01	LESS ACCUMULATED DEPRECIATION	-113,356			
14	BUILDINGS	14,780,412			
14.01	LESS ACCUMULATED DEPRECIATION	-8,130,172			
15	LEASEHOLD IMPROVEMENTS	369,921			
15.01	LESS ACCUMULATED DEPRECIATION	-271,272			
16	FIXED EQUIPMENT	6,585			
16.01	LESS ACCUMULATED DEPRECIATION	-6,585			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,513,953			
18.01	LESS ACCUMULATED DEPRECIATION	-3,585,398			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	8,117,134			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	-109,966			
26	TOTAL OTHER ASSETS	-109,966			
27	TOTAL ASSETS	14,211,259			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I
 I 15-3037 I FROM 1/ 1/2008 I
 I I TO 12/31/2008 I

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	385,088			
29 SALARIES, WAGES & FEES PAYABLE	1,008,267			
30 PAYROLL TAXES PAYABLE	48,571			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	200,000			
32 DEFERRED INCOME	52,232			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	72,131			
35 OTHER CURRENT LIABILITIES	124,018			
36 TOTAL CURRENT LIABILITIES	1,890,307			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	4,050,000			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,043,033			
42 TOTAL LONG-TERM LIABILITIES	5,093,033			
43 TOTAL LIABILITIES	6,983,340			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	7,227,919			
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	7,227,919			
52 TOTAL LIABILITIES AND FUND BALANCES	14,211,259			

I PROVIDER NO:
I 15-3037
I

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

I PREPARED 5/20/2009
I WORKSHEET G-1
I

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		7,940,822		
2 NET INCOME (LOSS)		-758,466		
3 TOTAL		7,182,356		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
INTEREST RATE SWAP		6,010		
5 PENSION FUNDED STATUS ADJ		39,557		
6				
7				
8				
9				
10 TOTAL ADDITIONS		45,567		
11 SUBTOTAL		7,227,923		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
DEDUCTIONS (DEBIT ADJUSTM		4		
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		4		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		7,227,919		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

FOR SOUTHERN INDIANA REHAB HOSPITAL IN LIEU OF FORM CMS-2552-96 (09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-3037 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
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	10,412,595		10,412,595
5 00 SWING BED - SNF			
6 00 SKILLED NURSING FACILITY	1,755,763		1,755,763
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	12,168,358		12,168,358
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
11 00 INTENSIVE CARE UNIT			
12 00 CORONARY CARE UNIT			
13 00 BURN INTENSIVE CARE UNIT			
15 00 SURGICAL INTENSIVE CARE UNIT			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	12,168,358		12,168,358
18 00 ANCILLARY SERVICES	23,622,315	9,331,666	32,953,981
24 00 OUTPATIENT SERVICES		2,808,096	2,808,096
25 00 TOTAL PATIENT REVENUES	35,790,673	12,139,762	47,930,435

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		17,758,140	
ADD (SPECIFY)			
27 00 BAD DEBT RECOVERIES	11,866		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		11,866	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		17,770,006	

STATEMENT OF REVENUES AND EXPENSES

 I PROVIDER NO:
 I 15-3037
 I

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

WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	47,930,435
2	LESS: ALLOWANCES AND DISCOUNTS ON	31,223,136
3	NET PATIENT REVENUES	16,707,299
4	LESS: TOTAL OPERATING EXPENSES	17,770,006
5	NET INCOME FROM SERVICE TO PATIENT	-1,062,707
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	RENTAL REVENUE	21,926
24.01	CONTRACT SERVICE	151,636
24.02	DIETARY	64,895
24.03	MISCELLANEOUS INCOME	65,784
25	TOTAL OTHER INCOME	304,241
26	TOTAL	-758,466
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-758,466