

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0102	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	
						DATE: 6/22/2009	TIME	7:28

ELECTRONICALLY FILED COST REPORT  
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:

STARKE MEMORIAL HOSPITAL 15-0102

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

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	83,725	65,285	0	
3	SWING BED - SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	83,725	65,285	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 102 EAST CULVER ROAD P.O. BOX:  
 1.01 CITY: KNOX STATE: IN ZIP CODE: 46534- COUNTY: STARKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION; PAYMENT SYSTEM

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	4 5 6
02.00	HOSPITAL	STARKE MEMORIAL HOSPITAL	15-0102	7/ 1/1966	N P P
04.00	SWING BED - SNF	STARKE MEMORIAL SWING BEDS	15-U102	9/ 6/1989	N P N
09.00	HOSPITAL-BASED HHA	STARKE HOME HEALTH CARE	15-7101	2/ 3/1984	N P P
12.00	HOSP-BASED HOSPICE	HOSPICE OF STARKE COUNTY	15-1579	2/19/2003	

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL

20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

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

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. Y

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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. 0

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913  
 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 9/ 6/1989

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE  
 OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 0 0.0000 0.0000

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

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

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE  
 AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS  
 HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?  
 SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF  
 PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT 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). N

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

V XVIII XIX  
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N





Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (12/2008) CONTD  
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 IDENTIFICATION DATA I 15-0102 I FROM 1/ 1/2008 I WORKSHEET S-2  
 I I TO 12/31/2008 I

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN 0  
 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)

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).

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	49	17,934	2.01	3	4	1,810	4.01	5	415
2 HMO									222
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF						196			
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	49	17,934				2,006			415
6 INTENSIVE CARE UNIT	4	1,464				414			37
11 NURSERY									101
12 TOTAL	53	19,398				2,420			553
13 RPCH VISITS									
14 SUBPROVIDER									
18 HOME HEALTH AGENCY						11,181			3,770
21 HOSPICE	8	2,928							
25 TOTAL	61								
26 OBSERVATION BED DAYS									118
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 OBSERVATION ADMITTED	BEDS NOT ADMITTED		TOTAL ALL PATS	TOTAL OBSERVATION ADMITTED	BEDS NOT ADMITTED	TOTAL
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			2,854				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			218				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,072				
6 INTENSIVE CARE UNIT			797				
11 NURSERY			114				
12 TOTAL			3,983				
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY			22,107				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	7	111	463	46	417		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES			--- FULL TIME EQUIV ---		DISCHARGES		TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15	
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS								
6 INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL		147.13			565	205	1,067	
13 RPCH VISITS								
14 SUBPROVIDER								
18 HOME HEALTH AGENCY		24.68						
21 HOSPICE		3.32						
25 TOTAL		175.13						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

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	8,777,458		8,777,458	364,279.00	24.10	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,821,556		1,821,556	72,281.00	25.20	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	403,485		403,485	4,573.00	88.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	386,356		386,356	9,020.00	42.83	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	333,566		333,566	3,509.00	95.06	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	1,457,284		1,457,284			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	381,622		381,622			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	74,980		74,980	2,145.00	34.96	
22 ADMINISTRATIVE & GENERAL	1,322,332	-110,000	1,212,332	52,099.00	23.27	
22.01 A & G UNDER CONTRACT	43,114		43,114	828.00	52.07	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	183,190		183,190	9,095.00	20.14	
25 LAUNDRY & LINEN SERVICE	27,188		27,188	2,734.00	9.94	
26 HOUSEKEEPING	118,436		118,436	10,882.00	10.88	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	126,614	-75,963	50,651	4,102.00	12.35	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		75,963	75,963	6,151.00	12.35	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	574,862	110,000	684,862	19,958.00	34.32	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	251,395		251,395	12,809.00	19.63	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	8,820,572		8,820,572	365,107.00	24.16	
2 EXCLUDED AREA SALARIES	1,821,556		1,821,556	72,281.00	25.20	
3 SUBTOTAL SALARIES	6,999,016		6,999,016	292,826.00	23.90	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,123,407		1,123,407	17,102.00	65.69	
5 SUBTOTAL WAGE-RELATED COSTS	1,457,284		1,457,284		20.82	
6 TOTAL	9,579,707		9,579,707	309,928.00	30.91	
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	2,722,111	2,722,111	120,803.00	22.53

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 STATISTICAL DATA I 15-0102 I FROM 1/ 1/2008 I WORKSHEET S-4  
 I HHA NO: I TO 12/31/2008 I  
 I 15-7101 I  
 HOME HEALTH AGENCY STATISTICAL DATA COUNTY: STARKE

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		296.00	41.00	47.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	384.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT) ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00	1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		
5 OTHER ADMINISTRATIVE PERSONEL	4.60	4.60
6 DIRECTING NURSING SERVICE	1.00	1.00
7 NURSING SUPERVISOR	7.50	7.50
8 PHYSICAL THERAPY SERVICE	1.50	1.50
9 PHYSICAL THERAPY SUPERVISOR		
10 OCCUPATIONAL THERAPY SERVICE	.30	.30
11 OCCUPATIONAL THERAPY SUPERVISOR		
12 SPEECH PATHOLOGY SERVICE		
13 SPEECH PATHOLOGY SUPERVISOR		
14 MEDICAL SOCIAL SERVICE		
15 MEDICAL SOCIAL SERVICE SUPERVISOR		
16 HOME HEALTH AIDE	8.78	8.78
17 HOME HEALTH AIDE SUPERVISOR		
18 HOME HEALTH AGENCY MSA CODES	1	1.01
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		50036
20.01 PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000		99915

FULL EPISODES

WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
--------------------------	-----------------------	-----------------------	---------------------------

21 SKILLED NURSING VISITS	4,902	150	142	29
22 SKILLED NURSING VISIT CHARGES	702,988	21,503	20,356	4,157
23 PHYSICAL THERAPY VISITS	1,239	16	6	15
24 PHYSICAL THERAPY VISIT CHARGES	216,701	2,798	1,049	2,624
25 OCCUPATIONAL THERAPY VISITS	390	0	4	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	62,049	0	636	796
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	583	27	8	9
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	124,121	5,748	1,703	1,916
31 HOME HEALTH AIDE VISITS	3,532	45	9	17
32 HOME HEALTH AIDE VISIT CHARGES	253,139	3,224	645	1,218
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	10,646	238	169	75
34 OTHER CHARGES	1,903	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,360,901	33,273	24,389	10,711
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	437	0	55	4
37 TOTAL NUMBER OF OUTLIER EPISODES	0	5	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	34,915	0	2,116	3

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
	I	15-0102	I	FROM	1/ 1/2008	I	WORKSHEET S-4
	I	HHA NO:	I	TO	12/31/2008	I	
HOME HEALTH AGENCY STATISTICAL DATA	I	15-7101	I			I	
		COUNTY:		STARKE			

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	27	5,250
22 SKILLED NURSING VISIT CHARGES	0	3,870	752,874
23 PHYSICAL THERAPY VISITS	0	0	1,276
24 PHYSICAL THERAPY VISIT CHARGES	0	0	223,172
25 OCCUPATIONAL THERAPY VISITS	0	0	399
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	63,481
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	627
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	133,488
31 HOME HEALTH AIDE VISITS	0	26	3,629
32 HOME HEALTH AIDE VISIT CHARGES	0	1,863	260,089
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	53	11,181
34 OTHER CHARGES	0	0	1,903
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	5,733	1,435,007
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	2	498
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	5
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	37,034

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA I PROVIDER NO: 15-0102 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/22/2009 I WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1		SERVICES ON/AFTER 10/1		SRVCS 4/1/01 TO 9/30/01	
		RATE	DAYS	RATE	DAYS	RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
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	TOT						
46	TOTAL						

(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 : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 STATISTICAL DATA I 15-0102 I FROM 1/ 1/2008 I WORKSHEET S-7  
 I TO 12/31/2008 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	TOT		196	
46	TOTAL		196	

(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 : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 15-0102 I FROM 1/ 1/2008 I WORKSHEET S-10  
 I TO 12/31/2008 I  
 I I

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
  - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
    - 2.01 IS IT AT THE TIME OF ADMISSION?
    - 2.02 IS IT AT THE TIME OF FIRST BILLING?
    - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
    - 2.04
  - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
  - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
  - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
  - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
  - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
  - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
    - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
    - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
      - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
      - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
      - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
      - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
  - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
  - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
    - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
    - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
    - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
    - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
  - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
  - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
  - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
    - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
    - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
  - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
  - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  - UNCOMPENSATED CARE REVENUES
  - 17 REVENUE FROM UNCOMPENSATED CARE
    - 17.01 GROSS MEDICAID REVENUES
    - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
    - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
    - 20 RESTRICTED GRANTS
    - 21 NON-RESTRICTED GRANTS
    - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  - UNCOMPENSATED CARE COST
  - 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .328667
  - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
  - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
  - 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)



Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL

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

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/22/2009
I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET S-10
I		I	TO 12/31/2008	I	
I		I		I	

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF  
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2		3	4	5
	GENERAL SERVICE COST CNTR						
3	0300 NEW CAP REL COSTS-BLDG & FIXT		900,285		900,285	81,498	981,783
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					268,562	268,562
5	0500 EMPLOYEE BENEFITS	74,980	1,153,424		1,228,404	581	1,228,985
6	0600 ADMINISTRATIVE & GENERAL	1,322,332	2,563,929		3,886,261	-431,809	3,454,452
8	0800 OPERATION OF PLANT	183,190	627,070		810,260	-7,990	802,270
9	0900 LAUNDRY & LINEN SERVICE	27,188	88,524		115,712		115,712
10	1000 HOUSEKEEPING	118,436	38,448		156,884		156,884
11	1100 DIETARY	126,614	93,402		220,016	-132,000	88,016
12	1200 CAFETERIA					132,000	132,000
14	1400 NURSING ADMINISTRATION	574,862	52,762		627,624	112,565	740,189
17	1700 MEDICAL RECORDS & LIBRARY	251,395	84,178		335,573		335,573
18	1800 SOCIAL SERVICE						
	INPAT ROUTINE SRVC CNTRS						
25	2500 ADULTS & PEDIATRICS	903,996	188,341		1,092,337	-167,710	924,627
26	2600 INTENSIVE CARE UNIT	443,811	60,341		504,152		504,152
31	3100 SUBPROVIDER						
33	3300 NURSERY					92,203	92,203
	ANCILLARY SRVC COST CNTRS						
37	3700 OPERATING ROOM	485,628	87,908		573,536	-5,766	567,770
38	3800 RECOVERY ROOM	68,847	5,972		74,819		74,819
39	3900 DELIVERY ROOM & LABOR ROOM					69,108	69,108
40	4000 ANESTHESIOLOGY		464,601		464,601	-5,719	458,882
41	4100 RADIOLOGY-DIAGNOSTIC	462,463	238,284		700,747	-438	700,309
41.01	3230 CAT SCAN	85,752	221,098		306,850		306,850
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	63,234	106,234		169,468		169,468
44	4400 LABORATORY	356,212	683,176		1,039,388	-3,896	1,035,492
49	4900 RESPIRATORY THERAPY	247,972	94,434		342,406	-41,166	301,240
50	5000 PHYSICAL THERAPY	209,488	20,872		230,360		230,360
51	5100 OCCUPATIONAL THERAPY	79,302	12,944		92,246		92,246
52	5200 SPEECH PATHOLOGY	5,419	3,675		9,094		9,094
53	5300 ELECTROCARDIOLOGY	160,284	22,346		182,630		182,630
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	86,543	559,804		646,347	33,208	679,555
56	5600 DRUGS CHARGED TO PATIENTS	76,280	786,467		862,747	43,235	905,982
	OUTPAT SERVICE COST CNTRS						
61	6100 EMERGENCY	541,674	483,839		1,025,513	-24	1,025,489
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)						
	OTHER REIMBURS COST CNTRS						
71	7100 HOME HEALTH AGENCY	994,167	292,113		1,286,280	6,984	1,293,264
	SPEC PURPOSE COST CENTERS						
90	9000 OTHER CAPITAL RELATED COSTS						
93	9300 HOSPICE	134,694	155,612		290,306	-43,401	246,905
95	9500 SUBTOTALS	8,084,763	10,090,083		18,174,846	25	18,174,871
	NONREIMBURS COST CENTERS						
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN						
100	7950 OTHER NONREIMBURSABLE COST CENTERS	692,695	232,198		924,893	-25	924,868
101	TOTAL	8,777,458	10,322,281		19,099,739	-0-	19,099,739

RECLASSIFICATION AND ADJUSTMENT OF  
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	129,393	1,111,176
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	364,026	632,588
5	0500 EMPLOYEE BENEFITS	-40,626	1,188,359
6	0600 ADMINISTRATIVE & GENERAL	-779,544	2,674,908
8	0800 OPERATION OF PLANT	-13,911	788,359
9	0900 LAUNDRY & LINEN SERVICE		115,712
10	1000 HOUSEKEEPING		156,884
11	1100 DIETARY		88,016
12	1200 CAFETERIA	-20,032	111,968
14	1400 NURSING ADMINISTRATION		740,189
17	1700 MEDICAL RECORDS & LIBRARY	-4,821	330,752
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		924,627
26	2600 INTENSIVE CARE UNIT		504,152
31	3100 SUBPROVIDER		
33	3300 NURSERY		92,203
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		567,770
38	3800 RECOVERY ROOM		74,819
39	3900 DELIVERY ROOM & LABOR ROOM		69,108
40	4000 ANESTHESIOLOGY	-451,523	7,359
41	4100 RADIOLOGY-DIAGNOSTIC		700,309
41.01	3230 CAT SCAN		306,850
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)		169,468
44	4400 LABORATORY	-4,311	1,031,181
49	4900 RESPIRATORY THERAPY		301,240
50	5000 PHYSICAL THERAPY		230,360
51	5100 OCCUPATIONAL THERAPY		92,246
52	5200 SPEECH PATHOLOGY		9,094
53	5300 ELECTROCARDIOLOGY		182,630
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-11,193	668,362
56	5600 DRUGS CHARGED TO PATIENTS	-555	905,427
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-26	1,025,463
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-8,732	1,284,532
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		246,905
95	SUBTOTALS	-841,855	17,333,016
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		924,868
101	TOTAL	-841,855	18,257,884

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	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150102	FROM 1/ 1/2008	6/22/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO	SALARY 4	OTHER 5
1 RENT & LEASE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		268,562
2		EMPLOYEE BENEFITS	5		49
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 DON	B	NURSING ADMINISTRATION	14	110,000	7,841
13 CAFE	C	CAFETERIA	12	75,963	56,037
14 MED SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		33,208
15					
16					
17					
18 PHARMACY	E	DRUGS CHARGED TO PATIENTS	56		43,235
19					
20 CORP PAID BENEFITS	F	ADMINISTRATIVE & GENERAL	6		74,609
21 CAPITAL	G	NEW CAP REL COSTS-BLDG & FIXT	3		81,498
22					
23 NURSERY & LABOR	H	NURSERY	33	69,418	22,785
24		DELIVERY ROOM & LABOR ROOM	39	52,030	17,078
25 PLANT OPERATIONS	J	HOME HEALTH AGENCY	71		6,984
26		HOSPICE	93		263
27 OTHER BENEFITS	K	EMPLOYEE BENEFITS	5		75,141
36 TOTAL RECLASSIFICATIONS				307,411	687,290

(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.

PROVIDER NO:	PERIOD:	PREPARED
150102	FROM 1/ 1/2008	6/22/2009
	TO 12/31/2008	WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	6			
	1	6	7	8	9	10	
1 RENT & LEASE	A	ADMINISTRATIVE & GENERAL	6			231,938	10
2		OPERATION OF PLANT	8			743	
3		NURSING ADMINISTRATION	14			246	
4		ADULTS & PEDIATRICS	25			6,399	
5		OPERATING ROOM	37			3,828	
6		ANESTHESIOLOGY	40			42	
7		RADIOLOGY-DIAGNOSTIC	41			438	
8		LABORATORY	44			3,896	
9		RESPIRATORY THERAPY	49			21,032	
10		EMERGENCY	61			24	
11		OTHER NONREIMBURSABLE COST CENTERS	100			25	
12 DON	B	ADMINISTRATIVE & GENERAL	6		110,000	7,841	
13 CAFE	C	DIETARY	11		75,963	56,037	
14 MED SUPPLIES	D	OPERATING ROOM	37			1,938	
15		ANESTHESIOLOGY	40			5,677	
16		RESPIRATORY THERAPY	49			20,134	
17		HOSPICE	93			5,459	
18 PHARMACY	E	NURSING ADMINISTRATION	14			5,030	
19		HOSPICE	93			38,205	
20 CORP PAID BENEFITS	F	EMPLOYEE BENEFITS	5			74,609	
21 CAPITAL	G	ADMINISTRATIVE & GENERAL	6			59,616	13
22		ADMINISTRATIVE & GENERAL	6			21,882	12
23 NURSERY & LABOR	H	ADULTS & PEDIATRICS	25		121,448	39,863	
24							
25 PLANT OPERATIONS	J	OPERATION OF PLANT	8			7,247	
26							
27 OTHER BENEFITS	K	ADMINISTRATIVE & GENERAL	6			75,141	
36 TOTAL RECLASSIFICATIONS					307,411	687,290	

(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.

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)  
 ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0102 I FROM 1/ 1/2008 I WORKSHEET A-7  
 COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 12/31/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	142,789					142,789	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	2,292,682	2,563,336		2,563,336		4,856,018	
4	BUILDING IMPROVEMEN	3,866,513					3,866,513	
5	FIXED EQUIPMENT	1,785,744	139,631		139,631		1,925,375	
6	MOVABLE EQUIPMENT	2,991,616	263,357		263,357	55,500	3,199,473	
7	SUBTOTAL	11,079,344	2,966,324		2,966,324	55,500	13,990,168	
8	RECONCILING ITEMS							
9	TOTAL	11,079,344	2,966,324		2,966,324	55,500	13,990,168	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITIALIZED 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	10,790,695		10,790,695	.771306				
4 NEW CAP REL COSTS-MV	3,199,473		3,199,473	.228694				
5 TOTAL	13,990,168		13,990,168	1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL		TOTAL (1)
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
*	9	10	11	12	13	14	15	
3 NEW CAP REL COSTS-BL	1,029,678				81,498		1,111,176	
4 NEW CAP REL COSTS-MV	364,026	268,562					632,588	
5 TOTAL	1,393,704	268,562			81,498		1,743,764	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL		TOTAL (1)
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
*	9	10	11	12	13	14	15	
3 NEW CAP REL COSTS-BL	900,285						900,285	
4 NEW CAP REL COSTS-MV								
5 TOTAL	900,285						900,285	

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT (2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER (3)	LINE NO (4)	
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	B	-598	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-455,834			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-225,501			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-20,032	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-555	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,821	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**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	A	-71,490	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	395,530	NEW CAP REL COSTS-MVBLE E	4	9
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 MISC OTHER INC	B	-241	ADMINISTRATIVE & GENERAL	6	
38 HPG	B	-9,177	MEDICAL SUPPLIES CHARGED	55	
39 MOB	B	-13,694	NEW CAP REL COSTS-BLDG &	3	9
40 MOB	B	-63,730	ADMINISTRATIVE & GENERAL	6	
41 HEALTH FAM RENT	B	-5,086	HOME HEALTH AGENCY	71	
42 HEALTH WATCH	B	-30,169	NEW CAP REL COSTS-MVBLE E	4	9
43 MISC REV	B	-13,205	ADMINISTRATIVE & GENERAL	6	
44 OPER LEASE	A	-185,423	NEW CAP REL COSTS-BLDG &	3	9
45 OPER LEASE	A	325,000	NEW CAP REL COSTS-BLDG &	3	9
46 OPER LEASE	A	75,000	NEW CAP REL COSTS-BLDG &	3	9
47 PAT PHONE	A	-8,691	OPERATION OF PLANT	8	
48 PAT PHONE	A	-1,335	NEW CAP REL COSTS-MVBLE E	4	9
49 PAT PHONE	A	-45,350	ADMINISTRATIVE & GENERAL	6	
49.01 PAT PHONE	A	-9,905	EMPLOYEE BENEFITS	5	
49.02 LOBBYING	A	-3,256	ADMINISTRATIVE & GENERAL	6	
49.03 LOBBYING	A	-1,485	HOME HEALTH AGENCY	71	
49.04 PAT TV	A	-281	OPERATION OF PLANT	8	
49.05 PAT TV	A	-4,932	OPERATION OF PLANT	8	
49.06 MARKETING	A	-47,889	ADMINISTRATIVE & GENERAL	6	
49.07 ADVERTISING	A	-28,707	ADMINISTRATIVE & GENERAL	6	
49.08 ADVERTISING	A	-2,161	HOME HEALTH AGENCY	71	
49.09 CONTRIBUTIONS	A	-22,560	ADMINISTRATIVE & GENERAL	6	
49.10 EXEC RETREAT	A	-738	ADMINISTRATIVE & GENERAL	6	
49.11 OTHER NONALLOW ADMIN COSTS	A	66	ADMINISTRATIVE & GENERAL	6	
49.12 ALCOHOL	A	-1,204	ADMINISTRATIVE & GENERAL	6	
49.13 ALCOHOL	A	-7	OPERATION OF PLANT	8	
49.14 ALCOHOL	A	-26	EMERGENCY	61	
49.15 LEGAL FEES	A	-20,893	ADMINISTRATIVE & GENERAL	6	
49.16 COUNTRY CLUB	A	-2,700	ADMINISTRATIVE & GENERAL	6	
49.17 PHYS RECRUIT	A	-335,775	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-841,855			

(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	6	ADMINISTRATIVE & GENERAL INTEREST		-84,012	84,012	
2	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEE	581,451	720,472	-139,021	
3	55	MEDICAL SUPPLIES CHARGED HPG	2,782	4,798	-2,016	
4	6	ADMINISTRATIVE & GENERAL IS FEES	80,690	109,477	-28,787	
4.01	5	EMPLOYEE BENEFITS ESOP	-30,721		-30,721	
4.02	6	ADMINISTRATIVE & GENERAL MALPRACTICE	63,394	172,362	-108,968	
5		TOTALS	697,596	923,097	-225,501	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B LPNT	100.00		0.00	HOSPITAL MANAGEMENT
2	B HCA	0.00		0.00	IT DATA SERVICES
3	B HPG	2.70		0.00	SUPPLIES
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 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET A-8-2  
 I I TO 12/31/2008 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER	3	4	5	6	7	8	9
1 44	LABORATORY	24,996		24,996	182,309	236	20,685	1,034
2 61		361,360		361,360	182,309	8,784	769,905	38,495
3 40		451,523	451,523					
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	837,879	451,523	386,356		9,020	790,590	39,529

PROVIDER BASED PHYSICIAN ADJUSTMENTS  
 I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET A-8-2  
 I I TO 12/31/2008 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	IDENTIFIER	COL 12	COL 13	COL 14	COL 15	16	17	18
1	44 LABORATORY					20,685	4,311	4,311
2	61					769,905		
3	40							451,523
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					790,590	4,311	455,834

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALA	RIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEEET	ENTERED
11	DIETARY	9	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	9	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS  
 I PROVIDER NO: 15-0102  
 I PERIOD: FROM 1/ 1/2008 TO 12/31/2008  
 I PREPARED 6/22/2009  
 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	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,111,176	1,111,176					
005 NEW CAP REL COSTS-MVBLE E	632,588		632,588				
006 EMPLOYEE BENEFITS	1,188,359	6,307	3,607	1,198,273			
008 ADMINISTRATIVE & GENERAL	2,674,908	105,314	60,222	168,588	3,009,032	3,009,032	
009 OPERATION OF PLANT	788,359	122,487	70,042	25,475	1,006,363	198,584	1,204,947
010 LAUNDRY & LINEN SERVICE	115,712	7,942	4,541	3,781	131,976	26,043	10,911
011 HOUSEKEEPING	156,884	7,573	4,331	16,470	185,258	36,557	10,405
012 DIETARY	88,016	53,382	30,526	7,044	178,968	35,315	73,339
014 CAFETERIA	111,968			10,564	122,532	24,179	
017 NURSING ADMINISTRATION	740,189	1,680	961	95,240	838,070	165,375	2,309
018 MEDICAL RECORDS & LIBRARY	330,752	26,403	15,098	34,960	407,213	80,355	36,274
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	924,627	233,974	133,792	108,824	1,401,217	276,499	321,435
033 INTENSIVE CARE UNIT	504,152	32,780	18,745	61,718	617,395	121,829	45,034
037 SUBPROVIDER							
040 NURSERY	92,203			9,654	101,857	20,099	
041 ANCLLARY SRVC COST CNTRS							
044 OPERATING ROOM	567,770	142,744	81,626	67,533	859,673	169,638	196,107
049 RECOVERY ROOM	74,819	7,090	4,054	9,574	95,537	18,852	9,741
051 DELIVERY ROOM & LABOR ROO	69,108			7,235	76,343	15,065	
052 ANESTHESIOLOGY	7,359				7,359	1,452	
055 RADIOLOGY-DIAGNOSTIC	700,309	77,852	44,518	64,312	886,991	175,028	106,956
061 01 CAT SCAN	306,850	8,494	4,857		320,201	63,185	11,670
062 02 MAGNETIC RESONANCE IMAGIN	169,468	7,919	4,528	8,794	190,709	37,632	10,879
066 LABORATORY	1,031,181	44,566	25,484	49,536	1,150,767	227,079	61,226
071 RESPIRATORY THERAPY	301,240	41,619	23,799	34,484	401,142	79,157	57,178
075 PHYSICAL THERAPY	230,360	35,496	20,298	29,132	315,286	62,215	48,766
081 OCCUPATIONAL THERAPY	92,246	5,110	2,922	11,028	111,306	21,964	7,021
085 SPEECH PATHOLOGY	9,094	5,110	2,922	754	17,880	3,528	7,021
091 ELECTROCARDIOLOGY	182,630	27,048	15,467	22,290	247,435	48,826	37,159
095 MEDICAL SUPPLIES CHARGED	668,362	31,030	17,744	12,035	729,171	143,886	42,631
101 DRUGS CHARGED TO PATIENTS	905,427	12,269	7,016	10,608	935,320	184,565	16,856
105 OUTPAT SERVICE COST CNTRS							
109 EMERGENCY	1,025,463	62,061	35,488	75,327	1,198,339	236,466	85,261
113 OBSERVATION BEDS (NON-DIS							
117 OTHER REIMBURS COST CNTRS							
121 HOME HEALTH AGENCY	1,284,532			138,253	1,422,785	280,759	
125 SPEC PURPOSE COST CENTERS							
131 HOSPICE	246,905			18,731	265,636	52,417	
135 SUBTOTALS	17,333,016	1,106,250	632,588	1,101,944	17,231,761	2,806,549	1,198,179
141 NONREIMBURS COST CENTERS							
145 GIFT, FLOWER, COFFEE SHOP		4,926			4,926	972	6,768
151 OTHER NONREIMBURSABLE COS	924,868			96,329	1,021,197	201,511	
155 CROSS FOOT ADJUSTMENT							
161 NEGATIVE COST CENTER							
165 TOTAL	18,257,884	1,111,176	632,588	1,198,273	18,257,884	3,009,032	1,204,947

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	168,930						
010 HOUSEKEEPING		232,220					
011 DIETARY		14,471	302,093				
012 CAFETERIA				146,711			
014 NURSING ADMINISTRATION		456		13,993	1,020,203		
017 MEDICAL RECORDS & LIBRARY		7,158		8,979		539,979	
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	130,476	63,426	233,326	27,433	253,737	40,669	
026 INTENSIVE CARE UNIT	33,642	8,886	60,162	12,856	143,902	14,662	
031 SUBPROVIDER							
033 NURSERY	4,812		8,605	1,531	22,508	939	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		38,696		13,760	157,461	40,131	
038 RECOVERY ROOM		1,922		2,143	22,323	4,586	
039 DELIVERY ROOM & LABOR ROO				1,152	16,870	1,395	
040 ANESTHESIOLOGY						15,195	
041 RADIOLOGY-DIAGNOSTIC		21,105		10,524		47,236	
041 01 CAT SCAN		2,303		2,201		72,703	
041 02 MAGNETIC RESONANCE IMAGIN		2,147		1,428		28,219	
044 LABORATORY		12,081		11,501		74,907	
049 RESPIRATORY THERAPY		11,282		5,510	80,403	19,000	
050 PHYSICAL THERAPY		9,623		5,102	67,925	11,704	
051 OCCUPATIONAL THERAPY		1,385		1,545	25,713	4,089	
052 SPEECH PATHOLOGY		1,385		131	1,757	86	
053 ELECTROCARDIOLOGY		7,332		3,586	51,971	12,895	
055 MEDICAL SUPPLIES CHARGED		8,412		3,498		26,235	
056 DRUGS CHARGED TO PATIENTS		3,326		5,364		52,382	
061 OUTPAT SERVICE COST CNTRS EMERGENCY		16,824		14,474	175,633	63,612	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
093 HOSPICE						9,334	
095 SUBTOTALS	168,930	232,220	302,093	146,711	1,020,203	539,979	
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	168,930	232,220	302,093	146,711	1,020,203	539,979	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET B  
 I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
017 NURSING ADMINISTRATION			
018 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	2,748,218		2,748,218
026 INTENSIVE CARE UNIT	1,058,368		1,058,368
031 SUBPROVIDER			
033 NURSERY	160,351		160,351
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,475,466		1,475,466
038 RECOVERY ROOM	155,104		155,104
039 DELIVERY ROOM & LABOR ROO	110,825		110,825
040 ANESTHESIOLOGY	24,006		24,006
041 RADIOLOGY-DIAGNOSTIC	1,247,840		1,247,840
041 01 CAT SCAN	472,263		472,263
041 02 MAGNETIC RESONANCE IMAGIN	271,014		271,014
044 LABORATORY	1,537,561		1,537,561
049 RESPIRATORY THERAPY	653,672		653,672
050 PHYSICAL THERAPY	520,621		520,621
051 OCCUPATIONAL THERAPY	173,023		173,023
052 SPEECH PATHOLOGY	31,788		31,788
053 ELECTROCARDIOLOGY	409,204		409,204
055 MEDICAL SUPPLIES CHARGED	953,833		953,833
056 DRUGS CHARGED TO PATIENTS	1,197,813		1,197,813
061 OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	1,790,609		1,790,609
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	1,703,544		1,703,544
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	327,387		327,387
095 SUBTOTALS	17,022,510		17,022,510
096 NONREIMBURS COST CENTERS			
100 GIFT, FLOWER, COFFEE SHOP	12,666		12,666
101 OTHER NONREIMBURSABLE COS	1,222,708		1,222,708
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	18,257,884		18,257,884

ALLOCATION OF NEW CAPITAL RELATED COSTS  
 I PROVIDER NO: 15-0102  
 I PERIOD: FROM 1/ 1/2008 TO 12/31/2008  
 I PREPARED 6/22/2009  
 I WORKSHEET B  
 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	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		6,307	3,607	9,914	9,914		
008 ADMINISTRATIVE & GENERAL		105,314	60,222	165,536	1,395	166,931	
009 OPERATION OF PLANT		122,487	70,042	192,529	211	11,017	203,757
010 LAUNDRY & LINEN SERVICE		7,942	4,541	12,483	31	1,445	1,845
011 HOUSEKEEPING		7,573	4,331	11,904	136	2,028	1,759
012 DIETARY		53,382	30,526	83,908	58	1,959	12,402
014 CAFETERIA					87	1,341	
017 NURSING ADMINISTRATION		1,680	961	2,641	788	9,174	390
018 MEDICAL RECORDS & LIBRARY		26,403	15,098	41,501	289	4,458	6,134
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS		233,974	133,792	367,766	901	15,339	54,357
033 INTENSIVE CARE UNIT		32,780	18,745	51,525	511	6,759	7,615
037 SUBPROVIDER							
038 NURSERY					80	1,115	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		142,744	81,626	224,370	559	9,411	33,162
041 RECOVERY ROOM		7,090	4,054	11,144	79	1,046	1,647
042 DELIVERY ROOM & LABOR ROO					60	836	
043 ANESTHESIOLOGY						81	
044 RADIOLOGY-DIAGNOSTIC		77,852	44,518	122,370	532	9,710	18,086
045 01 CAT SCAN		8,494	4,857	13,351		3,505	1,973
046 02 MAGNETIC RESONANCE IMAGIN		7,919	4,528	12,447	73	2,088	1,840
047 LABORATORY		44,566	25,484	70,050	410	12,597	10,353
048 RESPIRATORY THERAPY		41,619	23,799	65,418	285	4,391	9,669
049 PHYSICAL THERAPY		35,496	20,298	55,794	241	3,451	8,246
050 OCCUPATIONAL THERAPY		5,110	2,922	8,032	91	1,218	1,187
051 SPEECH PATHOLOGY		5,110	2,922	8,032	6	196	1,187
052 ELECTROCARDIOLOGY		27,048	15,467	42,515	184	2,709	6,284
053 MEDICAL SUPPLIES CHARGED		31,030	17,744	48,774	100	7,982	7,209
054 DRUGS CHARGED TO PATIENTS		12,269	7,016	19,285	88	10,239	2,850
055 OUTPAT SERVICE COST CNTRS							
056 EMERGENCY		62,061	35,488	97,549	623	13,118	14,418
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,144	15,577	
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE					155	2,908	
096 SUBTOTALS		1,106,250	632,588	1,738,838	9,117	155,698	202,613
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		4,926		4,926		54	1,144
101 OTHER NONREIMBURSABLE COS					797	11,179	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
104 TOTAL		1,111,176	632,588	1,743,764	9,914	166,931	203,757

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	15,804						
010 HOUSEKEEPING		15,827					
011 DIETARY		986	99,313				
012 CAFETERIA				1,428			
014 NURSING ADMINISTRATION		31		136	13,160		
017 MEDICAL RECORDS & LIBRARY		488		87		52,957	
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,207	4,324	76,706	268	3,273	3,989	
031 INTENSIVE CARE UNIT	3,147	606	19,778	125	1,856	1,438	
033 SUBPROVIDER							
037 NURSERY	450		2,829	15	290	92	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		2,637		134	2,031	3,936	
040 RECOVERY ROOM		131		21	288	450	
041 DELIVERY ROOM & LABOR ROO				11	218	137	
041 ANESTHESIOLOGY						1,490	
041 RADIOLOGY-DIAGNOSTIC		1,438		102		4,633	
041 01 CAT SCAN		157		21		7,130	
041 02 MAGNETIC RESONANCE IMAGIN		146		14		2,768	
044 LABORATORY		823		112		7,345	
049 RESPIRATORY THERAPY		769		54	1,037	1,863	
050 PHYSICAL THERAPY		656		50	876	1,148	
051 OCCUPATIONAL THERAPY		94		15	332	401	
052 SPEECH PATHOLOGY		94		1	23	8	
053 ELECTROCARDIOLOGY		500		35	670	1,265	
055 MEDICAL SUPPLIES CHARGED		573		34		2,573	
056 DRUGS CHARGED TO PATIENTS		227		52		5,137	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		1,147		141	2,266	6,239	
071 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							915
095 HOSPICE							
096 SUBTOTALS	15,804	15,827	99,313	1,428	13,160	52,957	
100 NONREIMBURS COST CENTERS							
101 GIFT, FLOWER, COFFEE SHOP							
102 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,804	15,827	99,313	1,428	13,160	52,957	

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
017 NURSING ADMINISTRATION			
018 MEDICAL RECORDS & LIBRARY			
025 SOCIAL SERVICE			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	539,130		539,130
026 INTENSIVE CARE UNIT	93,360		93,360
031 SUBPROVIDER			
033 NURSERY	4,871		4,871
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	276,240		276,240
039 RECOVERY ROOM	14,806		14,806
040 DELIVERY ROOM & LABOR ROO	1,262		1,262
041 ANESTHESIOLOGY	1,571		1,571
041 RADIOLOGY-DIAGNOSTIC	156,871		156,871
041 01 CAT SCAN	26,137		26,137
041 02 MAGNETIC RESONANCE IMAGIN	19,376		19,376
044 LABORATORY	101,690		101,690
049 RESPIRATORY THERAPY	83,486		83,486
050 PHYSICAL THERAPY	70,462		70,462
051 OCCUPATIONAL THERAPY	11,370		11,370
052 SPEECH PATHOLOGY	9,547		9,547
053 ELECTROCARDIOLOGY	54,162		54,162
055 MEDICAL SUPPLIES CHARGED	67,245		67,245
056 DRUGS CHARGED TO PATIENTS	37,878		37,878
061 OUTPAT SERVICE COST CNTRS			
062 EMERGENCY	135,501		135,501
071 OBSERVATION BEDS (NON-DIS			
071 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	16,721		16,721
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	3,978		3,978
095 SUBTOTALS	1,725,664		1,725,664
096 NONREIMBURS COST CENTERS			
100 GIFT, FLOWER, COFFEE SHOP	6,124		6,124
101 OTHER NONREIMBURSABLE COS	11,976		11,976
102 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,743,764		1,743,764

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- ) IATION	ADMINISTRATIV	OPERATION OF
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	PLANT
	(SQUARE FEET	(SQUARE )FEET	(GROSS SALA )RIES	6a.00	( ACCUM. COST	(SQUARE )FEET
	3	4	5		6	8
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	48,271					
004 NEW CAP REL COSTS-MVB		48,057				
005 EMPLOYEE BENEFITS	274	274	8,616,726			
006 ADMINISTRATIVE & GENE	4,575	4,575	1,212,332	-3,009,032	15,248,852	
008 OPERATION OF PLANT	5,321	5,321	183,190		1,006,363	38,101
009 LAUNDRY & LINEN SERVI	345	345	27,188		131,976	345
010 HOUSEKEEPING	329	329	118,436		185,258	329
011 DIETARY	2,319	2,319	50,651		178,968	2,319
012 CAFETERIA			75,963		122,532	
014 NURSING ADMINISTRATIO	73	73	684,862		838,070	73
017 MEDICAL RECORDS & LIB	1,147	1,147	251,395		407,213	1,147
018 SOCIAL SERVICE						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	10,164	10,164	782,548		1,401,217	10,164
026 INTENSIVE CARE UNIT	1,424	1,424	443,811		617,395	1,424
031 SUBPROVIDER						
033 NURSERY			69,418		101,857	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,201	6,201	485,628		859,673	6,201
038 RECOVERY ROOM	308	308	68,847		95,537	308
039 DELIVERY ROOM & LABOR			52,030		76,343	
040 ANESTHESIOLOGY					7,359	
041 RADIOLOGY-DIAGNOSTIC	3,382	3,382	462,463		886,991	3,382
041 01 CAT SCAN	369	369			320,201	369
041 02 MAGNETIC RESONANCE IM	344	344	63,234		190,709	344
044 LABORATORY	1,936	1,936	356,212		1,150,767	1,936
049 RESPIRATORY THERAPY	1,808	1,808	247,972		401,142	1,808
050 PHYSICAL THERAPY	1,542	1,542	209,488		315,286	1,542
051 OCCUPATIONAL THERAPY	222	222	79,302		111,306	222
052 SPEECH PATHOLOGY	222	222	5,419		17,880	222
053 ELECTROCARDIOLOGY	1,175	1,175	160,284		247,435	1,175
055 MEDICAL SUPPLIES CHAR	1,348	1,348	86,543		729,171	1,348
056 DRUGS CHARGED TO PATI	533	533	76,280		935,320	533
OUTPAT SERVICE COST C						
061 EMERGENCY	2,696	2,696	541,674		1,198,339	2,696
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY			994,167		1,422,785	
SPEC PURPOSE COST CEN						
093 HOSPICE			134,694		265,636	
095 SUBTOTALS	48,057	48,057	7,924,031	-3,009,032	14,222,729	37,887
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	214				4,926	214
100 OTHER NONREIMBURSABLE			692,695		1,021,197	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,111,176	632,588	1,198,273		3,009,032	1,204,947
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	23.019536		.139064		.197328	
(WRKSHT B, PT I)		13.163285				31.625075
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			9,914		166,931	203,757
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001151		.010947	
(WRKSHT B, PT III)						5.347812

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(PATIENT DAYS	(SQUARE )FEET	(PATIENT )DAYS	(FTE'S )	(NURSING )SALARIES	(GROSS )CHARGES	(PATIENT )DAYS
	9	10	11	12	14	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	4,002						
010 HOUSEKEEPING		37,213					
011 DIETARY		2,319	4,002				
012 CAFETERIA				10,065			
014 NURSING ADMINISTRATIO		73		960	3,146,421		
017 MEDICAL RECORDS & LIB		1,147		616		46,415,557	
018 SOCIAL SERVICE							4,002
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	3,091	10,164	3,091	1,882	782,548	3,495,729	3,091
026 INTENSIVE CARE UNIT	797	1,424	797	882	443,811	1,260,243	797
031 SUBPROVIDER							
033 NURSERY	114		114	105	69,418	80,741	114
ANCILLARY SRVC COST C							
037 OPERATING ROOM		6,201		944	485,628	3,449,482	
038 RECOVERY ROOM		308		147	68,847	394,212	
039 DELIVERY ROOM & LABOR				79	52,030	119,918	
040 ANESTHESIOLOGY						1,306,125	
041 RADIOLOGY-DIAGNOSTIC		3,382		722		4,060,163	
041 01 CAT SCAN		369		151		6,249,150	
041 02 MAGNETIC RESONANCE IM		344		98		2,425,545	
044 LABORATORY		1,936		789		6,440,290	
049 RESPIRATORY THERAPY		1,808		378	247,972	1,633,157	
050 PHYSICAL THERAPY		1,542		350	209,488	1,006,019	
051 OCCUPATIONAL THERAPY		222		106	79,302	351,440	
052 SPEECH PATHOLOGY		222		9	5,419	7,430	
053 ELECTROCARDIOLOGY		1,175		246	160,284	1,108,379	
055 MEDICAL SUPPLIES CHAR		1,348		240		2,255,038	
056 DRUGS CHARGED TO PATI		533		368		4,502,484	
OUTPAT SERVICE COST C							
061 EMERGENCY		2,696		993	541,674	5,467,737	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
093 HOSPICE						802,275	
095 SUBTOTALS	4,002	37,213	4,002	10,065	3,146,421	46,415,557	4,002
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	168,930	232,220	302,093	146,711	1,020,203	539,979	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		6.240292		14.576354		.011634	
(WRKSHT B, PT I)	42.211394		75.485507		.324242		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	15,804	15,827	99,313	1,428	13,160	52,957	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.425308		.141878		.001141	
(WRKSHT B, PT III)	3.949025		24.815842		.004183		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 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	2,748,218		2,748,218		2,748,218
26	INTENSIVE CARE UNIT	1,058,368		1,058,368		1,058,368
31	SUBPROVIDER					
33	NURSERY	160,351		160,351		160,351
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,475,466		1,475,466		1,475,466
38	RECOVERY ROOM	155,104		155,104		155,104
39	DELIVERY ROOM & LABOR ROO	110,825		110,825		110,825
40	ANESTHESIOLOGY	24,006		24,006		24,006
41	RADIOLOGY-DIAGNOSTIC	1,247,840		1,247,840		1,247,840
41 01	CAT SCAN	472,263		472,263		472,263
41 02	MAGNETIC RESONANCE IMAGIN	271,014		271,014		271,014
44	LABORATORY	1,537,561		1,537,561	4,311	1,541,872
49	RESPIRATORY THERAPY	653,672		653,672		653,672
50	PHYSICAL THERAPY	520,621		520,621		520,621
51	OCCUPATIONAL THERAPY	173,023		173,023		173,023
52	SPEECH PATHOLOGY	31,788		31,788		31,788
53	ELECTROCARDIOLOGY	409,204		409,204		409,204
55	MEDICAL SUPPLIES CHARGED	953,833		953,833		953,833
56	DRUGS CHARGED TO PATIENTS	1,197,813		1,197,813		1,197,813
61	OUTPAT SERVICE COST CNTRS EMERGENCY	1,790,609		1,790,609		1,790,609
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	378,285		378,285		378,285
101	SUBTOTAL	15,369,864		15,369,864	4,311	15,374,175
102	LESS OBSERVATION BEDS	378,285		378,285		378,285
103	TOTAL	14,991,579		14,991,579	4,311	14,995,890

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET C  
 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	3,030,869		3,030,869			
26	INTENSIVE CARE UNIT	1,260,243		1,260,243			
31	SUBPROVIDER						
33	NURSERY	80,741		80,741			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	711,133	2,738,349	3,449,482	.427736	.427736	.427736
38	RECOVERY ROOM	93,678	300,534	394,212	.393453	.393453	.393453
39	DELIVERY ROOM & LABOR ROO	78,799	41,119	119,918	.924173	.924173	.924173
40	ANESTHESIOLOGY	321,725	984,400	1,306,125	.018380	.018380	.018380
41	RADIOLOGY-DIAGNOSTIC	423,717	3,636,447	4,060,164	.307337	.307337	.307337
41 01	CAT SCAN	1,146,348	5,102,801	6,249,149	.075572	.075572	.075572
41 02	MAGNETIC RESONANCE IMAGIN	190,267	2,235,278	2,425,545	.111733	.111733	.111733
44	LABORATORY	1,778,222	4,662,068	6,440,290	.238741	.238741	.239410
49	RESPIRATORY THERAPY	1,367,381	265,776	1,633,157	.400251	.400251	.400251
50	PHYSICAL THERAPY	132,094	873,925	1,006,019	.517506	.517506	.517506
51	OCCUPATIONAL THERAPY	59,388	292,052	351,440	.492326	.492326	.492326
52	SPEECH PATHOLOGY	7,430		7,430	4.278331	4.278331	4.278331
53	ELECTROCARDIOLOGY	255,813	852,566	1,108,379	.369191	.369191	.369191
55	MEDICAL SUPPLIES CHARGED	964,102	1,290,936	2,255,038	.422979	.422979	.422979
56	DRUGS CHARGED TO PATIENTS	2,777,067	1,725,417	4,502,484	.266034	.266034	.266034
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	961,644	4,506,093	5,467,737	.327486	.327486	.327486
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	68,819	396,042	464,861	.813759	.813759	.813759
101	SUBTOTAL	15,709,480	29,903,803	45,613,283			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,709,480	29,903,803	45,613,283			

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)  
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I  
 TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				539,130	7,482	531,648
26	INTENSIVE CARE UNIT				93,360		93,360
31	SUBPROVIDER						
33	NURSERY				4,871		4,871
101	TOTAL				637,361		629,879

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009

I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D

I I TO 12/31/2008 I PART I

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,317	1,810			160.28	290,107
26	INTENSIVE CARE UNIT	797	414			117.14	48,496
31	SUBPROVIDER						
33	NURSERY	114				42.73	
101	TOTAL	4,228	2,224				338,603

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009

I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D

I COMPONENT NO: I TO 12/31/2008 I PART II

I 15-0102 I

TITLE XVIII, PART A		HOSPITAL		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		276,240	3,449,482	341,742		
38	RECOVERY ROOM		14,806	394,212	43,028		
39	DELIVERY ROOM & LABOR ROO		1,262	119,918			
40	ANESTHESIOLOGY		1,571	1,306,125	128,072		
41	RADIOLOGY-DIAGNOSTIC		156,871	4,060,164	274,240		
41 01	CAT SCAN		26,137	6,249,149	684,036		
41 02	MAGNETIC RESONANCE IMAGIN		19,376	2,425,545	100,334		
44	LABORATORY		101,690	6,440,290	1,069,692		
49	RESPIRATORY THERAPY		83,486	1,633,157	827,278		
50	PHYSICAL THERAPY		70,462	1,006,019	74,082		
51	OCCUPATIONAL THERAPY		11,370	351,440	35,244		
52	SPEECH PATHOLOGY		9,547	7,430	4,455		
53	ELECTROCARDIOLOGY		54,162	1,108,379	179,129		
55	MEDICAL SUPPLIES CHARGED		67,245	2,255,038	586,155		
56	DRUGS CHARGED TO PATIENTS		37,878	4,502,484	1,635,809		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		135,501	5,467,737	573,778		
62	OBSERVATION BEDS (NON-DIS		75,254	464,861	38,099		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,142,858	41,241,430	6,595,173		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0102 I  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.080082	27,367
38	RECOVERY ROOM	.037558	1,616
39	DELIVERY ROOM & LABOR ROO	.010524	
40	ANESTHESIOLOGY	.001203	154
41	RADIOLOGY-DIAGNOSTIC	.038637	10,596
41 01	CAT SCAN	.004182	2,861
41 02	MAGNETIC RESONANCE IMAGIN	.007988	801
44	LABORATORY	.015790	16,890
49	RESPIRATORY THERAPY	.051119	42,290
50	PHYSICAL THERAPY	.070040	5,189
51	OCCUPATIONAL THERAPY	.032353	1,140
52	SPEECH PATHOLOGY	1.284926	5,724
53	ELECTROCARDIOLOGY	.048866	8,753
55	MEDICAL SUPPLIES CHARGED	.029820	17,479
56	DRUGS CHARGED TO PATIENTS	.008413	13,762
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.024782	14,219
62	OBSERVATION BEDS (NON-DIS	.161885	6,168
	OTHER REIMBURS COST CNTRS		
101	TOTAL		175,009

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE      I      PROVIDER NO:      I PERIOD:      I PREPARED 6/22/2009

SERVICE OTHER PASS THROUGH COSTS      I      15-0102      I FROM 1/ 1/2008      I WORKSHEET D

TITLE XVIII, PART A      I      I TO 12/31/2008      I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					3,317	
26	INTENSIVE CARE UNIT					797	
31	SUBPROVIDER						
33	NURSERY					114	
101	TOTAL					4,228	

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)  
 PROVIDER NO: 15-0102 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/22/2009 I WORKSHEET D PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	1,810	
26	INTENSIVE CARE UNIT	414	
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL	2,224	

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART IV  
 I 15-0102 I

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	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	CAT SCAN					
41 02	MAGNETIC RESONANCE IMAGIN					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	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 COST	RATIO OF O/P COST 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			3,449,482				341,742	
38	RECOVERY ROOM			394,212				43,028	
39	DELIVERY ROOM & LABOR ROO			119,918					
40	ANESTHESIOLOGY			1,306,125				128,072	
41	RADIOLOGY-DIAGNOSTIC			4,060,164				274,240	
41 01	CAT SCAN			6,249,149				684,036	
41 02	MAGNETIC RESONANCE IMAGIN			2,425,545				100,334	
44	LABORATORY			6,440,290				1,069,692	
49	RESPIRATORY THERAPY			1,633,157				827,278	
50	PHYSICAL THERAPY			1,006,019				74,082	
51	OCCUPATIONAL THERAPY			351,440				35,244	
52	SPEECH PATHOLOGY			7,430				4,455	
53	ELECTROCARDIOLOGY			1,108,379				179,129	
55	MEDICAL SUPPLIES CHARGED			2,255,038				586,155	
56	DRUGS CHARGED TO PATIENTS			4,502,484				1,635,809	
	OUTPAT SERVICE COST CNTRS								
61	EMERGENCY			5,467,737				573,778	
62	OBSERVATION BEDS (NON-DIS			464,861				38,099	
	OTHER REIMBURS COST CNTRS								
101	TOTAL			41,241,430				6,595,173	

TITLE XVIII, PART A HOSPITAL 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	1,128,325					
38	RECOVERY ROOM	114,398					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	343,337					
41	RADIOLOGY-DIAGNOSTIC	1,115,062					
41 01	CAT SCAN	1,692,403					
41 02	MAGNETIC RESONANCE IMAGIN	720,767					
44	LABORATORY	167,647					
49	RESPIRATORY THERAPY	76,762					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	123					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	312,093					
55	MEDICAL SUPPLIES CHARGED	532,200					
56	DRUGS CHARGED TO PATIENTS	897,845					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,022,176					
62	OBSERVATION BEDS (NON-DIS	228,351					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	8,351,489					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.427736	.427736			
38 RECOVERY ROOM	.393453	.393453			
39 DELIVERY ROOM & LABOR ROOM	.924173	.924173			
40 ANESTHESIOLOGY	.018380	.018380			
41 RADIOLOGY-DIAGNOSTIC	.307337	.307337			
41 01 CAT SCAN	.075572	.075572			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.111733	.111733			
44 LABORATORY	.238741	.238741			
49 RESPIRATORY THERAPY	.400251	.400251			
50 PHYSICAL THERAPY	.517506	.517506			
51 OCCUPATIONAL THERAPY	.492326	.492326			
52 SPEECH PATHOLOGY	4.278331	4.278331			
53 ELECTROCARDIOLOGY	.369191	.369191			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.422979	.422979			
56 DRUGS CHARGED TO PATIENTS	.266034	.266034			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.327486	.327486			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.813759	.813759			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	5	All Other (1)	PPS Services	Non-PPS	PPS Services	PPS Services
			01/01/08 upto 00/00/00	Services	00/00/00 thru 12/31/08	1/1/08 to 12/31/08
(A) ANCILLARY SRVC COST CNTRS			5.01	5.02	5.03	5.04
37 OPERATING ROOM			1,128,325			
38 RECOVERY ROOM			114,398			
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY			343,337			
41 RADIOLOGY-DIAGNOSTIC			1,115,062			
41 01 CAT SCAN			1,692,403			
41 02 MAGNETIC RESONANCE IMAGING (MRI)			720,767			
44 LABORATORY			167,647			
49 RESPIRATORY THERAPY			76,762			
50 PHYSICAL THERAPY						
51 OCCUPATIONAL THERAPY			123			
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY			312,093			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			532,200			
56 DRUGS CHARGED TO PATIENTS			897,845			
OUTPAT SERVICE COST CNTRS						
61 EMERGENCY			1,022,176			
62 OBSERVATION BEDS (NON-DISTINCT PART)			228,351			
101 SUBTOTAL			8,351,489			
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104 NET CHARGES			8,351,489			

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0102 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services 01/01/08 upto 00/00/00
	6	7	8	9	9.01
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					482,625
38 RECOVERY ROOM					45,010
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					6,311
41 RADIOLOGY-DIAGNOSTIC					342,700
41 01 CAT SCAN					127,898
41 02 MAGNETIC RESONANCE IMAGING (MRI)					80,533
44 LABORATORY					40,024
49 RESPIRATORY THERAPY					30,724
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					61
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					115,222
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					225,109
56 DRUGS CHARGED TO PATIENTS					238,857
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					334,748
62 OBSERVATION BEDS (NON-DISTINCT PART)					185,823
101 SUBTOTAL					2,255,645
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					2,255,645

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0102 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Non-PPS Services	PPS Services 00/00/00 thru 12/31/08	PPS Services 1/1/08 to 12/31/08	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.02	9.03	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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





Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D

I COMPONENT NO: I TO 12/31/2008 I PART II

I 15-0102 I

TITLE XIX HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		276,240	3,449,482	50,384		
38	RECOVERY ROOM		14,806	394,212			
39	DELIVERY ROOM & LABOR ROO		1,262	119,918	809		
40	ANESTHESIOLOGY		1,571	1,306,125			
41	RADIOLOGY-DIAGNOSTIC		156,871	4,060,164	118,158		
41 01	CAT SCAN		26,137	6,249,149	34,518		
41 02	MAGNETIC RESONANCE IMAGIN		19,376	2,425,545			
44	LABORATORY		101,690	6,440,290	182,556		
49	RESPIRATORY THERAPY		83,486	1,633,157	223,723		
50	PHYSICAL THERAPY		70,462	1,006,019	9,251		
51	OCCUPATIONAL THERAPY		11,370	351,440	4,623		
52	SPEECH PATHOLOGY		9,547	7,430			
53	ELECTROCARDIOLOGY		54,162	1,108,379	20,705		
55	MEDICAL SUPPLIES CHARGED		67,245	2,255,038	76,480		
56	DRUGS CHARGED TO PATIENTS		37,878	4,502,484	313,720		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		135,501	5,467,737	115,933		
62	OBSERVATION BEDS (NON-DIS		75,254	464,861	5,156		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,142,858	41,241,430	1,156,016		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0102 I  
 PPS

TITLE XIX HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.080082	4,035
38	RECOVERY ROOM	.037558	
39	DELIVERY ROOM & LABOR ROO	.010524	9
40	ANESTHESIOLOGY	.001203	
41	RADIOLOGY-DIAGNOSTIC	.038637	4,565
41 01	CAT SCAN	.004182	144
41 02	MAGNETIC RESONANCE IMAGIN	.007988	
44	LABORATORY	.015790	2,883
49	RESPIRATORY THERAPY	.051119	11,436
50	PHYSICAL THERAPY	.070040	648
51	OCCUPATIONAL THERAPY	.032353	150
52	SPEECH PATHOLOGY	1.284926	
53	ELECTROCARDIOLOGY	.048866	1,012
55	MEDICAL SUPPLIES CHARGED	.029820	2,281
56	DRUGS CHARGED TO PATIENTS	.008413	2,639
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.024782	2,873
62	OBSERVATION BEDS (NON-DIS	.161885	835
	OTHER REIMBURS COST CNTRS		
101	TOTAL		33,510

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE      I      PROVIDER NO:      I PERIOD:      I PREPARED 6/22/2009

SERVICE OTHER PASS THROUGH COSTS      I      15-0102      I FROM 1/ 1/2008      I WORKSHEET D

TITLE XIX      I      I TO 12/31/2008      I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					3,317	
26	INTENSIVE CARE UNIT					797	
31	SUBPROVIDER						
33	NURSERY					114	
101	TOTAL					4,228	

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE      I      PROVIDER NO:      I PERIOD:      I PREPARED 6/22/2009

SERVICE OTHER PASS THROUGH COSTS      I      15-0102      I FROM 1/ 1/2008      I WORKSHEET D

TITLE XIX      I      I TO 12/31/2008      I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		415
26	INTENSIVE CARE UNIT		37
31	SUBPROVIDER		
33	NURSERY		101
101	TOTAL		553

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART IV  
 I 15-0102 I

TITLE XIX 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	2	2.01	2.02	2.03
		1.01				
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	CAT SCAN					
41 02	MAGNETIC RESONANCE IMAGIN					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					



TITLE XIX HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	745,964					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	33,958					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,764,125					
41 01	CAT SCAN	876,626					
41 02	MAGNETIC RESONANCE IMAGIN						
44	LABORATORY	534,513					
49	RESPIRATORY THERAPY	63,678					
50	PHYSICAL THERAPY	146,675					
51	OCCUPATIONAL THERAPY	110,985					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	144,194					
55	MEDICAL SUPPLIES CHARGED	227,324					
56	DRUGS CHARGED TO PATIENTS	223,747					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,356,873					
62	OBSERVATION BEDS (NON-DIS	94,637					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6,323,299					

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)  
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0102 I I

TITLE XIX - O/P

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.399563				745,964
38	RECOVERY ROOM	.369055				
39	DELIVERY ROOM & LABOR ROOM	.870128				33,958
40	ANESTHESIOLOGY	.017263				
41	RADIOLOGY-DIAGNOSTIC	.287889				1,764,125
41 01	CAT SCAN	.071014				876,626
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.104917				
44	LABORATORY	.224231				534,513
49	RESPIRATORY THERAPY	.374889				63,678
50	PHYSICAL THERAPY	.484549				146,675
51	OCCUPATIONAL THERAPY	.462412				110,985
52	SPEECH PATHOLOGY	3.976178				
53	ELECTROCARDIOLOGY	.345727				144,194
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.397193				227,324
56	DRUGS CHARGED TO PATIENTS	.250251				223,747
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.307451				1,356,873
62	OBSERVATION BEDS (NON-DISTINCT PART)	.759763				94,637
101	SUBTOTAL					6,323,299
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					6,323,299

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0102 I I

TITLE XIX - O/P

HOSPITAL

PPS Services	Non-PPS	PPS Services	Outpatient	Outpatient
01/01/08 upto	Services	00/00/00 thru	Ambulatory	Radialogy
00/00/00		12/31/08	Surgical Ctr	

Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0102 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 01/01/08 upto 00/00/00	Non-PPS Services	PPS Services 00/00/00 thru 12/31/08
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		298,060			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM		29,548			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		507,872			
41 01 CAT SCAN		62,253			
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
44 LABORATORY		119,854			
49 RESPIRATORY THERAPY		23,872			
50 PHYSICAL THERAPY		71,071			
51 OCCUPATIONAL THERAPY		51,321			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		49,852			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		90,292			
56 DRUGS CHARGED TO PATIENTS		55,993			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		417,172			
62 OBSERVATION BEDS (NON-DISTINCT PART)		71,902			
101 SUBTOTAL		1,849,062			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,849,062			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,535
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,317
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,317
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	218
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)	1,810
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	196
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	174.94
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	2,748,218
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	38,137
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)	38,137
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	2,710,081
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,940,477
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,940,477
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.921647
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	886.49
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	2,710,081

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					817.03
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,478,824
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,478,824
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,058,368	797	1,327.94	414	549,767
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					1,942,763
49	TOTAL PROGRAM INPATIENT COSTS					3,971,354

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					338,603
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					175,009
52	TOTAL PROGRAM EXCLUDABLE COST					513,612
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					3,457,742

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					
55	TARGET AMOUNT PER DISCHARGE					
56	TARGET AMOUNT					
57	DIFERENCE 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)					34,288
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					34,288
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					

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-0102 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 463  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 817.03  
 85 OBSERVATION BED COST 378,285

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		2,710,081		378,285	
87 NEW CAPITAL-RELATED COST	539,130	2,710,081	.198935	378,285	75,254
88 NON PHYSICIAN ANESTHETIST		2,710,081		378,285	
89 MEDICAL EDUCATION		2,710,081		378,285	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,535
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,317
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,317
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)	218
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)	415
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)	114
16	NURSERY DAYS (TITLE V OR XIX ONLY)	101
	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	2,748,218
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	2,748,218
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,940,477
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,940,477
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.934616
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	886.49
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	2,748,218

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					828.53
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					343,840
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					343,840
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	160,351	114	1,406.59	101	142,066
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,058,368	797	1,327.94	37	49,134
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					367,151
49	TOTAL PROGRAM INPATIENT COSTS					902,191

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					76,104
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					33,510
52	TOTAL PROGRAM EXCLUDABLE COST					109,614
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					792,577

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					

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD  
 COMPUTATION OF INPATIENT OPERATING COST I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-0102 I I

TITLE XIX - I/P HOSPITAL PPS

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

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST  
 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 463  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 828.53  
 85 OBSERVATION BED COST 383,609

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		2,748,218		383,609	
87 NEW CAPITAL-RELATED COST	539,130	2,748,218	.196174	383,609	75,254
88 NON PHYSICIAN ANESTHETIST		2,748,218		383,609	
89 MEDICAL EDUCATION		2,748,218		383,609	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		1,853,408	
26	INTENSIVE CARE UNIT		684,984	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.427736	341,742	146,175
38	RECOVERY ROOM	.393453	43,028	16,929
39	DELIVERY ROOM & LABOR ROOM	.924173		
40	ANESTHESIOLOGY	.018380	128,072	2,354
41	RADIOLOGY-DIAGNOSTIC	.307337	274,240	84,284
41 01	CAT SCAN	.075572	684,036	51,694
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.111733	100,334	11,211
44	LABORATORY	.239410	1,069,692	256,095
49	RESPIRATORY THERAPY	.400251	827,278	331,119
50	PHYSICAL THERAPY	.517506	74,082	38,338
51	OCCUPATIONAL THERAPY	.492326	35,244	17,352
52	SPEECH PATHOLOGY	4.278331	4,455	19,060
53	ELECTROCARDIOLOGY	.369191	179,129	66,133
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.422979	586,155	247,931
56	DRUGS CHARGED TO PATIENTS	.266034	1,635,809	435,181
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.327486	573,778	187,904
62	OBSERVATION BEDS (NON-DISTINCT PART)	.813759	38,099	31,003
	OTHER REIMBURS COST CNTRS			
101	TOTAL		6,595,173	1,942,763
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		6,595,173	

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)  
 INPATIENT ANCILLARY SERVICE COST APPORTIONMENT I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-U102 I

TITLE XVIII, PART A SWING BED SNF PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.427736		
38	RECOVERY ROOM	.393453		
39	DELIVERY ROOM & LABOR ROOM	.924173		
40	ANESTHESIOLOGY	.018380		
41	RADIOLOGY-DIAGNOSTIC	.307337	6,586	2,024
41 01	CAT SCAN	.075572		
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.111733		
44	LABORATORY	.238741	24,803	5,921
49	RESPIRATORY THERAPY	.400251	52,903	21,174
50	PHYSICAL THERAPY	.517506	19,245	9,959
51	OCCUPATIONAL THERAPY	.492326	14,015	6,900
52	SPEECH PATHOLOGY	4.278331	489	2,092
53	ELECTROCARDIOLOGY	.369191	918	339
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.422979	30,398	12,858
56	DRUGS CHARGED TO PATIENTS	.266034	112,217	29,854
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.327486		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.813759		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		261,574	91,121
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		261,574	





PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	3,094,887	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,094,887	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	238,921	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	3,333,808	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,333,808	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	397,152	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	11,071	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,647	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	87,953	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	93,889	
22 SUBTOTAL	3,013,538	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	3,013,538	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,929,813	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	83,725	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. ----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,873,863		1,151,321
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.		67,554		78,870
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01			12/31/2008	282,622
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/13/2008	11,604	8/13/2008	2,894
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-11,604		279,728
4 TOTAL INTERIM PAYMENTS		2,929,813		1,509,919
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		83,725		65,285
7 TOTAL MEDICARE PROGRAM LIABILITY		3,013,538		1,575,204
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 SWING BED 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		62,472		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		62,472		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)	.01			
BASED ON COST REPORT (1)	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		62,472		
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  
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
I 15-0102 I FROM 1/ 1/2008 I  
I COMPONENT NO: I TO 12/31/2008 I WORKSHEET E-2  
I 15-U102 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	64,904	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	196	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	64,904	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	64,904	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	64,904	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	2,432	
14	80% OF PART B COSTS		
15	SUBTOTAL	62,472	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	62,472	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	62,472	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

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

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

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/22/2009
CALCULATION OF REIMBURSEMENT SETTLEMENT	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET E-3
	I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
	I	-	I		I	

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

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

TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES	1,849,062	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	1,849,062	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
10	SUBTOTAL	1,849,062	
11	COMPUTATION OF LESSER OF COST OR CHARGES		
12	REASONABLE CHARGES		
13	ROUTINE SERVICE CHARGES	333,377	
14	ANCILLARY SERVICE CHARGES	7,479,315	
15	INTERNS AND RESIDENTS SERVICE CHARGES		
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
17	TEACHING PHYSICIANS		
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
19	TOTAL REASONABLE CHARGES	7,812,692	
20	CUSTOMARY CHARGES		
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
22	PAYMENT FOR SERVICES ON A CHARGE BASIS		
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
26	RATIO OF LINE 17 TO LINE 18		
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	7,812,692	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,963,630	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
30	COST OF COVERED SERVICES	1,849,062	
31	PROSPECTIVE PAYMENT AMOUNT		
32	OTHER THAN OUTLIER PAYMENTS	350,256	
33	OUTLIER PAYMENTS		
34	PROGRAM CAPITAL PAYMENTS		
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
38	SUBTOTAL	2,199,318	
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	7,881,159	
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE	2,199,318	
41	XVIII ENTER AMOUNT FROM LINE 30		
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
44	EXCESS OF REASONABLE COST		
45	SUBTOTAL	2,199,318	
46	COINSURANCE		
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
54	UTILIZATION REVIEW		
55	SUBTOTAL (SEE INSTRUCTIONS)	2,199,318	
56	INPATIENT ROUTINE SERVICE COST		
57	MEDICARE INPATIENT ROUTINE CHARGES		
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
59	PAYMENT FOR SERVICES ON A CHARGE BASIS		
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
61	FOR PAYMENT OF PART A SERVICES		
62	RATIO OF LINE 43 TO 44		
63	TOTAL CUSTOMARY CHARGES		
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
68	REMOVE OP COST	-1,849,062	
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
71	SUBTOTAL	350,256	
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER	350,256	
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
76	INTERIM PAYMENTS	350,256	
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
78	BALANCE DUE PROVIDER/PROGRAM		

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III	
I	-	I		I		

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

TITLE XIX

HOSPITAL

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.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-130,697			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,908,490			
5 OTHER RECEIVABLES	79,291			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,186,357			
7 INVENTORY	761,567			
8 PREPAID EXPENSES	135,603			
9 OTHER CURRENT ASSETS	1,292			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	3,569,189			
FIXED ASSETS				
12 LAND	142,789			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION	-29,398			
14 BUILDINGS	4,888,165			
14.01 LESS ACCUMULATED DEPRECIATION	-1,540,401			
15 LEASEHOLD IMPROVEMENTS	3,834,367			
15.01 LESS ACCUMULATED DEPRECIATION	-184,588			
16 FIXED EQUIPMENT	1,925,375			
16.01 LESS ACCUMULATED DEPRECIATION	-295,658			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	2,299,032			
18.01 LESS ACCUMULATED DEPRECIATION	-982,366			
19 MINOR EQUIPMENT DEPRECIABLE	900,443			
19.01 LESS ACCUMULATED DEPRECIATION	-384,659			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	10,573,101			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	287,988			
26 TOTAL OTHER ASSETS	287,988			
27 TOTAL ASSETS	14,430,278			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	378,626			
29 SALARIES, WAGES & FEES PAYABLE	375,405			
30 PAYROLL TAXES PAYABLE	173,807			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	209,435			
36 TOTAL CURRENT LIABILITIES	1,137,273			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	12,727,536			
41 OTHER LONG TERM LIABILITIES	190,338			
42 TOTAL LONG-TERM LIABILITIES	12,917,874			
43 TOTAL LIABILITIES	14,055,147			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	375,131			
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	375,131			
52 TOTAL LIABILITIES AND FUND BALANCES	14,430,278			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET G-1  
 I I TO 12/31/2008 I

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		1,872,251		
OF PERIOD				
2 NET INCOME (LOSS)		-2,018,646		
3 TOTAL		-146,395		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
ADDITIONS (CREDIT ADJUSTM	521,526			
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS		521,526		
11 SUBTOTAL		375,131		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		375,131		
PERIOD PER BALANCE SHEET				

	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)				
ADDITIONS (CREDIT ADJUSTM				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET G-2  
 I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,940,477		2,940,477
2 00 SUBPROVIDER	90,391		90,391
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	3,030,868		3,030,868
10 00 INTENSIVE CARE UNIT	1,260,243		1,260,243
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,260,243		1,260,243
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,291,111		4,291,111
17 00 ANCILLARY SERVICES	11,347,627	24,991,668	36,339,295
18 00 OUTPATIENT SERVICES		4,902,135	4,902,135
19 00 HOME HEALTH AGENCY		2,289,698	2,289,698
23 00 HOSPICE		802,275	802,275
24 00 NURSERY	80,741		80,741
24 01 CLINICS		1,331,714	1,331,714
25 00 TOTAL PATIENT REVENUES	15,719,479	34,317,490	50,036,969

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		19,099,739	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		19,099,739	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0102 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 6/22/2009 I WORKSHEET G-3 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	50,036,969
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	30,070,109
3	NET PATIENT REVENUES	19,966,860
4	LESS: TOTAL OPERATING EXPENSES	19,099,739
5	NET INCOME FROM SERVICE TO PATIENTS	867,121
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	598
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	20,032
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	555
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	4,821
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	147,152
23	GOVERNMENTAL APPROPRIATIONS	
24	HPG	9,177
24.01	OTHER	241
25	TOTAL OTHER INCOME	182,576
26	TOTAL	1,049,697
	OTHER EXPENSES	
27	BAD DEBTS	3,059,904
28	GAIN ON DISPOSAL	3,917
29	OTHER	4,522
30	TOTAL OTHER EXPENSES	3,068,343
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,018,646

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)  
 ANALYSIS OF PROVIDER-BASED I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 HOME HEALTH AGENCY COSTS I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H  
 I HHA NO: I TO 12/31/2008 I  
 I 15-7101 I

		HHA 1					TOTAL
		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	
		1	2	3	4	5	6
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	187,992	13,912	1,930	9,873	92,696	306,403
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	460,966	36,249	42,698			539,913
7	PHYSICAL THERAPY	92,686	6,070	13,370			112,126
8	OCCUPATIONAL THERAPY	19,582		2,782			22,364
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES	48,395	4,766	6,332			59,493
11	HOME HEALTH AIDE	184,546	16,666	44,769			245,981
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	994,167	77,663	111,881	9,873	92,696	1,286,280

		RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION		
		7	8	9	10		
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	6,984	313,387	-8,732	304,655		
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE		539,913		539,913		
7	PHYSICAL THERAPY		112,126		112,126		
8	OCCUPATIONAL THERAPY		22,364		22,364		
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES		59,493		59,493		
11	HOME HEALTH AIDE		245,981		245,981		
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	6,984	1,293,264	-8,732	1,284,532		

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)  
 COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 HHA GENERAL SERVICE COST I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H-4  
 I HHA NO: I TO 12/31/2008 I PART I  
 I 15-7101 I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		304,655				304,655	304,655
HHA REIMBURSABLE SERVICES							
6		539,913				539,913	167,866
7		112,126				112,126	34,861
8		22,364				22,364	6,953
9							
10		59,493				59,493	18,497
11		245,981				245,981	76,478
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,284,532				1,284,532	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		707,779					
7		146,987					
8		29,317					
9							
10		77,990					
11		322,459					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,284,532					

Health Financial Systems  
 COST ALLOCATION -  
 HHA STATISTICAL BASIS

MCRIF32

FOR STARKE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H-4  
 I HHA NO: I TO 12/31/2008 I PART II  
 I 15-7101 I

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE )	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	5
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-304,655	979,877
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						539,913
7	PHYSICAL THERAPY						112,126
8	OCCUPATIONAL THERAPY						22,364
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES						59,493
11	HOME HEALTH AIDE						245,981
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-304,655	979,877
25	COST TO BE ALLOCATED						304,655
26	UNIT COST MULTIPLIER						.310911

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

FOR STARKE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2008 I PART I  
 I 15-7101 I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BEN EFITS	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6
	0	3	4	5		
1 ADMIN & GENERAL				26,143	26,143	5,159
2 SKILLED NURSING CARE	707,779			64,104	771,883	152,317
3 PHYSICAL THERAPY	146,987			12,889	159,876	31,548
4 OCCUPATIONAL THERAPY	29,317			2,723	32,040	6,322
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	77,990			6,730	84,720	16,718
7 HOME HEALTH AIDE	322,459			25,664	348,123	68,695
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,284,532			138,253	1,422,785	280,759
21 UNIT COST MULTIPLIER						

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

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

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

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

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

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

FOR STARKE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2008 I PART I  
 I 15-7101 I

HHA 1

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			31,302		31,302	
2 SKILLED NURSING CARE			924,200		924,200	17,300
3 PHYSICAL THERAPY			191,424		191,424	3,583
4 OCCUPATIONAL THERAPY			38,362		38,362	718
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES			101,438		101,438	1,899
7 HOME HEALTH AIDE			416,818		416,818	7,802
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			1,703,544		1,703,544	31,302
21 UNIT COST MULTIPLIER						0.018719

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

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

TOTAL HHA  
 COSTS  
 29

HHA COST CENTER	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	941,500
3 PHYSICAL THERAPY	195,007
4 OCCUPATIONAL THERAPY	39,080
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	103,337
7 HOME HEALTH AIDE	424,620
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	1,703,544
21 UNIT COST MULTIPLIER	

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

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

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

FOR STARKE MEMORIAL HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2008 I PART II  
 I 15-7101 I

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET ) 4	EMPLOYEE BEN EFITS (GROSS SALA ) RIES 5	RECONCILIATI ON 6A	ADMINISTRATI VE & GENERAL ( ACCUM. COST ) 6	OPERATION OF PLANT (SQUARE FEET ) 8
1	ADMIN & GENERAL		187,992		26,143	
2	SKILLED NURSING CARE		460,966		771,883	
3	PHYSICAL THERAPY		92,686		159,876	
4	OCCUPATIONAL THERAPY		19,582		32,040	
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES		48,395		84,720	
7	HOME HEALTH AIDE		184,546		348,123	
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)		994,167		1,422,785	
21	COST TO BE ALLOCATED		138,253		280,759	
22	UNIT COST MULIPLIER		0.139064		0.197331	

HHA COST CENTER	LAUNDRY & LI NEN SERVICE (PATIENT DAYS ) 9	HOUSEKEEPING (SQUARE FEET ) 10	DIETARY (PATIENT ) DAYS 11	CAFETERIA (FTE'S ) 12	NURSING ADMI NISTRATION (NURSING ) SALARIES 14	MEDICAL RECO RDS & LIBRAR (GROSS ) CHARGES 17
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULIPLIER					

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

FOR STARKE MEMORIAL HOSPITAL

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	H-5
I	HHA NO:	I	TO 12/31/2008	I	PART II	
I	15-7101	I		I		

HHA 1

SOCIAL SERVI  
CE  
(PATIENT  
DAYS )

HHA COST CENTER

18

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	941,500	2	941,500	7,375	127.66	2,580
2 PHYSICAL THERAPY	3	195,007		195,007	1,777	109.74	773
3 OCCUPATIONAL THERAPY	4	39,080		39,080	413	94.62	229
4 SPEECH PATHOLOGY	5						
5 MEDICAL SOCIAL SERVICES	6	103,337		103,337	802	128.85	279
6 HOME HEALTH AIDE SERVICE	7	424,620		424,620	11,740	36.17	1,146
7 TOTAL		1,703,544		1,703,544	22,107		5,007

PROGRAM VISITS	PART B		PART A	COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,670	9	329,363	10	670,215
2 PHYSICAL THERAPY		503	10	84,829	11	140,028
3 OCCUPATIONAL THERAPY		170	11	21,668	12	37,753
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES		348	12	35,949	13	80,789
6 HOME HEALTH AIDE SERVICES		2,483	14	41,451	15	131,261
7 TOTAL		6,174	15	513,260	16	1,060,046

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		6
8 SKILLED NURSING	1	2
8.01 SKILLED NURSING		3
9 PHYSICAL THERAPY		4
9.01 PHYSICAL THERAPY		5
10 OCCUPATIONAL THERAPY		6
10.01 OCCUPATIONAL THERAPY		7
11 SPEECH PATHOLOGY		8
11.01 SPEECH PATHOLOGY		9
12 MEDICAL SOCIAL SERVICES		10
12.01 MEDICAL SOCIAL SERVICES		11
13 HOME HEALTH AIDE SERVICE		12
13.01 HOME HEALTH AIDE SERVICE		13
14 TOTAL		14

PROGRAM VISITS	PART B		PART A	COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
14 TOTAL						

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				67,144		41,018
16 COST OF DRUGS	9.00				6,181		1,939
16.20 COST OF DRUGS	9.20						

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

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.517506			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.492326			COL 2, LN 3
3 SPEECH PATHOLOGY	52	4.278331			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.422979			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.266034			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS 4	PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998		
1 PHYSICAL THERAPY	1	109.74	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	3	94.62				
3 SPEECH PATHOLOGY	4					
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	I PROVIDER NO: I 15-0102 I HHA NO: I 15-7101	I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I	I PREPARED 6/22/2009 I WORKSHEET H-7 I PARTS I & II I
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TITLE XVIII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	701,903	774,159	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	701,903	774,159	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	701,903	774,159	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	508,281	523,211
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	5,696	6,398
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,896	12,122
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	1,247	3,554
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	1,776	1,531
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	194	121
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	521,090	546,937
13 EXCESS REASONABLE COST		
14 SUBTOTAL	521,090	546,937
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	521,090	546,937
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	521,090	546,937
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	521,090	546,937
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	521,090	546,937
25 INTERIM PAYMENTS	521,090	546,937
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (11/1998)  
 ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 PROGRAM BENEFICIARIES I 15-0102 I FROM 1/ 1/2008 I WORKSHEET H-8  
 I HHA NO: I TO 12/31/2008 I  
 I 15-7101 I

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		521,090		546,937
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		521,090		546,937
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		521,090		546,937
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.

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K (05/2007)  
 RECLASSIFICATION AND ADJUSTMENT I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 OF TRIAL BALANCE EXPENSES I 15-0102 I FROM 1/ 1/2008 I WORKSHEET K  
 I HOSPICE NO: I TO 12/31/2008 I  
 I 15-1579 I

HOSPICE 1

	SALARIES (FROM K-1)	EMPLOYEE BENEFITS (FROM K-2)	TRANSPORTATION (SEE INST.)	CONTRACTED SERVICES (FROM K-3)
	1	2	3	4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	11,283		17,712	
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE	123,411	9,174		
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE				
13.20 NURSING CARE-CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY				
15 OCCUPATIONAL THERAPY				
16 SPEECH/LANGUAGE PATHOLOGY				
17 MEDICAL SOCIAL SERVICES				
18 SPIRITUAL COUNSELING				
19 DIETARY COUNSELING				
20 COUNSELING - OTHER				
21 HOME HEALTH AIDE AND HOMEMAKER				
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
23 OTHER HOSPICE SERVICE COSTS				
24 OTHER				
25 DRUGS BIOLOGICAL AND INFUSION THERAPY				
26.30 ANALGESICS				
27.31 SEDATIVES / HYPNOTICS				
28.32 OTHER - SPECIFY				
29 DURABLE MEDICAL EQUIPMENT/OXYGEN				
30 PATIENT TRANSPORTATION				
31 IMAGING SERVICES				
32 LABS AND DIAGNOSTICS				
33 MEDICAL SUPPLIES				
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
35 RADIATION THERAPY				
36 CHEMOTHERAPY				
37 OTHER				
38 BEREAVEMENT PROGRAM COSTS				
39 VOLUNTEER PROGRAM COSTS				
40 FUNDRAISING				
41 OTHER PROGRAM COSTS				
42 TOTAL (SUM OF LINES 1 THRU 33)	134,694	9,174	17,712	

RECLASSIFICATION AND ADJUSTMENT	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
OF TRIAL BALANCE EXPENSES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

	OTHER	TOTAL (COLS. 1-5)	RECLASSIFICATIONS	SUBTOTAL (COL. 6 + COL. 7)
	5	6	7	8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	36,544	65,539	263	65,802
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE	53,483	186,068	-5,459	180,609
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE				
13.20 NURSING CARE-CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY				
15 OCCUPATIONAL THERAPY				
16 SPEECH/LANGUAGE PATHOLOGY				
17 MEDICAL SOCIAL SERVICES				
18 SPIRITUAL COUNSELING				
19 DIETARY COUNSELING				
20 COUNSELING - OTHER				
21 HOME HEALTH AIDE AND HOMEMAKER				
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
23 OTHER HOSPICE SERVICE COSTS				
24 OTHER				
25 DRUGS BIOLOGICAL AND INFUSION THERAPY	38,699	38,699	-38,205	494
26.30 ANALGESICS				
27.31 SEDATIVES / HYPNOTICS				
28.32 OTHER - SPECIFY				
29 DURABLE MEDICAL EQUIPMENT/OXYGEN				
30 PATIENT TRANSPORTATION				
31 IMAGING SERVICES				
32 LABS AND DIAGNOSTICS				
33 MEDICAL SUPPLIES				
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
35 RADIATION THERAPY				
36 CHEMOTHERAPY				
37 OTHER				
38 BEREAVEMENT PROGRAM COSTS				
39 VOLUNTEER PROGRAM COSTS				
40 FUNDRAISING				
41 OTHER PROGRAM COSTS				
42 TOTAL (SUM OF LINES 1 THRU 33)	128,726	290,306	-43,401	246,905

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K (05/2007)

RECLASSIFICATION AND ADJUSTMENT	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
OF TRIAL BALANCE EXPENSES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

	TOTAL
	(COL. 8
ADJUSTMENTS	+ COL. 9)
9	10

GENERAL SERVICE COST CENTERS	
1 CAPITAL RELATED COSTS-BLDG AND FIXT.	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3 PLANT OPERATION AND MAINTENANCE	
4 TRANSPORTATION - STAFF	
5 VOLUNTEER SERVICE COORDINATION	
6 ADMINISTRATIVE AND GENERAL	65,802
7 INPATIENT CARE SERVICE	
8 INPATIENT - GENERAL CARE	180,609
9 INPATIENT - RESPITE CARE	
10 VISITING SERVICES	
11 PHYSICIAN SERVICES	
12 NURSING CARE	
13.20 NURSING CARE-CONTINUOUS HOME CARE	
14 PHYSICAL THERAPY	
15 OCCUPATIONAL THERAPY	
16 SPEECH/LANGUAGE PATHOLOGY	
17 MEDICAL SOCIAL SERVICES	
18 SPIRITUAL COUNSELING	
19 DIETARY COUNSELING	
20 COUNSELING - OTHER	
21 HOME HEALTH AIDE AND HOMEMAKER	
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
23 OTHER HOSPICE SERVICE COSTS	
24 OTHER	
25 DRUGS BIOLOGICAL AND INFUSION THERAPY	494
26.30 ANALGESICS	
27.31 SEDATIVES / HYPNOTICS	
28.32 OTHER - SPECIFY	
29 DURABLE MEDICAL EQUIPMENT/OXYGEN	
30 PATIENT TRANSPORTATION	
31 IMAGING SERVICES	
32 LABS AND DIAGNOSTICS	
33 MEDICAL SUPPLIES	
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
35 RADIATION THERAPY	
36 CHEMOTHERAPY	
37 OTHER	
38 BEREAVEMENT PROGRAM COSTS	
39 VOLUNTEER PROGRAM COSTS	
40 FUNDRAISING	
41 OTHER PROGRAM COSTS	
42 TOTAL (SUM OF LINES 1 THRU 33)	246,905

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-1
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- 7 INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPITE CARE
- 9 VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10.20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 19 OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20.30 ANALGESICS
- 20.31 SEDATIVES / HYPNOTICS
- 20.32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-1
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				11,283
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	123,411			
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	123,411			11,283

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-1
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

TOTAL (1)  
9

GENERAL SERVICE COST CENTERS	
1 CAPITAL RELATED COSTS-BLDG AND FIXT.	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3 PLANT OPERATION AND MAINTENANCE	
4 TRANSPORTATION - STAFF	
5 VOLUNTEER SERVICE COORDINATION	
6 ADMINISTRATIVE AND GENERAL	11,283
7 INPATIENT CARE SERVICE	
8 INPATIENT - GENERAL CARE	123,411
9 INPATIENT - RESPITE CARE	
10 VISITING SERVICES	
11 PHYSICIAN SERVICES	
12 NURSING CARE	
13.20 NURSING CARE-CONTINUOUS HOME CARE	
14 PHYSICAL THERAPY	
15 OCCUPATIONAL THERAPY	
16 SPEECH/LANGUAGE PATHOLOGY	
17 MEDICAL SOCIAL SERVICES	
18 SPIRITUAL COUNSELING	
19 DIETARY COUNSELING	
20 COUNSELING - OTHER	
21 HOME HEALTH AIDE AND HOMEMAKER	
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
23 OTHER HOSPICE SERVICE COSTS	
24 OTHER	
25 DRUGS BIOLOGICAL AND INFUSION THERAPY	
26.30 ANALGESICS	
27.31 SEDATIVES / HYPNOTICS	
28.32 OTHER - SPECIFY	
29 DURABLE MEDICAL EQUIPMENT/OXYGEN	
30 PATIENT TRANSPORTATION	
31 IMAGING SERVICES	
32 LABS AND DIAGNOSTICS	
33 MEDICAL SUPPLIES	
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
35 RADIATION THERAPY	
36 CHEMOTHERAPY	
37 OTHER	
38 BEREAVEMENT PROGRAM COSTS	
39 VOLUNTEER PROGRAM COSTS	
40 FUNDRAISING	
41 OTHER PROGRAM COSTS	
42 TOTAL (SUM OF LINES 1 THRU 33)	134,694

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-2
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- 7 INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPITE CARE
- 9 VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10.20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 19 OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20.30 ANALGESICS
- 20.31 SEDATIVES / HYPNOTICS
- 20.32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-2
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE	9,174			
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE				
13.20 NURSING CARE-CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY				
15 OCCUPATIONAL THERAPY				
16 SPEECH/LANGUAGE PATHOLOGY				
17 MEDICAL SOCIAL SERVICES				
18 SPIRITUAL COUNSELING				
19 DIETARY COUNSELING				
20 COUNSELING - OTHER				
21 HOME HEALTH AIDE AND HOMEMAKER				
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
23 OTHER HOSPICE SERVICE COSTS				
24 OTHER				
25 DRUGS BIOLOGICAL AND INFUSION THERAPY				
26.30 ANALGESICS				
27.31 SEDATIVES / HYPNOTICS				
28.32 OTHER - SPECIFY				
29 DURABLE MEDICAL EQUIPMENT/OXYGEN				
30 PATIENT TRANSPORTATION				
31 IMAGING SERVICES				
32 LABS AND DIAGNOSTICS				
33 MEDICAL SUPPLIES				
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
35 RADIATION THERAPY				
36 CHEMOTHERAPY				
37 OTHER				
38 BEREAVEMENT PROGRAM COSTS				
39 VOLUNTEER PROGRAM COSTS				
40 FUNDRAISING				
41 OTHER PROGRAM COSTS				
42 TOTAL (SUM OF LINES 1 THRU 33)	9,174			

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-2
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

TOTAL (1)  
9

GENERAL SERVICE COST CENTERS	
1 CAPITAL RELATED COSTS-BLDG AND FIXT.	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3 PLANT OPERATION AND MAINTENANCE	
4 TRANSPORTATION - STAFF	
5 VOLUNTEER SERVICE COORDINATION	
6 ADMINISTRATIVE AND GENERAL	
INPATIENT CARE SERVICE	
7 INPATIENT - GENERAL CARE	9,174
8 INPATIENT - RESPITE CARE	
VISITING SERVICES	
9 PHYSICIAN SERVICES	
10 NURSING CARE	
10.20 NURSING CARE-CONTINUOUS HOME CARE	
11 PHYSICAL THERAPY	
12 OCCUPATIONAL THERAPY	
13 SPEECH/LANGUAGE PATHOLOGY	
14 MEDICAL SOCIAL SERVICES	
15 SPIRITUAL COUNSELING	
16 DIETARY COUNSELING	
17 COUNSELING - OTHER	
18 HOME HEALTH AIDE AND HOMEMAKER	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS	
19 OTHER	
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30 ANALGESICS	
20.31 SEDATIVES / HYPNOTICS	
20.32 OTHER - SPECIFY	
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
22 PATIENT TRANSPORTATION	
23 IMAGING SERVICES	
24 LABS AND DIAGNOSTICS	
25 MEDICAL SUPPLIES	
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27 RADIATION THERAPY	
28 CHEMOTHERAPY	
29 OTHER	
30 BEREAVEMENT PROGRAM COSTS	
31 VOLUNTEER PROGRAM COSTS	
32 FUNDRAISING	
33 OTHER PROGRAM COSTS	
34 TOTAL (SUM OF LINES 1 THRU 33)	9,174

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
HOSPICE GENERAL SERVICE COST	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2008	I	PART	I
	I	15-1579	I		I		

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	65,802			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	180,609			
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	494			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	246,905			

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)

COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET K-4  
 HOSPICE GENERAL SERVICE COST I HOSPICE NO: I TO 12/31/2008 I PART I  
 I 15-1579 I

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINISTRATIVE & GENERAL 6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			65,802	65,802
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			180,609	65,623
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			494	179
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			181,103	65,802

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
HOSPICE GENERAL SERVICE COST	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2008	I	PART	I
	I	15-1579	I		I		

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	246,232
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	673
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	246,905

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
HOSPICE STATISTICAL BASIS	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
	I	15-1579	I		I		

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQURE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQURE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-II (05/2007)

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
HOSPICE STATISTICAL BASIS	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
	I	15-1579	I		I		

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
GENERAL SERVICE COST CENTERS	5		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL		-65,802	181,103
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			180,609
8 INPATIENT - RESPITE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE			
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES			
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			494
20.30 ANALGESICS			
20.31 SEDATIVES / HYPNOTICS			
20.32 OTHER - SPECIFY			
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
22 PATIENT TRANSPORTATION			
23 IMAGING SERVICES			
24 LABS AND DIAGNOSTICS			
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30			
31			
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)			65,802
35 UNIT COST MULTIPLIER	.000000		.363340

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2008 I PART I  
 I 15-1579 I I

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7	246,232			18,731
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	673			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		246,905			18,731
30.00 UNIT COST MULIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	264,963	52,284		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	673	133		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	265,636	52,417		
30.00 UNIT COST MULIPLIER				



Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-5
COST CENTERS	I	HOSPICE NO:	I	TO 12/31/2008	I	PART I	
	I	15-1579	I		I		

HOSPICE 1

	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD
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HOSPICE COST CENTER	17	18	25	26
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	9,334		326,581	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			806	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	9,334		327,387	
30.00 UNIT COST MULTIPLIER				



Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
COST CENTERS	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 12/31/2008	I	PART I	
	I	15-1579	I		I		

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	29
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE	326,581		326,581
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	806		806
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	327,387		327,387
30.00 UNIT COST MULTIPLIER		.000000	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.  
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-5
I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
I	15-1579	I		I		

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALA RIES)	RECONCILIATION 6A
	3	4	5	
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			134,694	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			134,694	
30.00 TOTAL COST TO BE ALLOCATED			18,731	
31.00 UNIT COST MULIPLIER	.000000	.000000	.139063	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)
	6	8	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	264,963			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	673			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				



Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-5
COST CENTERS - STATISTICAL BASIS	I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
	I	15-1579	I		I		

HOSPICE 1

	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
HOSPICE COST CENTER	6	8	9	10
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	265,636			
30.00 TOTAL COST TO BE ALLOCATED	52,417			
31.00 UNIT COST MULTIPLIER	.197326	.000000	.000000	.000000
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	(PATIENT DAYS)	(FTE'S)	(NURSING SALARIES)	(GROSS CHARGES)
	11	12	14	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				802,275
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				802,275
30.00 TOTAL COST TO BE ALLOCATED				9,334
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.011634

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
COST CENTERS - STATISTICAL BASIS	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
	I	15-1579	I		I		

HOSPICE 1

SOCIAL SERVICE

HOSPICE COST CENTER

(PATIENT DAYS)

18

1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28)	
30.00 TOTAL COST TO BE ALLOCATED	
31.00 UNIT COST MULTIPLIER	.000000

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-III (09/2000)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 COST CENTERS - STATISTICAL BASIS I 15-0102 I FROM 1/ 1/2008 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2008 I PART III  
 I 15-1579 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.517506	
2	OCCUPATIONAL THERAPY	51	.492326	
3	SPEECH PATHOLOGY	52	4.278331	
4	DRUGS CHARGED TO PATIENTS	56	.266034	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.238741	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.422979	
8	EMERGENCY	61	.327486	
9	RADIOLOGY-DIAGNOSTIC	41	.307337	
9.01	CAT SCAN	41.01	.075572	
9.02	MAGNETIC RESONANCE IMAGING (MRI)	41.02	.111733	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

Health Financial Systems      MCRIF32      FOR STARKE MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96-K-6 (09/2000)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/22/2009
CALCULATION OF PER DIEM COST	I	15-0102	I	FROM 1/ 1/2008	I	WORKSHEET	K-6
	I	HOSPICE NO:	I	TO 12/31/2008	I		
	I	15-1579	I		I		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1				327,387
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	238,921
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	9.98
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	238,921

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

Health Financial Systems MCRIF32 FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (2/2006)

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2009  
 I 15-0102 I FROM 1/ 1/2008 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV  
 I 15-0102 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS  
 CAPITAL FEDERAL AMOUNT  
 2 CAPITAL DRG OTHER THAN OUTLIER  
 3 CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997  
 3 .01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997  
 INDIRECT MEDICAL EDUCATION ADJUSTMENT  
 4 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS .00  
 IN THE COST REPORTING PERIOD  
 4 .01 NUMBER OF INTERNS AND RESIDENTS .00  
 (SEE INSTRUCTIONS)  
 4 .02 INDIRECT MEDICAL EDUCATION PERCENTAGE .00  
 4 .03 INDIRECT MEDICAL EDUCATION ADJUSTMENT  
 (SEE INSTRUCTIONS)  
 5 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO .00  
 MEDICARE PART A PATIENT DAYS  
 5 .01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL .00  
 DAYS REPORTED ON S-3, PART I  
 5 .02 SUM OF 5 AND 5.01 .00  
 5 .03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE .00  
 5 .04 DISPROPORTIONATE SHARE ADJUSTMENT  
 6 TOTAL PROSPECTIVE CAPITAL PAYMENTS

PART II - HOLD HARMLESS METHOD

1 NEW CAPITAL  
 2 OLD CAPITAL  
 3 TOTAL CAPITAL  
 4 RATIO OF NEW CAPITAL TO OLD CAPITAL .000000  
 5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE  
 6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT  
 7 REDUCED OLD CAPITAL AMOUNT  
 8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL  
 9 SUBTOTAL  
 10 PAYMENT UNDER HOLD HARMLESS

PART III - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST  
 2 PROGRAM INPATIENT ANCILLARY CAPITAL COST  
 3 TOTAL INPATIENT PROGRAM CAPITAL COST  
 4 CAPITAL COST PAYMENT FACTOR  
 5 TOTAL INPATIENT PROGRAM CAPITAL COST  
 PART IV - COMPUTATION OF EXCEPTION PAYMENTS  
 1 PROGRAM INPATIENT CAPITAL COSTS  
 2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY  
 CIRCUMSTANCES  
 3 NET PROGRAM INPATIENT CAPITAL COSTS  
 4 APPLICABLE EXCEPTION PERCENTAGE .00  
 5 CAPITAL COST FOR COMPARISON TO PAYMENTS  
 6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY .00  
 CIRCUMSTANCES

7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL  
 FOR EXTRAORDINARY CIRCUMSTANCES  
 8 CAPITAL MINIMUM PAYMENT LEVEL  
 9 CURRENT YEAR CAPITAL PAYMENTS  
 10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT  
 LEVEL TO CAPITAL PAYMENTS  
 11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT  
 LEVEL OVER CAPITAL PAYMENT  
 12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL  
 TO CAPITAL PAYMENTS  
 13 CURRENT YEAR EXCEPTION PAYMENT  
 14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT  
 LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD  
 15 CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT  
 16 CURRENT YEAR OPERATING AND CAPITAL COSTS  
 17 CURRENT YEAR EXCEPTION OFFSET AMOUNT  
 (SEE INSTRUCTIONS)

\*\*\*FINGERPRINT Line 1 0v9NaH3otmA4G.2xbrGua:XnAeG1k0  
 \*\*\*FINGERPRINT Line 2 7BIuq0vWpsdaMo:3bzwqZxhRgAVbJJs  
 \*\*\*FINGERPRINT Line 3 wP0j60:umZ0PkvRc