

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		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0170		FROM 5/20/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2009 TIME 19:39

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: SURGICAL HOSPITAL OF MUNSTER 15-0170 FOR THE COST REPORTING PERIOD BEGINNING 5/20/2008 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		
1	HOSPITAL	0	83,227	1	0		
100	TOTAL	0	83,227	1	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 WAGE INDEX INFORMATION

PROVIDER NO: 15-0170
 PERIOD: FROM 5/20/2008 TO 12/31/2008
 PREPARED 5/31/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	1,389,832		1,389,832	57,096.00	24.34	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	301,620		301,620			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	218,039		218,039	9,828.00	22.19	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	63,090		63,090	1,664.00	37.91	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	17,224		17,224	1,664.00	10.35	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	1,389,832		1,389,832	57,096.00	24.34	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	1,389,832		1,389,832	57,096.00	24.34	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	301,620		301,620		21.70	
6 TOTAL	1,691,452		1,691,452	57,096.00	29.62	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED
15-0170	FROM 5/20/2008	5/31/2009
	TO 12/31/2008	WORKSHEET S-3
		PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
12 TOTAL						
13 TOTAL OVERHEAD COSTS	298,353		298,353	13,156.00	22.68	

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) .503010
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		412,468	412,468	875,993	1,288,461
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS		301,621	301,621		301,621
6	0600 ADMINISTRATIVE & GENERAL	218,039	735,476	953,515	2,916	956,431
8	0800 OPERATION OF PLANT		969,580	969,580	-678,308	291,272
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING		90,032	90,032		90,032
11	1100 DIETARY					
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	63,090	5,430	68,520		68,520
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	17,224	1,698	18,922		18,922
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	246,214	87,291	333,505	-233,026	100,479
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	406,147	548,081	954,228	-223,988	730,240
38	3800 RECOVERY ROOM	404,671	16,569	421,240	1,989	423,229
40	4000 ANESTHESIOLOGY		130,850	130,850	-38,194	92,656
41	4100 RADIOLOGY-DIAGNOSTIC		12,864	12,864	-181	12,683
44	4400 LABORATORY		7,505	7,505		7,505
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	34,447	7,352	41,799	459,217	501,016
56	5600 DRUGS CHARGED TO PATIENTS		50,875	50,875	34,183	85,058
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		200,601	200,601	-200,601	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	1,389,832	3,578,293	4,968,125	-0-	4,968,125
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
101	TOTAL	1,389,832	3,578,293	4,968,125	-0-	4,968,125

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0170

PERIOD: FROM 5/20/2008 TO 12/31/2008

PREPARED 5/31/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	14,048	1,302,509
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS		301,621
6	0600 ADMINISTRATIVE & GENERAL	-44,833	911,598
8	0800 OPERATION OF PLANT	123,043	414,315
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		90,032
11	1100 DIETARY		
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		68,520
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY		18,922
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-68,941	31,538
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		730,240
38	3800 RECOVERY ROOM		423,229
40	4000 ANESTHESIOLOGY	-91,695	961
41	4100 RADIOLOGY-DIAGNOSTIC		12,683
44	4400 LABORATORY		7,505
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	55,591	556,607
56	5600 DRUGS CHARGED TO PATIENTS		85,058
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	-12,787	4,955,338
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
101	TOTAL	-12,787	4,955,338

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0170
 PERIOD: FROM 5/20/2008 TO 12/31/2008
 PREPARED 5/31/2009
 NOT A CMS WORKSHEET

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	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150170

PERIOD:
FROM 5/20/2008
TO 12/31/2008

PREPARED 5/31/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PLANT OPS TO PROPER CC	A				
2		NEW CAP REL COSTS-BLDG & FIXT	3		650,215
3		ADMINISTRATIVE & GENERAL	6		28,093
4 INTEREST EXPENSE TO PROPER CC	B				
5		NEW CAP REL COSTS-BLDG & FIXT	3		194,564
6		ADMINISTRATIVE & GENERAL	6		6,037
7 CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		459,217
8					
9					
10					
11					
12					
13 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		34,183
14					
15					
16					
17 PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		31,214
18					
19 REALLOCATE ROUTINE SALARIES	F				
20		RECOVERY ROOM	38	16,940	
21		OPERATING ROOM	37	204,697	
36 TOTAL RECLASSIFICATIONS				221,637	1,403,523

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

RECLASSIFICATIONS

PROVIDER NO:
150170

PERIOD:
FROM 5/20/2008
TO 12/31/2008

PREPARED 5/31/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER	LINE NO	SALARY	OTHER	
1 PLANT OPS TO PROPER CC	A	6	7	8	9	10
2						
3						
4 INTEREST EXPENSE TO PROPER CC	B		88			11
5						
6						
7 CHARGEABLE MEDICAL SUPPLIES	C					
8						
9						
10						
11						
12						
13 CHARGEABLE DRUGS	D					
14						
15						
16						
17 PROPERTY INSURANCE	E					12
18						
19 REALLOCATE ROUTINE SALARIES	F					
20						
21						
36 TOTAL RECLASSIFICATIONS				221,637	1,403,523	

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

RECLASSIFICATIONS

PROVIDER NO:
150170

PERIOD:
FROM 5/20/2008
TO 12/31/2008

PREPARED 5/31/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PLANT OPS TO PROPER CC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	OPERATION OF PLANT	8	678,308	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	650,215			0	
3.00	ADMINISTRATIVE & GENERAL	6	28,093			0	
TOTAL RECLASSIFICATIONS FOR CODE A			678,308			678,308	

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE TO PROPER CC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	INTEREST EXPENSE	88	200,601	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	194,564			0	
3.00	ADMINISTRATIVE & GENERAL	6	6,037			0	
TOTAL RECLASSIFICATIONS FOR CODE B			200,601			200,601	

RECLASS CODE: C
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	459,217	ADULTS & PEDIATRICS	25	3,832	
2.00			0	RECOVERY ROOM	38	11,835	
3.00			0	OPERATING ROOM	37	405,175	
4.00			0	ANESTHESIOLOGY	40	38,194	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	181	
6.00			0			0	
TOTAL RECLASSIFICATIONS FOR CODE C			459,217			459,217	

RECLASS CODE: D
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	34,183	ADULTS & PEDIATRICS	25	7,557	
2.00			0	RECOVERY ROOM	38	3,116	
3.00			0	OPERATING ROOM	37	23,510	
4.00			0			0	
TOTAL RECLASSIFICATIONS FOR CODE D			34,183			34,183	

RECLASS CODE: E
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	31,214	ADMINISTRATIVE & GENERAL	6	31,214	
2.00			0			0	
TOTAL RECLASSIFICATIONS FOR CODE E			31,214			31,214	

RECLASS CODE: F
EXPLANATION : REALLOCATE ROUTINE SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	ADULTS & PEDIATRICS	25	221,637	
2.00	RECOVERY ROOM	38	16,940			0	
3.00	OPERATING ROOM	37	204,697			0	
TOTAL RECLASSIFICATIONS FOR CODE F			221,637			221,637	

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
				3 COST CENTER	4		
1	INVST INCOME-OLD BLDGS AND FIXTURES	B		**COST CENTER DELETED**	1		
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
3	INVST INCOME-NEW BLDGS AND FIXTURES		-2,149	NEW CAP REL COSTS-BLDG &	3		11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	A	-345	ADMINISTRATIVE & GENERAL	6		
10	TELEVISION AND RADIO SERVICE	A	-1,928	OPERATION OF PLANT	8		
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-160,636				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS						
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS						
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	50		
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1		
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51		
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52		
37	PROMOTIO EXPENSE	A	-27,968	ADMINISTRATIVE & GENERAL	6		
38	TAXES	A	-9,870	ADMINISTRATIVE & GENERAL	6		
39	EXTRAORDINARY FLOOD COSTS CRC	A	323,945	NEW CAP REL COSTS-BLDG &	3		9
40	EXT FLOOD COSTS CRC DEFERRED	A	-307,748	NEW CAP REL COSTS-BLDG &	3		9
41	EXTRAORDINARY FLOOD COSTS R&M	A	124,971	OPERATION OF PLANT	8		
42	EXTRAORDINARY FLOOD COSTS MSCP	A	55,591	MEDICAL SUPPLIES CHARGED	55		
43	ASSOCIATION DUES	A	-2,000	ADMINISTRATIVE & GENERAL	6		
44	OTHER REVENUE	A	-4,650	ADMINISTRATIVE & GENERAL	6		
45	OTHER ADJUSTMENTS (SPECIFY)						
46	OTHER ADJUSTMENTS (SPECIFY)						
47	OTHER ADJUSTMENTS (SPECIFY)						
48	OTHER ADJUSTMENTS (SPECIFY)						
49	OTHER ADJUSTMENTS (SPECIFY)						
50	TOTAL (SUM OF LINES 1 THRU 49)		-12,787				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0170
I

I PERIOD:
I FROM 5/20/2008 I PREPARED 5/31/2009
I TO 12/31/2008 I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
25	GL 600.200	68,941	68,941					
40	GL655.200	91,695	91,695					
101	TOTAL	160,636	160,636					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0170

PERIOD: FROM 5/20/2008 TO 12/31/2008

PREPARED 5/31/2009 WORKSHEET A-8-2 GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	25	GL 600.200							68,941
2	40	GL655.200							91,695
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							160,636

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E	1,302,509	1,302,509					
005 EMPLOYEE BENEFITS	301,621			301,621			
006 ADMINISTRATIVE & GENERAL	911,598	271,521		47,319	1,230,438	1,230,438	
008 OPERATION OF PLANT	414,315	109,766			524,081	173,119	697,200
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	90,032				90,032	29,740	
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	68,520			13,692	82,212	27,157	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	18,922			3,738	22,660	7,485	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	31,538	410,605		5,334	447,477	147,814	310,754
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	730,240	272,004		132,564	1,134,808	374,858	205,858
038 RECOVERY ROOM	423,229	126,060		91,498	640,787	211,670	95,405
040 ANESTHESIOLOGY	961				961	317	
041 RADIOLOGY-DIAGNOSTIC	12,683				12,683	4,190	
044 LABORATORY	7,505				7,505	2,479	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	556,607	112,553		7,476	676,636	223,512	85,183
056 DRUGS CHARGED TO PATIENTS	85,058				85,058	28,097	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	4,955,338	1,302,509		301,621	4,955,338	1,230,438	697,200
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	4,955,338	1,302,509		301,621	4,955,338	1,230,438	697,200

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
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		119,772					
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION					109,369		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY						3,934	
037 INPAT ROUTINE SRVC CNTRS							
038 ADULTS & PEDIATRICS		53,384				3,265	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		35,364				59,170	
044 RECOVERY ROOM		16,390				39,066	
045 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC							
047 LABORATORY							
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
053 BLOOD STORING, PROCESSING							
054 INTRAVENOUS THERAPY							
055 RESPIRATORY THERAPY							
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED		14,634				3,934	
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
092 OUTPAT SERVICE COST CNTRS							
095 CLINIC							
096 EMERGENCY							
097 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
099 AMBULATORY SURGICAL CENTE							
101 SUBTOTALS		119,772				109,369	
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
104 RESEARCH							
105 PHYSICIANS' PRIVATE OFFIC							
106 NONPAID WORKERS							
107 CROSS FOOT ADJUSTMENT							
108 NEGATIVE COST CENTER							
109 TOTAL		119,772				109,369	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	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				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
025 MEDICAL RECORDS & LIBRARY	34,079			
INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS	149	962,843		962,843
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	24,322	1,834,380		1,834,380
038 RECOVERY ROOM	2,015	1,005,333		1,005,333
040 ANESTHESIOLOGY	2,057	3,335		3,335
041 RADIOLOGY-DIAGNOSTIC	494	17,367		17,367
044 LABORATORY	35	10,019		10,019
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED	3,504	1,007,403		1,007,403
056 DRUGS CHARGED TO PATIENTS	1,503	114,658		114,658
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY				
OBSERVATION BEDS (NON-DIS				
SPEC PURPOSE COST CENTERS				
092 AMBULATORY SURGICAL CENTE				
095 SUBTOTALS	34,079	4,955,338		4,955,338
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC				
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	34,079	4,955,338		4,955,338

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0170
 PERIOD: FROM 5/20/2008 TO 12/31/2008
 PREPARED 5/31/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL		271,521		271,521		271,521	
009 OPERATION OF PLANT		109,766		109,766		38,202	147,968
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING						6,563	
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION						5,993	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY						1,652	
037 INPAT ROUTINE SRVC CNTRS							
038 ADULTS & PEDIATRICS		410,605		410,605		32,618	65,952
040 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		272,004		272,004		82,718	43,690
045 RECOVERY ROOM		126,060		126,060		46,710	20,248
046 ANESTHESIOLOGY						70	
047 RADIOLOGY-DIAGNOSTIC						925	
048 LABORATORY						547	
053 PBP CLINICAL LAB SERVICES							
054 WHOLE BLOOD & PACKED RED							
055 BLOOD STORING, PROCESSING							
056 INTRAVENOUS THERAPY							
057 RESPIRATORY THERAPY							
058 ELECTROCARDIOLOGY							
060 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED		112,553		112,553		49,323	18,078
062 DRUGS CHARGED TO PATIENTS						6,200	
063 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
067 EMERGENCY							
068 OBSERVATION BEDS (NON-DIS							
069 SPEC PURPOSE COST CENTERS							
070 AMBULATORY SURGICAL CENTE							
071 SUBTOTALS		1,302,509		1,302,509		271,521	147,968
072 NONREIMBURS COST CENTERS							
073 GIFT, FLOWER, COFFEE SHOP							
074 RESEARCH							
075 PHYSICIANS' PRIVATE OFFIC							
076 NONPAID WORKERS							
077 CROSS FOOT ADJUSTMENTS							
078 NEGATIVE COST CENTER							
079 TOTAL		1,302,509		1,302,509		271,521	147,968

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
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		6,563					
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION					5,993		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY						216	
037 INPAT ROUTINE SRVC CNTRS							
038 ADULTS & PEDIATRICS		2,925				179	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		1,938				3,241	
044 RECOVERY ROOM		898				2,141	
045 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC							
047 LABORATORY							
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
053 BLOOD STORING, PROCESSING							
054 INTRAVENOUS THERAPY							
055 RESPIRATORY THERAPY							
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED		802				216	
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
092 OUTPAT SERVICE COST CNTRS							
095 CLINIC							
096 EMERGENCY							
097 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
099 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		6,563				5,993	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL		6,563				5,993	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0170
 PERIOD: FROM 5/20/2008 TO 12/31/2008
 PREPARED 5/31/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	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				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	1,868			
025 INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS	8	512,287		512,287
037 ANCILLARY SRVC COST CNTRS				
OPERATING ROOM	1,332	404,923		404,923
038 RECOVERY ROOM	111	196,168		196,168
040 ANESTHESIOLOGY	113	183		183
041 RADIOLOGY-DIAGNOSTIC	27	952		952
044 LABORATORY	2	549		549
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED	192	181,164		181,164
056 DRUGS CHARGED TO PATIENTS	83	6,283		6,283
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY				
OBSERVATION BEDS (NON-DIS				
SPEC PURPOSE COST CENTERS				
092 AMBULATORY SURGICAL CENTE				
095 SUBTOTALS	1,868	1,302,509		1,302,509
096 NONREIMBURS COST CENTERS				
097 GIFT, FLOWER, COFFEE SHOP				
098 RESEARCH				
099 PHYSICIANS' PRIVATE OFFIC				
101 NONPAID WORKERS				
102 CROSS FOOT ADJUSTMENTS				
103 NEGATIVE COST CENTER				
TOTAL	1,868	1,302,509		1,302,509

COST ALLOCATION - STATISTICAL BASIS

15-0170

FROM 5/20/2008

WORKSHEET B-1

1

TO 12/31/2008

1

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE OPERATION OF	
		OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	
		(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
		3	4	5	6a.00	6	8
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	24,302					
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS			1,389,832			
006	ADMINISTRATIVE & GENE	5,066		218,039	-1,230,438	3,724,900	
008	OPERATION OF PLANT	2,048				524,081	17,188
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING					90,032	
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION			63,090		82,212	
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB			17,224		22,660	
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	7,661		24,577		447,477	7,661
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	5,075		610,844		1,134,808	5,075
038	RECOVERY ROOM	2,352		421,611		640,787	2,352
040	ANESTHESIOLOGY					961	
041	RADIOLOGY-DIAGNOSTIC					12,683	
044	LABORATORY					7,505	
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR	2,100		34,447		676,636	2,100
056	DRUGS CHARGED TO PATI					85,058	
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR						
	OUTPAT SERVICE COST C						
060	CLINIC						
061	EMERGENCY						
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
092	AMBULATORY SURGICAL C						
095	SUBTOTALS	24,302		1,389,832	-1,230,438	3,724,900	17,188
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						
097	RESEARCH						
098	PHYSICIANS' PRIVATE O						
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	1,302,509		301,621		1,230,438	697,200
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	53.596782		.217020		.330328	40.563184
	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED					271,521	147,968
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER					.072894	8.608797
	(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(MEALS)ERVED	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	
GENERAL SERVICE COST	9	10	11	12	14	15	16	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING		17,188						
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION					2,780			
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY					100			
025 INPAT ROUTINE SRVC CNTR								
ADULTS & PEDIATRICS		7,661			83			
037 ANCILLARY SRVC COST CENTER								
OPERATING ROOM		5,075			1,504			
038 RECOVERY ROOM		2,352			993			
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								
044 LABORATORY								
045 PBP CLINICAL LAB SERVICE								
046 WHOLE BLOOD & PACKED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY								
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED TO PATIENT		2,100			100			
056 DRUGS CHARGED TO PATIENT								
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PARAPATIENT)								
060 OUTPAT SERVICE COST CENTER								
061 CLINIC								
062 EMERGENCY								
OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)								
092 AMBULATORY SURGICAL CENTER								
095 SUBTOTALS		17,188			2,780			
NONREIMBURS COST CENTER								
096 GIFT, FLOWER, COFFEE								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		119,772			109,369			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		6.968350			39.341367			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		6,563			5,993			
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.381836			2.155755			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,834,380	404,923	1,429,457			1,834,380
38	RECOVERY ROOM	1,005,333	196,168	809,165			1,005,333
40	ANESTHESIOLOGY	3,335	183	3,152			3,335
41	RADIOLOGY-DIAGNOSTIC	17,367	952	16,415			17,367
44	LABORATORY	10,019	549	9,470			10,019
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,007,403	181,164	826,239			1,007,403
56	DRUGS CHARGED TO PATIENTS	114,658	6,283	108,375			114,658
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,992,495	790,222	3,202,273			3,992,495
102	LESS OBSERVATION BEDS						
103	TOTAL	3,992,495	790,222	3,202,273			3,992,495

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,834,380	404,923	1,429,457	40,492	82,909	1,710,979
38	RECOVERY ROOM	1,005,333	196,168	809,165	19,617	46,932	938,784
40	ANESTHESIOLOGY	3,335	183	3,152	18	183	3,134
41	RADIOLOGY-DIAGNOSTIC	17,367	952	16,415	95	952	16,320
44	LABORATORY	10,019	549	9,470	55	549	9,415
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,007,403	181,164	826,239	18,116	47,922	941,365
56	DRUGS CHARGED TO PATIENTS	114,658	6,283	108,375	628	6,286	107,744
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,992,495	790,222	3,202,273	79,021	185,733	3,727,741
102	LESS OBSERVATION BEDS						
103	TOTAL	3,992,495	790,222	3,202,273	79,021	185,733	3,727,741

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,030,521	.243364	.255157
38	RECOVERY ROOM	582,661	1.611201	1.691749
40	ANESTHESIOLOGY	594,622	.005271	.005578
41	RADIOLOGY-DIAGNOSTIC	142,787	.114296	.120963
44	LABORATORY	10,208	.922316	.976097
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,013,099	.929193	.976496
56	DRUGS CHARGED TO PATIENTS	434,516	.247963	.262430
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	9,808,414		
102	LESS OBSERVATION BEDS			
103	TOTAL	9,808,414		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				512,287		512,287
101	TOTAL				512,287		512,287

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	41	9			12,494.80	112,453
101	TOTAL	41	9				112,453

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					41	
101	TOTAL					41	

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

PROVIDER NO: 15-0170
PERIOD: FROM 5/20/2008 TO 12/31/2008
PREPARED 5/31/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	9
101	TOTAL		8

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,030,521			41,730	
38	RECOVERY ROOM			582,661			1,435	
40	ANESTHESIOLOGY			594,622			5,804	
41	RADIOLOGY-DIAGNOSTIC			142,787				
44	LABORATORY			10,208				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			1,013,099			33,895	
56	DRUGS CHARGED TO PATIENTS			434,516			6,001	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			9,808,414			88,865	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	523,921					
38	RECOVERY ROOM	70,969					
40	ANESTHESIOLOGY	41,960					
41	RADIOLOGY-DIAGNOSTIC	18,114					
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	59,582					
56	DRUGS CHARGED TO PATIENTS	47,466					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	762,012					

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)	21,440	
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)	21,440	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	85,042	
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	106,482	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	106,482	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	106,482	
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	106,482	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,255	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	83,227	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES
HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		333,361
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		163,371
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		163,371

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		44,371
19	SUBTOTAL (SEE INSTRUCTIONS)		119,000
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		119,000
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		119,000
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL		119,000
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		119,000
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		118,999
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,255		118,999
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			23,255	118,999
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	83,227	1
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			106,482	119,000

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.

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		1,930,203		
2 NET INCOME (LOSS)		-2,185,009		
3 TOTAL		-254,806		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-254,806		
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		-254,806		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	9,851,366
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	6,570,540
3	NET PATIENT REVENUES	3,280,826
4	LESS: TOTAL OPERATING EXPENSES	4,968,125
5	NET INCOME FROM SERVICE TO PATIENTS	-1,687,299
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC REVENUE	4,650
25	TOTAL OTHER INCOME	4,650
26	TOTAL	-1,682,649
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	EXTRAORDINARY NET FLOOD RELATED COST	502,360
29		
30	TOTAL OTHER EXPENSES	502,360
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,185,009

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	.18
	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	121,489
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	121,489
4	APPLICABLE EXCEPTION PERCENTAGE	.70
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	85,042
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.85
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	85,042
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	85,042
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	85,042
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	85,042
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	21,440
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	260,041
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	