

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0046	I	FROM 9/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 8/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/20/2009 TIME 9:13

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:
TERRE HAUTE REGIONAL HOSPITAL 15-0046
FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2007 AND ENDING 8/31/2008 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.

[Signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

ECR ENCRYPTION INFORMATION
DATE: 1/20/2009 TIME 9:13

XNRZtaief:1AQz1R.w5GF90bPL5nE0
Dg3r10TF:r01T6QwmbgRoogTtXpgix
PoeR1MIgNq0VohBC

PI ENCRYPTION INFORMATION
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c:K6.FFZKKhDe:xTyzwgX3sx1wUYr0
xlFUY0HYoPaUmODzP6C1gg6t6kneue
mvd.6CTV5C014FRT

PART II - SETTLEMENT SUMMARY

FEB 02 2009

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1 HOSPITAL	0		79,937		-50,453	0
2 SUBPROVIDER	0		38,742		-161	0
2 .01 SUBPROVIDER II	0		58,131		-124	0
100 TOTAL	0		176,810		-50,738	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: 3901 HOSPITAL LANE P.O. BOX:
 1.01 CITY: TERRE HAUTE STATE: IN ZIP CODE: 47802- COUNTY: VIGO

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	TERRE HAUTE REGIONAL HOSPITAL	15-0046	2.01	7/ 1/1966	V XVIII XIX
03.00 SUBPROVIDER	TERRE HAUTE PSYCHIATRIC UNIT	15-S046		9/ 1/1991	N P O
03.01 SUBPROVIDER 2	TERRE HAUTE REHAB UNIT	15-T046		9/ 1/2006	N T O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2007 TO: 8/31/2008

18 TYPE OF CONTROL 1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 5

OTHER INFORMATION

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

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 N

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

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

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

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

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

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

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

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

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

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

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

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

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

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

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)? N

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

	V	XVIII	XIX
	1	2	3
	N	Y	N

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 44H070
 40.01 NAME: HCA FI/CONTRACTOR NAME RIVERBEND FI/CONTRACTOR # 390
 40.02 STREET: ONE PARK PLAZA P.O. BOX:
 40.03 CITY: NASHVILLE STATE: TN ZIP CODE: 37203-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 234,889
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEE\$
	0	1	2	3	4
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0

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

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N N 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
I 15-0046 I FROM 9/ 1/2007 I WORKSHEET S-3
I I TO 8/31/2008 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	142	51,972			13,909	4,490
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	142	51,972			13,909	4,490
6 INTENSIVE CARE UNIT	16	5,856			1,989	
11 NURSERY						
12 TOTAL	158	57,828			15,898	4,490
13 RPCH VISITS						
14 SUBPROVIDER	16	5,856			1,686	
14 01 REHAB	12	4,380			3,212	98
25 TOTAL	186					930
26 OBSERVATION BED DAYS						930
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			22,749				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			22,749				
6 INTENSIVE CARE UNIT			3,431				
11 NURSERY			1,668				
12 TOTAL			27,848				
13 RPCH VISITS							
14 SUBPROVIDER			3,336				
14 01 REHAB			3,794				
25 TOTAL			3,067	1,087	1,980		
26 OBSERVATION BED DAYS	320	610					
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,843	459	4,973
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		623.04			2,843	459	4,973
13 RPCH VISITS							
14 SUBPROVIDER		22.60			254		594
14 01 REHAB		18.35			247		286
25 TOTAL		663.99					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET S-3
 I I TO 8/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
1 TOTAL SALARY	33,308,533		33,308,533	1,386,403.00	24.03	
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	2,239,864		2,239,864	95,417.00	23.47	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	652,836		652,836	14,867.00	43.91	
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	209,936		209,936	1,554.00	135.09	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,542,303		4,542,303	139,499.42	32.56	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	7,679,563		7,679,563			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	553,650		553,650			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 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
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	272,353		272,353	10,859.00	25.08	
23 ADMINISTRATIVE & GENERAL	3,151,948	-177,143	2,974,805	91,858.00	32.38	
22.01 A & G UNDER CONTRACT	126,461		126,461	613.00	206.30	
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	624,382		624,382	26,581.00	23.49	
26 LAUNDRY & LINEN SERVICE	71,208		71,208	6,144.00	11.59	
27 HOUSEKEEPING	729,254		729,254	66,275.00	11.00	
26.01 HOUSEKEEPING UNDER CONTRACT	82,423		82,423	1,464.00	56.30	
27 DIETARY	680,992	-347,809	333,183	29,774.00	11.19	
27.01 DIETARY UNDER CONTRACT	276,939		276,939	8,516.00	32.52	
28 CAFETERIA		347,809	347,809	31,081.00	11.19	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	656,169	177,143	833,312	24,340.00	34.24	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	742,869		742,869	46,841.00	15.86	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,794,356		33,794,356	1,396,996.00	24.19	
2 EXCLUDED AREA SALARIES	2,239,864		2,239,864	95,417.00	23.47	
3 SUBTOTAL SALARIES	31,554,492		31,554,492	1,301,579.00	24.24	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,405,075		5,405,075	155,920.42	34.67	
5 SUBTOTAL WAGE-RELATED COSTS	7,679,563		7,679,563		24.34	
6 TOTAL	44,639,130		44,639,130	1,457,499.42	30.63	
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	7,414,998		7,414,998	344,346.00	21.53	

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET S-10
 I I TO 8/31/2008 I
 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 7,474,983
- 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 7,474,983

- 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) .251645
- 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)

HOSPITAL UNCOMPENSATED CARE DATA

PREPARED 1/27/2009
WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	43,085,168
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,842,167
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,152,610
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,303,209
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,842,167

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0046 I

I PERIOD: I FROM 9/ 1/2007 I TO 8/31/2008 I

I PREPARED 1/27/2009 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,623,546	2,623,546	446,480	3,070,026
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,852,740	3,852,740	1,685,801	5,538,541
5	0500 EMPLOYEE BENEFITS	272,353	6,068,154	6,340,507	-68,877	6,271,630
5.01	0501 SECURITY		173,328	173,328		173,328
6	0600 ADMINISTRATIVE & GENERAL	3,151,948	3,959,450	7,111,398	-280,784	6,830,614
8	0800 OPERATION OF PLANT	624,382	2,169,916	2,794,298	-9,728	2,784,570
9	0900 LAUNDRY & LINEN SERVICE	71,208	361,576	432,784		432,784
10	1000 HOUSEKEEPING	729,254	444,883	1,174,137	-122	1,174,015
11	1100 DIETARY	680,992	1,301,743	1,982,735	-1,014,898	967,837
12	1200 CAFETERIA				1,012,649	1,012,649
14	1400 NURSING ADMINISTRATION	418,303	229,768	648,071	14,736	662,807
14.01	1080 INSERVICE EDUCATION	237,866	64,916	302,782	-19,773	283,009
17	1700 MEDICAL RECORDS & LIBRARY	742,869	1,218,583	1,961,452	-51,053	1,910,399
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,063,575	1,196,415	8,259,990	323,058	8,583,048
26	2600 INTENSIVE CARE UNIT	1,969,967	424,663	2,394,630	-50,546	2,344,084
31	3100 SUBPROVIDER	1,054,788	252,751	1,307,539	-2,615	1,304,924
31.01	3101 REHAB	935,341	469,995	1,405,336	-382	1,404,954
33	3300 NURSERY	539,684	85,402	625,086		625,086
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,939,037	1,010,884	3,949,921	-24,086	3,925,835
38	3800 RECOVERY ROOM	419,945	64,573	484,518	-51	484,467
39	3900 DELIVERY ROOM & LABOR ROOM	966,916	219,239	1,186,155	-376,268	809,887
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,021,168	1,185,490	2,206,658	40,283	2,246,941
41.01	4101 CT SCAN	261,372	294,497	555,869		555,869
41.02	4102 ULTRASOUND	163,406	41,943	205,349		205,349
42	4200 RADIOLOGY-THERAPEUTIC	406,964	418,451	825,415	-1,977	823,438
43	4300 RADIOISOTOPE	109,140	283,721	392,861	200	392,661
44	4400 LABORATORY	1,265,315	1,457,632	2,722,947	-212,254	2,510,693
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		833,443	833,443		833,443
46.01	4601 RENAL DIALYSIS	80	386,275	386,355		386,355
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	986,074	288,012	1,274,086	-117,036	1,157,050
50	5000 PHYSICAL THERAPY	1,047,475	265,741	1,313,216	-101,566	1,211,650
53	5300 ELECTROCARDIOLOGY	315,674	68,591	384,265	747	385,012
54	5400 ELECTROENCEPHALOGRAPHY	70,757	33,860	104,617	-4,054	100,563
54.01	5401 ECHOCARDIOLOGY	242,508	53,942	296,450		296,450
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	213,820	6,769,639	6,983,459	3,515,032	10,498,491
56	5600 DRUGS CHARGED TO PATIENTS	1,295,098	3,806,846	5,101,944	-224,976	4,876,968
56.01	5601 CARDIAC CATHERIZATION	643,775	3,796,873	4,440,648	-3,446,916	993,732
56.02	5602 GASTRO INTESTINAL SERVICES	702,416	452,102	1,154,518	-83,755	1,070,763
59	3020 LITHOTRIPSY		91,455	91,455		91,455
59.01	3021 WOUND CARE	2,543	656,861	659,404	-2,837	656,567
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,492,785	377,547	1,870,332	3,058	1,873,390
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS		972,768	972,768	-923,321	49,447
95	SUBTOTALS	33,058,798	48,728,214	81,787,012	23,769	81,810,781
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,926	1,926	-141	1,785
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS	249,735	909,372	1,159,107	-23,628	1,135,479
101	TOTAL	33,308,533	49,639,512	82,948,045	-0-	82,948,045

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-0046 I
I I

I PERIOD: I
I FROM 9/ 1/2007 I
I TO 8/31/2008 I

I PREPARED 1/27/2009 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-514,189	2,555,837
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	203,827	5,742,368
5	0500 EMPLOYEE BENEFITS	-17,988	6,253,642
5.01	0501 SECURITY	-300	173,028
6	0600 ADMINISTRATIVE & GENERAL	5,424,925	12,255,539
8	0800 OPERATION OF PLANT	-250,354	2,534,216
9	0900 LAUNDRY & LINEN SERVICE		432,784
10	1000 HOUSEKEEPING	-126	1,173,889
11	1100 DIETARY	-374	967,463
12	1200 CAFETERIA	-466,812	545,837
14	1400 NURSING ADMINISTRATION	-968	661,839
14.01	1080 INSERVICE EDUCATION	-14,714	268,295
17	1700 MEDICAL RECORDS & LIBRARY	-4,527	1,905,872
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-39,666	8,543,382
26	2600 INTENSIVE CARE UNIT	-4,653	2,339,431
31	3100 SUBPROVIDER	-82,174	1,222,750
31.01	3101 REHAB	-4,031	1,400,923
33	3300 NURSERY		625,086
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-424,250	3,501,585
38	3800 RECOVERY ROOM		484,467
39	3900 DELIVERY ROOM & LABOR ROOM		809,887
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-788,657	1,458,284
41.01	4101 CT SCAN		555,869
41.02	4102 ULTRASOUND		205,349
42	4200 RADIOLOGY-THERAPEUTIC	-7,723	815,715
43	4300 RADIOISOTOPE	-19	392,642
44	4400 LABORATORY	-93	2,510,600
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		833,443
46.01	4601 RENAL DIALYSIS		386,355
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-48	1,157,002
50	5000 PHYSICAL THERAPY	-32,193	1,179,457
53	5300 ELECTROCARDIOLOGY	-704	384,308
54	5400 ELECTROENCEPHALOGRAPHY		100,563
54.01	5401 ECHOCARDIOLOGY		296,450
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,767	10,490,724
56	5600 DRUGS CHARGED TO PATIENTS	5	4,876,973
56.01	5601 CARDIAC CATHERIZATION		993,732
56.02	5602 GASTRO INTESTINAL SERVICES	-26,920	1,043,843
59	3020 LITHOTRIPSY		91,455
59.01	3021 WOUND CARE	-2,746	653,821
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-63,110	1,810,280
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	2,824,204	84,634,985
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,785
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS	-52,765	1,082,714
101	TOTAL	2,771,439	85,719,484

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 8/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	SECURITY	0501	EMPLOYEE BENEFITS
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	
14.01	INSERVICE EDUCATION	1080	INSERVICE EDUCATION
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	REHAB	3101	SUBPROVIDER #####
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	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.01	RENAL DIALYSIS	4601	WHOLE BLOOD & PACKED RED BLOOD CELLS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	ECHOCARDIOLOGY	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CARDIAC CATHERIZATION	5601	DRUGS CHARGED TO PATIENTS
56.02	GASTRO INTESTINAL SERVICES	5602	DRUGS CHARGED TO PATIENTS
59	LITHOTRIPSY	3020	ACUPUNCTURE
59.01	WOUND CARE	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150046

PERIOD:
FROM 9/ 1/2007
TO 8/31/2008

PREPARED 1/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 LEASES	A	NEW CAP REL COSTS-BLDG & FIXT	3			111,903
2		NEW CAP REL COSTS-MVBLE EQUIP	4			1,031,772
3		ELECTROCARDIOLOGY	53			751
4		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,087
5		EMERGENCY	61			7,865
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27 PROPERTY INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3			65,285
28 EXECUTIVE COMPENSATION	C	NURSING ADMINISTRATION	14		177,143	15,823
29		ADMINISTRATIVE & GENERAL	6			42,533
30 CAFETERIA	D	CAFETERIA	12		347,809	664,840
31 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,498,142
32						
33						
34						
35						
1 MEDICAL SUPPLIES	E					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11 LOST CHARGES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			12,803
12						
13						
14						
15						
16						
17						
18 CONTRAST MEDIA	G	RADIOLOGY-DIAGNOSTIC	41			71,415
19 OBSERVATION ROOM	H	ADULTS & PEDIATRICS	25		310,719	70,355
20						
21 YELLOW PAGES	I	ADMINISTRATIVE & GENERAL	6			16,602
36 TOTAL RECLASSIFICATIONS					835,671	5,614,176

(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:
150046

PERIOD:
FROM 9/ 1/2007
TO 8/31/2008

PREPARED 1/27/2009
WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 LEASES	A	EMPLOYEE BENEFITS	5		10,521	10
2		ADMINISTRATIVE & GENERAL	6		97,491	10
3		OPERATION OF PLANT	8		6,993	
4		HOUSEKEEPING	10		122	
5		DIETARY	11		2,249	
6		NURSING ADMINISTRATION	14		178,230	
7		INSERVICE EDUCATION	14.01		19,773	
8		MEDICAL RECORDS & LIBRARY	17		51,053	
9		ADULTS & PEDIATRICS	25		55,240	
10		INTENSIVE CARE UNIT	26		39,541	
11		SUBPROVIDER	31		2,594	
12		REHAB	31.01		382	
13		OPERATING ROOM	37		11,412	
14		RECOVERY ROOM	38		51	
15		DELIVERY ROOM & LABOR ROOM	39		1,249	
16		RADIOLOGY-DIAGNOSTIC	41		29,170	
17		RADIOLOGY-THERAPEUTIC	42		1,944	
18		RADIOISOTOPE	43		200	
19		LABORATORY	44		211,247	
20		RESPIRATORY THERAPY	49		86,044	
21		PHYSICAL THERAPY	50		101,566	
22		ELECTROENCEPHALOGRAPHY	54		4,054	
23		DRUGS CHARGED TO PATIENTS	56		153,561	
24		GASTRO INTESTINAL SERVICES	56.02		82,757	
25		WOUND CARE	59.01		1,980	
26		OTHER NONREIMBURSABLE COST CENTERS	100.01		6,954	
27 PROPERTY INSURANCE	B	ADMINISTRATIVE & GENERAL	6		65,285	12
28 EXECUTIVE COMPENSATION	C	ADMINISTRATIVE & GENERAL	6	177,143		
29		EMPLOYEE BENEFITS	5		58,356	
30 CAFETERIA	D	DIETARY	11	347,809	664,840	
31 MEDICAL SUPPLIES	E	OPERATION OF PLANT	8		2,735	
32		INTENSIVE CARE UNIT	26		51	
33		OPERATING ROOM	37		10,175	
34		DELIVERY ROOM & LABOR ROOM	39		4,557	
35		RADIOLOGY-DIAGNOSTIC	41		1,962	
1 MEDICAL SUPPLIES	E	RADIOLOGY-THERAPEUTIC	42		33	
2		LABORATORY	44		1,007	
3		RESPIRATORY THERAPY	49		30,992	
4		ELECTROCARDIOLOGY	53		4	
5		CARDIAC CATHERIZATION	56.01		3,440,439	
6		GASTRO INTESTINAL SERVICES	56.02		310	
7		WOUND CARE	59.01		857	
8		EMERGENCY	61		4,807	
9		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		141	
10		OTHER NONREIMBURSABLE COST CENTERS	100.01		72	
11 LOST CHARGES	F	ADULTS & PEDIATRICS	25		2,776	
12		INTENSIVE CARE UNIT	26		298	
13		SUBPROVIDER	31		21	
14		OPERATING ROOM	37		2,499	
15		DELIVERY ROOM & LABOR ROOM	39		44	
16		CARDIAC CATHERIZATION	56.01		6,477	
17		GASTRO INTESTINAL SERVICES	56.02		688	
18 CONTRAST MEDIA	G	DRUGS CHARGED TO PATIENTS	56		71,415	
19 OBSERVATION ROOM	H	INTENSIVE CARE UNIT	26	8,766	1,890	
20		DELIVERY ROOM & LABOR ROOM	39	301,953	68,465	
21 YELLOW PAGES	I	OTHER NONREIMBURSABLE COST CENTERS	100.01		16,602	
36 TOTAL RECLASSIFICATIONS				835,671	5,614,176	

(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:
150046

PERIOD:
FROM 9/ 1/2007
TO 8/31/2008

PREPARED 1/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	111,903	EMPLOYEE BENEFITS	5	10,521	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,031,772	ADMINISTRATIVE & GENERAL	6	97,491	
3.00	ELECTROCARDIOLOGY	53	751	OPERATION OF PLANT	8	6,993	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,087	HOUSEKEEPING	10	122	
5.00	EMERGENCY	61	7,865	DIETARY	11	2,249	
6.00			0	NURSING ADMINISTRATION	14	178,230	
7.00			0	INSERVICE EDUCATION	14.01	19,773	
8.00			0	MEDICAL RECORDS & LIBRARY	17	51,053	
9.00			0	ADULTS & PEDIATRICS	25	55,240	
10.00			0	INTENSIVE CARE UNIT	26	39,541	
11.00			0	SUBPROVIDER	31	2,594	
12.00			0	REHAB	31.01	382	
13.00			0	OPERATING ROOM	37	11,412	
14.00			0	RECOVERY ROOM	38	51	
15.00			0	DELIVERY ROOM & LABOR ROOM	39	1,249	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	29,170	
17.00			0	RADIOLOGY-THERAPEUTIC	42	1,944	
18.00			0	RADIOISOTOPE	43	200	
19.00			0	LABORATORY	44	211,247	
20.00			0	RESPIRATORY THERAPY	49	86,044	
21.00			0	PHYSICAL THERAPY	50	101,566	
22.00			0	ELECTROENCEPHALOGRAPHY	54	4,054	
23.00			0	DRUGS CHARGED TO PATIENTS	56	153,561	
24.00			0	GASTRO INTESTINAL SERVICES	56.02	82,757	
25.00			0	WOUND CARE	59.01	1,980	
26.00			0	OTHER NONREIMBURSABLE COST CEN	100.01	6,954	
TOTAL RECLASSIFICATIONS FOR CODE A			1,156,378	TOTAL RECLASSIFICATIONS FOR CODE A			1,156,378

RECLASS CODE: B
EXPLANATION : PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	65,285	ADMINISTRATIVE & GENERAL	6	65,285	
TOTAL RECLASSIFICATIONS FOR CODE B			65,285	TOTAL RECLASSIFICATIONS FOR CODE B			65,285

RECLASS CODE: C
EXPLANATION : EXECUTIVE COMPENSATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	192,966	ADMINISTRATIVE & GENERAL	6	177,143	
2.00	ADMINISTRATIVE & GENERAL	6	42,533	EMPLOYEE BENEFITS	5	58,356	
TOTAL RECLASSIFICATIONS FOR CODE C			235,499	TOTAL RECLASSIFICATIONS FOR CODE C			235,499

RECLASS CODE: D
EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,012,649	DIETARY	11	1,012,649	
TOTAL RECLASSIFICATIONS FOR CODE D			1,012,649	TOTAL RECLASSIFICATIONS FOR CODE D			1,012,649

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,498,142	OPERATION OF PLANT	8	2,735	
2.00			0	INTENSIVE CARE UNIT	26	51	
3.00			0	OPERATING ROOM	37	10,175	
4.00			0	DELIVERY ROOM & LABOR ROOM	39	4,557	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	1,962	
6.00			0	RADIOLOGY-THERAPEUTIC	42	33	
7.00			0	LABORATORY	44	1,007	
8.00			0	RESPIRATORY THERAPY	49	30,992	
9.00			0	ELECTROCARDIOLOGY	53	4	
10.00			0	CARDIAC CATHERIZATION	56.01	3,440,439	
11.00			0	GASTRO INTESTINAL SERVICES	56.02	310	
12.00			0	WOUND CARE	59.01	857	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150046	9/ 1/2007	1/27/2009
	FROM	WORKSHEET A-6
	TO	8/31/2008
		NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
13.00			0
14.00			0
15.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			3,498,142

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
EMERGENCY	61	4,807	
GIFT, FLOWER, COFFEE SHOP & CA	96	141	
OTHER NONREIMBURSABLE COST CEN	100.01	72	
		3,498,142	

RECLASS CODE: F
EXPLANATION : LOST CHARGES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	12,803
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			12,803

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
ADULTS & PEDIATRICS	25	2,776	
INTENSIVE CARE UNIT	26	298	
SUBPROVIDER	31	21	
OPERATING ROOM	37	2,499	
DELIVERY ROOM & LABOR ROOM	39	44	
CARDIAC CATHERIZATION	56.01	6,477	
GASTRO INTESTINAL SERVICES	56.02	688	
		12,803	

RECLASS CODE: G
EXPLANATION : CONTRAST MEDIA

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	71,415
TOTAL RECLASSIFICATIONS FOR CODE G			71,415

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
DRUGS CHARGED TO PATIENTS	56	71,415	
		71,415	

RECLASS CODE: H
EXPLANATION : OBSERVATION ROOM

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	381,074
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			381,074

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
INTENSIVE CARE UNIT	26	10,656	
DELIVERY ROOM & LABOR ROOM	39	370,418	
		381,074	

RECLASS CODE: I
EXPLANATION : YELLOW PAGES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	16,602
TOTAL RECLASSIFICATIONS FOR CODE I			16,602

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
OTHER NONREIMBURSABLE COST CEN	100.01	16,602	
		16,602	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	728,160					728,160	
2 LAND IMPROVEMENTS	2,438,207					2,438,207	
3 BUILDINGS & FIXTURE	29,165,165	391,149		391,149		29,556,314	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	20,145,513	697,254		697,254		20,842,767	
6 MOVABLE EQUIPMENT	52,113,590	6,575,292		6,575,292	58,159	58,630,723	
7 SUBTOTAL	104,590,635	7,663,695		7,663,695	58,159	112,196,171	
8 RECONCILING ITEMS							
9 TOTAL	104,590,635	7,663,695		7,663,695	58,159	112,196,171	

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
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	32,722,681		32,722,681	.291656			269,292	269,292
4	NEW CAP REL COSTS-MV	79,473,490		79,473,490	.708344			654,029	654,029
5	TOTAL	112,196,171		112,196,171	1.000000			923,321	923,321

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,115,681	111,903	-6,324	65,285		269,292	2,555,837
4	NEW CAP REL COSTS-MV	4,056,567	1,031,772				654,029	5,742,368
5	TOTAL	6,172,248	1,143,675	-6,324	65,285		923,321	8,298,205

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,623,546						2,623,546
4	NEW CAP REL COSTS-MV	3,852,740						3,852,740
5	TOTAL	6,476,286						6,476,286

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0046
I

I PERIOD:
I FROM 9/ 1/2007 I PREPARED 1/27/2009
I TO 8/31/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER	LINE NO	5	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,099,897				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	5,783,497				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52		
37 CAFETERIA	B	-466,812	CAFETERIA	12		
38 REHAB	B	-31,742	PHYSICAL THERAPY	50		
39 EDUCATION	B	-13,065	INSERVICE EDUCATION	14.01		
40 MEDICAL RECORDS	B	-3,548	MEDICAL RECORDS & LIBRARY	17		
41 DONATIONS	B	-500	ADMINISTRATIVE & GENERAL	6		
42 BADGE	B	-352	ADMINISTRATIVE & GENERAL	6		
43 POB HOUSEKEEPING	B	-126	HOUSEKEEPING	10		
44 POB SECURITY	B	-300	SECURITY	5.01		
45 X-RAY COPY	B	-116,584	RADIOLOGY-DIAGNOSTIC	41		
46 PT TRAINING	B	-450	PHYSICAL THERAPY	50		
47 INTEREST INCOME	B	-6,324	NEW CAP REL COSTS-BLDG &	3	11	
48 PATIENT PHONES	A	-34,087	ADMINISTRATIVE & GENERAL	6		
49 PATIENT PHONES	A	-6,269	EMPLOYEE BENEFITS	5		
49.01 PATIENT TV'S	A	-798	NEW CAP REL COSTS-MVBLE E	4	9	
49.02 PATIENT TV'S	A	-23,490	OPERATION OF PLANT	8		
49.03 PATIENT TV'S	A	-17,870	ADULTS & PEDIATRICS	25		
49.04 PATIENT TV'S	A	-4,734	INTENSIVE CARE UNIT	26		
49.05 PATIENT TV'S	A	-3,910	REHAB	31.01		
49.06 PATIENT TV'S	A	-769	OPERATING ROOM	37		
49.07 PATIENT TV'S	A	-3,100	GASTRO INTESTINAL SERVICE	56.02		
49.08 PATIENT TV'S	A	-801	EMERGENCY	61		
49.09 PATIENT TRANSPORTATION	A	-1,329	ADULTS & PEDIATRICS	25		
49.10 PATIENT TRANSPORTATION	A	-183	SUBPROVIDER	31		
49.11 PATIENT TRANSPORTATION	A	-2,221	EMERGENCY	61		
49.12 NONPATIENT GIFTS	A	-1,649	INSERVICE EDUCATION	14.01		
49.13 NONPATIENT GIFTS	A	-204	OTHER NONREIMBURSABLE COS	100.01		
49.14 NONPATIENT GIFTS	A	-21	DIETARY	11		
49.15 NONPATIENT GIFTS	A	-48	RESPIRATORY THERAPY	49		
49.16 NONPATIENT GIFTS	A	-5,909	ADMINISTRATIVE & GENERAL	6		
49.17 NONPATIENT GIFTS	A	-1,933	EMPLOYEE BENEFITS	5		
49.18 SPOUSE TRAVEL	A	-889	ADMINISTRATIVE & GENERAL	6		
49.19 ALCOHOL	A	-1	PHYSICAL THERAPY	50		
49.20 ALCOHOL	A	-182	OTHER NONREIMBURSABLE COS	100.01		
49.21 ALCOHOL	A	-7,877	ADMINISTRATIVE & GENERAL	6		
49.22 COUNTRY CLUB DUES	A	-3,744	ADMINISTRATIVE & GENERAL	6		
49.23 SKYBOX	A	-2,764	ADMINISTRATIVE & GENERAL	6		
49.24 PHYSICIAN RECRUITMENT	A	-218	ADMINISTRATIVE & GENERAL	6		
49.25 MISC. NONALLOWABLE	A	-3,804	ADMINISTRATIVE & GENERAL	6		
49.26 MISC. NONALLOWABLE	A	-4,861	OTHER NONREIMBURSABLE COS	100.01		
49.27 MISC. NONALLOWABLE	A	-41,001	ADMINISTRATIVE & GENERAL	6		
49.28 CONTRIBUTIONS	A	-47,372	OTHER NONREIMBURSABLE COS	100.01		
49.29 CONTRIBUTIONS	A	-100	ADMINISTRATIVE & GENERAL	6		
49.30 MISC.	A	-2,476	ADULTS & PEDIATRICS	25		
49.31 MISC.	A	-57	INTENSIVE CARE UNIT	26		
49.32 MISC.	A	-438	SUBPROVIDER	31		
49.33 MISC.	A	-407	REHAB	31.01		
49.34 MISC.	A	-9,700	EMPLOYEE BENEFITS	5		
49.35 MISC.	A	-208	EMERGENCY	61		

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
	1	2	3		4	
49.36 MISC.	A	-968	NURSING ADMINISTRATION		14	
49.37 MISC.	A	-25	OPERATING ROOM		37	
49.38 MISC.	A	-21	RADIOLOGY-DIAGNOSTIC		41	
49.39 MISC.	A	-19	LABORATORY		44	
49.40 MISC.	A	-767	MEDICAL SUPPLIES CHARGED		55	
49.41 MISC.	A	-146	OTHER NONREIMBURSABLE COS		100.01	
49.42 MISC.	A	-233	DIETARY		11	
49.43 MISC.	A	-7,436	ADMINISTRATIVE & GENERAL		6	
49.44 LEGAL FEES	A	-4,080	ADMINISTRATIVE & GENERAL		6	
49.45 BANQUETS	A	-7,826	ADMINISTRATIVE & GENERAL		6	
49.46 TRAVEL NONALLOWABLE	A	-9,692	ADMINISTRATIVE & GENERAL		6	
49.47 MEETINGS NONALLOWABLE	A	-1,270	ADMINISTRATIVE & GENERAL		6	
49.48 MEALS NONALLOWABLE	A	-12,504	ADMINISTRATIVE & GENERAL		6	
49.49 CONTRACT LABOR	A	24,796	OPERATING ROOM		37	
49.50 CONTRACT LABOR	A	-308,894	RADIOLOGY-DIAGNOSTIC		41	
49.51 CONTRACT LABOR	A	-1,166	EMERGENCY		61	
49.52 CONSULTING NONALLOWABLE	A	-500	OPERATION OF PLANT		8	
49.53 CONSULTING NONALLOWABLE	A	-54,968	ADMINISTRATIVE & GENERAL		6	
49.54 PENALTIES	A	-74	LABORATORY		44	
49.55 PENALTIES	A	-19	RADIOISOTOPE		43	
49.56 PSYCH MARKETING	A	-4,273	SUBPROVIDER		31	
49.57 DEPR. CAPITAL BUILDING	A	-501,781	NEW CAP REL COSTS-BLDG &		3	9
49.58 DEPR. MME	A	171,879	NEW CAP REL COSTS-MVBLE E		4	9
49.59 LOBBYING DUES	A	-11,476	ADMINISTRATIVE & GENERAL		6	
49.60 MINOR EQUIPMENT	A	6,604	NEW CAP REL COSTS-MVBLE E		4	9
49.61 USEFUL LIFE ADJUSTMENT	A	-77,533	NEW CAP REL COSTS-BLDG &		3	9
49.62 USEFUL LIFE ADJUSTMENT	A	127	NEW CAP REL COSTS-MVBLE E		4	9
49.63 VENDING	A	-703	OPERATION OF PLANT		8	
49.64 VENDING	A	-2,408	NEW CAP REL COSTS-BLDG &		3	9
49.65 POB COST	A	-331	ADMINISTRATIVE & GENERAL		6	
49.66 POB COST	A	-86	EMPLOYEE BENEFITS		5	
49.67 PHYSICIAN RECORD STORAGE	A	-4,102	OPERATION OF PLANT		8	
49.68 SOFTWARE AMORTIZATION	A	26,015	NEW CAP REL COSTS-MVBLE E		4	9
49.69 SOFTWARE	A	-12,163	ADMINISTRATIVE & GENERAL		6	
49.70 SOFTWARE	A	-5,739	REHAB		31.01	
49.71 REHAB START UP COST AMORT.	A	6,025	REHAB		31.01	
49.72 ADVERTISING	A	-5,068	ADMINISTRATIVE & GENERAL		6	
49.73 ADVERTISING	A	-120	DIETARY		11	
49.74 ADVERTISING	A	-979	MEDICAL RECORDS & LIBRARY		17	
49.75 ADVERTISING	A	-2,020	OPERATING ROOM		37	
49.76 ADVERTISING	A	-1,383	RADIOLOGY-DIAGNOSTIC		41	
49.77 ADVERTISING	A	-500	RADIOLOGY-THERAPEUTIC		42	
49.78 ADVERTISING	A	-214	EMERGENCY		61	
49.79 WOUND CARE START UP AMORT.	A	7,477	WOUND CARE		59.01	
49.80 MOB PROPERTY TAX	A	-49,447	OTHER CAPITAL RELATED COS		90	12
49.81 CAPITAL REPAIRS	A	-221,559	OPERATION OF PLANT		8	
49.82 CAPITAL REPAIRS	A	-18,458	ADULTS & PEDIATRICS		25	
49.83 CAPITAL REPAIRS	A	-8,540	OPERATING ROOM		37	
49.84 CAPITAL REPAIRS	A	-7,223	RADIOLOGY-THERAPEUTIC		42	
49.85 CAPITAL REPAIRS	A	-7,000	MEDICAL SUPPLIES CHARGED		55	
49.86 AMORT. CAPITAL REPAIRS	A	73,857	NEW CAP REL COSTS-BLDG &		3	9
49.87						
49.88						
49.89						
49.90						
49.91						
49.92						
49.93						
49.94						
49.95						
49.96						
49.97						
49.98						
49.99						
50 TOTAL (SUM OF LINES 1 THRU 49)		2,771,439				

(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	5	EMPLOYEE BENEFITS	DMS 1,264	1,264		
2	6	ADMINISTRATIVE & GENERAL	DMS 212	212		
3	8	OPERATION OF PLANT	DMS 24	24		
4	100 1	OTHER NONREIMBURSABLE COS	DMS 498	498		
4.01	6	ADMINISTRATIVE & GENERAL	HPG 29,259	53,626	-24,367	
4.02	6	ADMINISTRATIVE & GENERAL	IT&S 1,470,050	1,121,636	348,414	
4.03	6	ADMINISTRATIVE & GENERAL	IT&S	10,262	-10,262	
4.04	6	ADMINISTRATIVE & GENERAL	HOME OFFICE MGT. FEE	1,878,863	6,866,092	-4,987,229
4.05	6	ADMINISTRATIVE & GENERAL	PAS	2,819,752	2,822,998	-3,246
4.06	6	ADMINISTRATIVE & GENERAL	PAS BUDGET		241,663	-241,663
4.07	6	ADMINISTRATIVE & GENERAL	SUPPLY CHAIN	521,302	519,447	1,855
4.08	56	DRUGS CHARGED TO PATIENTS	SUPPLY CHAIN	1,233	1,228	5
4.09	25	ADULTS & PEDIATRICS	ALL ABOUT STAFFING	90,426	89,959	467
4.10	26	INTENSIVE CARE UNIT	ALL ABOUT STAFFING	26,810	26,672	138
4.11	6	ADMINISTRATIVE & GENERAL	PAYROLL	45,696	45,948	-252
4.12	6	ADMINISTRATIVE & GENERAL	RICHMOND FSC IT&S	354,938	354,938	
4.13	6	ADMINISTRATIVE & GENERAL	CAD RECORDS STORAGE	27,621	27,974	-353
4.14	6	ADMINISTRATIVE & GENERAL	HCAPS		34,885	-34,885
4.15	37	OPERATING ROOM	HCAPS		73,797	-73,797
4.16	6	ADMINISTRATIVE & GENERAL	MALPRACTICE		532,028	-532,028
4.17	6	ADMINISTRATIVE & GENERAL	LIABILITY INSURANCE		-981	981
4.18	6	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION COST	83,944	83,944	
4.19	100 1	OTHER NONREIMBURSABLE COS	CAPITAL DIVISION COST	210,464	210,464	
4.20	6	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST		-10,758,007	10,758,007
4.21	6	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	581,712		581,712
4.22						
4.23						
4.24						
4.25						
4.26						
4.27						
4.28						
4.29						
4.30						
5		TOTALS	8,144,068	2,360,571	5,783,497	

* 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	100.00	HCA	100.00	HOSPITAL MGT.
2	B	100.00	DMS	100.00	DOCUMENT MGT. SERVICES
3	B	54.00	HPG	54.00	PURCHASING GROUP
4	B	100.00	HCI	100.00	CAPTIVE INSURANCE
5	B	100.00	CAPITAL DIVISION	100.00	HCA MGT.
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		0.00		0.00	
5.06		0.00		0.00	
5.07		0.00		0.00	
5.08		0.00		0.00	
5.09		0.00		0.00	
5.10		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0046
I

I PERIOD:
I FROM 9/ 1/2007 I WORKSHEET A-8-2
I TO 8/31/2008 I GROUP 1

LINE NO.	WKSHT A	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
1	31	PSYCH	77,280	77,280		142,500			
2	37	OPERATING ROOM	363,895	363,895		204,100			
3	41	RADIOLOGY	363,886	360,466	3,420	231,100	19	2,111	106
4	56	2 ENDOSCOPY	30,000		30,000	171,400	75	6,180	309
5	53	CARDIAC REHAB	10,516		10,516	171,400	220	18,129	906
6	59	1 WOUND CARE	30,000		30,000	171,400	240	19,777	989
7	61	EMERGENCY ROOM	58,500	58,500		171,400			
8	6	HOSPITALIST	203,700	203,700		171,400			
9	53	SLEEP LAB	4,000		4,000	171,400	40	3,296	165
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,141,777	1,063,841	77,936		594	49,493	2,475

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0046
I

I PERIOD:
I FROM 9/ 1/2007
I TO 8/31/2008

I PREPARED 1/27/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	31 PSYCH							77,280
2	37 OPERATING ROOM							363,895
3	41 RADIOLOGY					2,111	1,309	361,775
4	56 2 ENDOSCOPY					6,180	23,820	23,820
5	53 CARDIAC REHAB					18,129		
6	59 1 WOUND CARE					19,777	10,223	10,223
7	61 EMERGENCY ROOM							58,500
8	6 HOSPITALIST							203,700
9	53 SLEEP LAB					3,296	704	704
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					49,493	36,056	1,099,897

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 8/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
5.01	SECURITY	3	SQUARE	FOOTAGE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FOOTAGE	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FOOTAGE	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NRSING HRS	ENTERED
14.01	INSERVICE EDUCATION	11	TIME	SPENT	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	REVENUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET B
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE	SECURITY
	0	1	2	3	4	5		5.01
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &	2,555,837			2,555,837				
005 NEW CAP REL COSTS-MVBLE E	5,742,368				5,742,368			
005 EMPLOYEE BENEFITS	6,253,642			18,162	40,806	6,312,610		
005 01 SECURITY	173,028			431	968			174,427
006 ADMINISTRATIVE & GENERAL	12,255,539			126,545	284,317	568,432		8,913
008 OPERATION OF PLANT	2,534,216			657,279	1,476,748	119,308		46,295
009 LAUNDRY & LINEN SERVICE	432,784			28,244	63,458	13,607		1,989
010 HOUSEKEEPING	1,173,889			10,162	22,831	139,347		716
011 DIETARY	967,463			46,135	103,655	63,665		3,249
012 CAFETERIA	545,837			29,425	66,111	66,460		2,072
014 NURSING ADMINISTRATION	661,839			7,897	17,742	113,779		556
014 01 INSERVICE EDUCATION	268,295			22,039	49,516	45,452		1,552
017 MEDICAL RECORDS & LIBRARY	1,905,872			36,460	81,917	141,949		2,568
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	8,543,382			498,220	1,119,384	1,409,086		35,090
026 INTENSIVE CARE UNIT	2,339,431			84,781	190,483	374,750		5,971
031 SUBPROVIDER	1,222,750			76,541	171,970	201,551		5,391
031 01 REHAB	1,400,923			90,994	204,443	178,727		6,409
033 NURSERY	625,086			8,327	18,710	103,124		587
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	3,501,585			201,188	452,022	561,597		14,170
038 RECOVERY ROOM	484,467			12,563	28,226	80,244		885
039 DELIVERY ROOM & LABOR ROO	809,887			57,286	128,709	127,062		4,035
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	1,458,284			81,383	182,848	195,127		5,732
041 01 CT SCAN	555,869			12,778	28,710	49,943		900
041 02 ULTRASOUND	205,349			3,238	7,276	31,224		228
042 RADIOLOGY-THERAPEUTIC	815,715			49,270	110,698	77,763		3,470
043 RADIOISOTOPE	392,642			5,918	13,297	20,855		417
044 LABORATORY	2,510,600			45,210	101,576	241,779		3,184
046 WHOLE BLOOD & PACKED RED	833,443			2,552	5,735			180
046 01 RENAL DIALYSIS	386,355			3,765	8,459	15		265
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	1,157,002			13,073	29,373	188,421		921
050 PHYSICAL THERAPY	1,179,457			60,692	136,361	200,154		
053 ELECTROCARDIOLOGY	384,308			13,033	29,283	60,320		918
054 ELECTROENCEPHALOGRAPHY	100,563			8,694	19,534	13,520		612
054 01 ECHOCARDIOLOGY	296,450			4,451	10,000	46,339		313
055 MEDICAL SUPPLIES CHARGED	10,490,724			67,727	152,168	40,857		4,770
056 DRUGS CHARGED TO PATIENTS	4,876,973			21,417	48,118	247,470		1,508
056 01 CARDIAC CATHERIZATION	993,732			18,290	41,093	123,014		1,288
056 02 GASTRO INTESTINAL SERVICE	1,043,843			15,355	34,498	134,219		1,081
059 LITHOTRIPSY	91,455							
059 01 WOUND CARE	653,821			13,783	30,968	486		971
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC								
061 EMERGENCY	1,810,280			82,005	184,246	285,244		5,776
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES								
065 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	84,634,985			2,535,313	5,696,257	6,264,890		172,982
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	1,785			4,842	10,878			341
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS								
100 01 OTHER NONREIMBURSABLE COS	1,082,714			15,682	35,233	47,720		1,104
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	85,719,484			2,555,837	5,742,368	6,312,610		174,427

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL 5a.01	ADMINISTRATIVE & GENERAL E & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 SECURITY							
006 ADMINISTRATIVE & GENERAL	13,243,746	13,243,746					
008 OPERATION OF PLANT	4,833,846	883,308	5,717,154				
009 LAUNDRY & LINEN SERVICE	540,082	98,691	95,395	734,168			
010 HOUSEKEEPING	1,346,945	246,133	34,322		1,627,400		
011 DIETARY	1,184,167	216,388	155,821		45,385	1,601,761	
012 CAFETERIA	709,905	129,724	99,382		28,946		967,957
014 NURSING ADMINISTRATION	801,813	146,518	26,671		7,768		13,127
014 01 INSERVICE EDUCATION	386,854	70,691	74,435		21,680		7,837
017 MEDICAL RECORDS & LIBRARY	2,168,766	396,307	123,143		35,867		40,344
017 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,605,162	2,120,624	1,682,723	302,629	490,111	986,934	277,990
026 INTENSIVE CARE UNIT	2,995,416	547,364	286,345	27,628	83,401	48,698	60,890
031 SUBPROVIDER	1,678,203	306,665	258,516	26,222	75,296	216,558	40,639
031 01 REHAB	1,881,496	343,813	307,332	31,235	89,514	165,855	33,002
033 NURSERY	755,834	138,117	28,125		8,192		16,573
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,730,562	864,435	679,508	196,760	197,914		95,884
038 RECOVERY ROOM	606,385	110,807	42,431		12,358		10,861
039 DELIVERY ROOM & LABOR ROO	1,126,979	205,937	193,483	33,313	56,354		19,755
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,923,374	351,466	274,869	17,298	80,058		40,501
041 01 CT SCAN	648,200	118,448	43,158		12,570		9,447
041 02 ULTRASOUND	247,315	45,193	10,938		3,186		4,050
042 RADIOLOGY-THERAPEUTIC	1,056,916	193,134	166,408		48,468		11,863
043 RADIOISOTOPE	433,129	79,147	19,989		5,822		3,745
044 LABORATORY	2,902,349	530,358	152,696		44,474		53,315
046 WHOLE BLOOD & PACKED RED	841,910	153,846	8,621		2,511		
046 01 RENAL DIALYSIS	398,859	72,885	12,716		3,704		5
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,388,790	253,779	44,155		12,861		31,645
050 PHYSICAL THERAPY	1,576,664	288,110					33,477
053 ELECTROCARDIOLOGY	487,862	89,149	44,020		12,821		13,506
054 ELECTROENCEPHALOGRAPHY	142,923	26,117	29,365		8,553		2,698
054 01 ECHOCARDIOLOGY	357,553	65,337	15,033	6,235	4,378		6,684
055 MEDICAL SUPPLIES CHARGED	10,756,246	1,965,532	228,748		66,625		11,816
056 DRUGS CHARGED TO PATIENTS	5,195,486	949,392	72,334		21,068		34,862
056 01 CARDIAC CATHETERIZATION	1,177,417	215,154	61,773		17,992		15,457
056 02 GASTRO INTESTINAL SERVICE	1,228,996	224,579	51,860		15,105		22,556
059 LITHOTRIPSY	91,455	16,712					
059 01 WOUND CARE	700,029	127,919	46,552	10,819	13,559		69
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	2,367,551	432,632	276,970	82,029	80,670		46,817
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	84,519,185	13,024,411	5,647,837	734,168	1,607,211	1,418,045	959,415
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	17,846	3,261	16,353		4,763		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS	1,182,453	216,074	52,964		15,426	183,716	8,542
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	85,719,484	13,243,746	5,717,154	734,168	1,627,400	1,601,761	967,957

Health Financial Systems		MCRIF32	FOR TERRE HAUTE REGIONAL HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD		
COST ALLOCATION - GENERAL SERVICE COSTS		I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/27/2009
		I	15-0046	I	FROM 9/ 1/2007	I	WORKSHEET B
		I		I	TO 8/31/2008	I	PART I
COST CENTER DESCRIPTION	NURSING ADMINISTRATION	INSERVICE CATION	EDU DS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL	
	14	14.01	17	25	26	27	
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
005	01 SECURITY						
006	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION	995,897					
014	01 INSERVICE EDUCATION	9,754	571,251				
017	MEDICAL RECORDS & LIBRARY		3,805	2,768,232			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	347,894	196,530	161,907	18,172,504	18,172,504	
026	INTENSIVE CARE UNIT	76,345	51,284	54,452	4,231,823	4,231,823	
031	SUBPROVIDER	50,839	2,735	47,597	2,703,270	2,703,270	
031	01 REHAB	42,761	16,350	28,257	2,939,615	2,939,615	
033	NURSERY	20,628	7,803	13,277	988,549	988,549	
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	119,844	30,262	302,114	7,217,283	7,217,283	
038	RECOVERY ROOM	13,518	6,644	37,759	840,763	840,763	
039	DELIVERY ROOM & LABOR ROO	24,588	14,938	36,410	1,711,757	1,711,757	
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	50,410	9,929	92,392	2,840,297	2,840,297	
041	01 CT SCAN	11,758	15,669	127,980	987,230	987,230	
041	02 ULTRASOUND	5,041	2,408	11,075	329,206	329,206	
042	RADIOLOGY-THERAPEUTIC	15,867	5,351	45,517	1,543,524	1,543,524	
043	RADIOISOTOPE	4,661	104	18,675	565,272	565,272	
044	LABORATORY		74,613	264,698	4,022,503	4,022,503	
046	WHOLE BLOOD & PACKED RED			30,392	1,037,280	1,037,280	
046	01 RENAL DIALYSIS	6		15,927	504,102	504,102	
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY		17,791	66,692	1,815,713	1,815,713	
050	PHYSICAL THERAPY	41,668	20,273	65,047	2,025,239	2,025,239	
053	ELECTROCARDIOLOGY	16,811	3,419	23,423	691,011	691,011	
054	ELECTROENCEPHALOGRAPHY	3,358	89	7,702	220,805	220,805	
054	01 ECHOCARDIOLOGY	8,319	1,382	36,024	500,945	500,945	
055	MEDICAL SUPPLIES CHARGED	14,707	119	372,590	13,416,383	13,416,383	
056	DRUGS CHARGED TO PATIENTS		5,737	522,481	6,801,360	6,801,360	
056	01 CARDIAC CATHETERIZATION	19,239	6,980	130,070	1,644,082	1,644,082	
056	02 GASTRO INTESTINAL SERVICE	28,074	15,086	155,443	1,741,699	1,741,699	
059	LITHOTRIPSY			2,412	110,579	110,579	
059	01 WOUND CARE	11,535	2,854	12,731	926,067	926,067	
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY	58,272	47,681	85,188	3,477,810	3,477,810	
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	995,897	559,836	2,768,232	84,006,671	84,006,671	
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				42,223	42,223	
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE COS						
100	01 OTHER NONREIMBURSABLE COS		11,415		1,670,590	1,670,590	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	995,897	571,251	2,768,232	85,719,484	85,719,484	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET B
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				18,162	40,806	58,968	58,968
005 01 SECURITY				431	968	1,399	
006 ADMINISTRATIVE & GENERAL	1,591,406			126,545	284,317	2,002,268	5,310
008 OPERATION OF PLANT				657,279	1,476,748	2,134,027	1,115
009 LAUNDRY & LINEN SERVICE				28,244	63,458	91,702	127
010 HOUSEKEEPING				10,162	22,831	32,993	1,302
011 DIETARY				46,135	103,655	149,790	595
012 CAFETERIA				29,425	66,111	95,536	621
014 NURSING ADMINISTRATION				7,897	17,742	25,639	1,063
014 01 INSERVICE EDUCATION				22,039	49,516	71,555	425
017 MEDICAL RECORDS & LIBRARY				36,460	81,917	118,377	1,326
025 ADULTS & PEDIATRICS	912			498,220	1,119,384	1,618,516	13,157
026 INTENSIVE CARE UNIT	271			84,781	190,483	275,535	3,501
031 SUBPROVIDER				76,541	171,970	248,511	1,883
031 01 REHAB				90,994	204,443	295,437	1,670
033 NURSERY				8,327	18,710	27,037	963
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				201,188	452,022	653,210	5,246
038 RECOVERY ROOM				12,563	28,226	40,789	750
039 DELIVERY ROOM & LABOR ROO				57,286	128,709	185,995	1,187
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				81,383	182,848	264,231	1,823
041 01 CT SCAN				12,778	28,710	41,488	467
041 02 ULTRASOUND				3,238	7,276	10,514	292
042 RADIOLOGY-THERAPEUTIC				49,270	110,698	159,968	726
043 RADIOISOTOPE				5,918	13,297	19,215	195
044 LABORATORY				45,210	101,576	146,786	2,259
046 WHOLE BLOOD & PACKED RED				2,552	5,735	8,287	
046 01 RENAL DIALYSIS				3,765	8,459	12,224	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				13,073	29,373	42,446	1,760
050 PHYSICAL THERAPY				60,692	136,361	197,053	1,870
053 ELECTROCARDIOLOGY				13,033	29,283	42,316	563
054 ELECTROENCEPHALOGRAPHY				8,694	19,534	28,228	126
054 01 ECHOCARDIOLOGY				4,451	10,000	14,451	433
055 MEDICAL SUPPLIES CHARGED				67,727	152,168	219,895	382
056 DRUGS CHARGED TO PATIENTS	123			21,417	48,118	69,658	2,312
056 01 CARDIAC CATHERIZATION				18,290	41,093	59,383	1,149
056 02 GASTRO INTESTINAL SERVICE				15,355	34,498	49,853	1,254
059 LITHOTRIPSY							
059 01 WOUND CARE				13,783	30,968	44,751	5
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				82,005	184,246	266,251	2,665
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,592,712			2,535,313	5,696,257	9,824,282	58,522
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				4,842	10,878	15,720	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				15,682	35,233	50,915	446
100 01 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,592,712			2,555,837	5,742,368	9,890,917	58,968

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET B
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION		SECURITY	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		5.01	6	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005	01 SECURITY	1,399						
006	ADMINISTRATIVE & GENERAL	71	2,007,649					
008	OPERATION OF PLANT	373	133,902	2,269,417				
009	LAUNDRY & LINEN SERVICE	16	14,961	37,867	144,673			
010	HOUSEKEEPING	6	37,312	13,624		85,237		
011	DIETARY	26	32,803	61,853		2,377	247,444	
012	CAFETERIA	17	19,665	39,449		1,516		156,804
014	NURSING ADMINISTRATION	4	22,211	10,587		407		2,127
014	01 INSERVICE EDUCATION	12	10,716	29,547		1,136		1,270
017	MEDICAL RECORDS & LIBRARY	21	60,077	48,881		1,879		6,536
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	281	321,474	667,956	59,635	25,670	152,464	45,032
026	INTENSIVE CARE UNIT	48	82,976	113,664	5,444	4,368	7,523	9,864
031	SUBPROVIDER	43	46,488	102,618	5,167	3,944	33,454	6,583
031	01 REHAB	51	52,119	121,995	6,155	4,688	25,622	5,346
033	NURSERY	5	20,937	11,164		429		2,685
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	114	131,041	269,730	38,773	10,366		15,533
038	RECOVERY ROOM	7	16,797	16,843		647		1,759
039	DELIVERY ROOM & LABOR ROO	32	31,218	76,803	6,565	2,952		3,200
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	46	53,279	109,109	3,409	4,193		6,561
041	01 CT SCAN	7	17,956	17,131		658		1,530
041	02 ULTRASOUND	2	6,851	4,342		167		656
042	RADIOLOGY-THERAPEUTIC	28	29,278	66,056		2,539		1,922
043	RADIOISOTOPE	3	11,998	7,935		305		607
044	LABORATORY	26	80,398	60,612		2,329		8,637
046	WHOLE BLOOD & PACKED RED	1	23,322	3,422		132		
046	01 RENAL DIALYSIS	2	11,049	5,047		194		1
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	7	38,471	17,527		674		5,126
050	PHYSICAL THERAPY		43,675					5,423
053	ELECTROCARDIOLOGY	7	13,514	17,474		672		2,188
054	ELECTROENCEPHALOGRAPHY	5	3,959	11,656		448		437
054	01 ECHOCARDIOLOGY	3	9,905	5,967	1,229	229		1,083
055	MEDICAL SUPPLIES CHARGED	38	297,959	90,801		3,490		1,914
056	DRUGS CHARGED TO PATIENTS	12	143,920	28,713		1,103		5,647
056	01 CARDIAC CATHERIZATION	10	32,616	24,521		942		2,504
056	02 GASTRO INTESTINAL SERVICE	9	34,044	20,586		791		3,654
059	LITHOTRIPSY		2,533					
059	01 WOUND CARE	8	19,392	18,479	2,132	710		11
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	46	65,584	109,943	16,164	4,225		7,584
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,387	1,974,400	2,241,902	144,673	84,180	219,063	155,420
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP	3	494	6,491		249		
098	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100	01 OTHER NONREIMBURSABLE COS	9	32,755	21,024		808	28,381	1,384
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,399	2,007,649	2,269,417	144,673	85,237	247,444	156,804

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	INSERVICE EDUCATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	14	14.01	17	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
005 01 SECURITY						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION	62,038					
014 01 INSERVICE EDUCATION	608	115,269				
017 MEDICAL RECORDS & LIBRARY		768	237,865			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	21,672	39,656	13,922	2,979,435		2,979,435
026 INTENSIVE CARE UNIT	4,756	10,348	4,682	522,709		522,709
031 SUBPROVIDER	3,167	552	4,093	456,503		456,503
031 01 REHAB	2,664	3,299	2,430	521,476		521,476
033 NURSERY	1,285	1,575	1,142	67,222		67,222
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	7,466	6,106	25,978	1,163,563		1,163,563
038 RECOVERY ROOM	842	1,341	3,247	83,022		83,022
039 DELIVERY ROOM & LABOR ROO	1,532	3,014	3,131	315,629		315,629
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	3,140	2,003	7,944	455,738		455,738
041 01 CT SCAN	732	3,162	11,005	94,136		94,136
041 02 ULTRASOUND	314	486	952	24,576		24,576
042 RADIOLOGY-THERAPEUTIC	988	1,080	3,914	266,499		266,499
043 RADIOISOTOPE	290	21	1,606	42,175		42,175
044 LABORATORY		15,056	22,760	338,863		338,863
046 WHOLE BLOOD & PACKED RED			2,613	37,777		37,777
046 01 RENAL DIALYSIS			1,370	29,887		29,887
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY		3,590	5,735	115,336		115,336
050 PHYSICAL THERAPY	2,596	4,091	5,593	260,301		260,301
053 ELECTROCARDIOLOGY	1,047	690	2,014	80,485		80,485
054 ELECTROENCEPHALOGRAPHY	209	18	662	45,748		45,748
054 01 ECHOCARDIOLOGY	518	279	3,098	37,195		37,195
055 MEDICAL SUPPLIES CHARGED	916	24	32,038	647,457		647,457
056 DRUGS CHARGED TO PATIENTS		1,158	44,759	297,282		297,282
056 01 CARDIAC CATHERIZATION	1,198	1,408	11,184	134,915		134,915
056 02 GASTRO INTESTINAL SERVICE	1,749	3,044	13,366	128,350		128,350
059 LITHOTRIPSY			207	2,740		2,740
059 01 WOUND CARE	719	576	1,095	87,878		87,878
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
061 EMERGENCY	3,630	9,621	7,325	493,038		493,038
062 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	62,038	112,966	237,865	9,729,935		9,729,935
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				22,957		22,957
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE COS						
100 01 OTHER NONREIMBURSABLE COS		2,303		138,025		138,025
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	62,038	115,269	237,865	9,890,917		9,890,917

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET B-1
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SECURITY
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	(SQUARE FOOTAGE)
	1	2	3	4	5	5.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	320,426					
003 OLD CAP REL COSTS-MVB		320,426				
004 NEW CAP REL COSTS-BLD			320,426			
005 NEW CAP REL COSTS-MVB				320,426		
005 EMPLOYEE BENEFITS	2,277	2,277	2,277	2,277	33,036,180	
005 01 SECURITY	54	54	54	54		310,486
006 ADMINISTRATIVE & GENE	15,865	15,865	15,865	15,865	2,974,805	15,865
008 OPERATION OF PLANT	82,403	82,403	82,403	82,403	624,382	82,403
009 LAUNDRY & LINEN SERVI	3,541	3,541	3,541	3,541	71,208	3,541
010 HOUSEKEEPING	1,274	1,274	1,274	1,274	729,254	1,274
011 DIETARY	5,784	5,784	5,784	5,784	333,183	5,784
012 CAFETERIA	3,689	3,689	3,689	3,689	347,809	3,689
014 NURSING ADMINISTRATIO	990	990	990	990	595,446	990
014 01 INSERVICE EDUCATION	2,763	2,763	2,763	2,763	237,866	2,763
017 MEDICAL RECORDS & LIB	4,571	4,571	4,571	4,571	742,869	4,571
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	62,462	62,462	62,462	62,462	7,374,294	62,462
026 INTENSIVE CARE UNIT	10,629	10,629	10,629	10,629	1,961,201	10,629
031 SUBPROVIDER	9,596	9,596	9,596	9,596	1,054,788	9,596
031 01 REHAB	11,408	11,408	11,408	11,408	935,341	11,408
033 NURSERY	1,044	1,044	1,044	1,044	539,684	1,044
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,223	25,223	25,223	25,223	2,939,037	25,223
038 RECOVERY ROOM	1,575	1,575	1,575	1,575	419,945	1,575
039 DELIVERY ROOM & LABOR	7,182	7,182	7,182	7,182	664,963	7,182
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	10,203	10,203	10,203	10,203	1,021,168	10,203
041 01 CT SCAN	1,602	1,602	1,602	1,602	261,372	1,602
041 02 ULTRASOUND	406	406	406	406	163,406	406
042 RADIOLOGY-THERAPEUTIC	6,177	6,177	6,177	6,177	406,964	6,177
043 RADIOISOTOPE	742	742	742	742	109,140	742
044 LABORATORY	5,668	5,668	5,668	5,668	1,265,315	5,668
046 WHOLE BLOOD & PACKED	320	320	320	320		320
046 01 RENAL DIALYSIS	472	472	472	472	80	472
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,639	1,639	1,639	1,639	986,074	1,639
050 PHYSICAL THERAPY	7,609	7,609	7,609	7,609	1,047,475	
053 ELECTROCARDIOLOGY	1,634	1,634	1,634	1,634	315,674	1,634
054 ELECTROENCEPHALOGRAPH	1,090	1,090	1,090	1,090	70,757	1,090
054 01 ECHOCARDIOLOGY	558	558	558	558	242,508	558
055 MEDICAL SUPPLIES CHAR	8,491	8,491	8,491	8,491	213,820	8,491
056 DRUGS CHARGED TO PATI	2,685	2,685	2,685	2,685	1,295,098	2,685
056 01 CARDIAC CATHERIZATION	2,293	2,293	2,293	2,293	643,775	2,293
056 02 GASTRO INTESTINAL SER	1,925	1,925	1,925	1,925	702,416	1,925
059 LITHOTRIPSY						
059 01 WOUND CARE	1,728	1,728	1,728	1,728	2,543	1,728
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY	10,281	10,281	10,281	10,281	1,492,785	10,281
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
065 SPEC PURPOSE COST CEN						
095 SUBTOTALS	317,853	317,853	317,853	317,853	32,786,445	307,913
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	607	607	607	607		607
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 OTHER NONREIMBURSABLE	1,966	1,966	1,966	1,966	249,735	1,966
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			2,555,837	5,742,368	6,312,610	174,427
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			7.976372		.191082	
104 (WRKSHT B, PT I)				17.921043		.561787
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					58,968	1,399
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001785	.004506
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FOOTAGE)	(POUNDS OF LAUNDRY)	(SQUARE FOOTAGE)	(MEALS SERVED)	(MANHOURS)
	6a.00	6	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 SECURITY							
006 ADMINISTRATIVE & GENERAL	-13,243,746	72,475,738					
008 OPERATION OF PLANT		4,833,846	212,218				
009 LAUNDRY & LINEN SERVICE		540,082	3,541	12,011			
010 HOUSEKEEPING		1,346,945	1,274		207,403		
011 DIETARY		1,184,167	5,784		5,784	139,098	
012 CAFETERIA		709,905	3,689		3,689		1,123,831
014 NURSING ADMINISTRATION		801,813	990		990		15,241
014 01 INSERVICE EDUCATION		386,854	2,763		2,763		9,099
017 MEDICAL RECORDS & LIB		2,168,766	4,571		4,571		46,841
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		11,605,162	62,462	4,951	62,462	85,706	322,758
026 INTENSIVE CARE UNIT		2,995,416	10,629	452	10,629	4,229	70,695
031 SUBPROVIDER		1,678,203	9,596	429	9,596	18,806	47,183
031 01 REHAB		1,881,496	11,408	511	11,408	14,403	38,316
033 NURSERY		755,834	1,044		1,044		19,242
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		4,730,562	25,223	3,219	25,223		111,325
038 RECOVERY ROOM		606,385	1,575		1,575		12,610
039 DELIVERY ROOM & LABOR		1,126,979	7,182	545	7,182		22,936
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		1,923,374	10,203	283	10,203		47,023
041 01 CT SCAN		648,200	1,602		1,602		10,968
041 02 ULTRASOUND		247,315	406		406		4,702
042 RADIOLOGY-THERAPEUTIC		1,056,916	6,177		6,177		13,773
043 RADIOISOTOPE		433,129	742		742		4,348
044 LABORATORY		2,902,349	5,668		5,668		61,900
046 WHOLE BLOOD & PACKED		841,910	320		320		
046 01 RENAL DIALYSIS		398,859	472		472		6
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,388,790	1,639		1,639		36,741
050 PHYSICAL THERAPY		1,576,664					38,868
053 ELECTROCARDIOLOGY		487,862	1,634		1,634		15,681
054 ELECTROENCEPHALOGRAPH		142,923	1,090		1,090		3,132
054 01 ECHOCARDIOLOGY		357,553	558	102	558		7,760
055 MEDICAL SUPPLIES CHARGED TO PATI		10,756,246	8,491		8,491		13,719
056 DRUGS CHARGED TO PATI		5,195,486	2,685		2,685		40,476
056 01 CARDIAC CATHETERIZATION		1,177,417	2,293		2,293		17,946
056 02 GASTRO INTESTINAL SER		1,228,996	1,925		1,925		26,188
059 LITHOTRIPSY		91,455					
059 01 WOUND CARE		700,029	1,728	177	1,728		80
060 OUTPAT SERVICE COST C							
061 CLINIC							
061 EMERGENCY		2,367,551	10,281	1,342	10,281		54,356
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	-13,243,746	71,275,439	209,645	12,011	204,830	123,144	1,113,913
096 NONREIMBURS COST CENTER							
097 GIFT, FLOWER, COFFEE RESEARCH		17,846	607		607		
098 PHYSICIANS' PRIVATE & NONPAID WORKERS							
099 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE		1,182,453	1,966		1,966	15,954	9,918
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		13,243,746	5,717,154	734,168	1,627,400	1,601,761	967,957
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.182734	26.940005	61.124636	7.846560	11.515342	.861301
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)		2,007,649	2,269,417	144,673	85,237	247,444	156,804
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.027701	10.693801	12.045042	.410973	1.778918	.139526

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET B-1
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	INSERVICE EDUCATION	MEDICAL RECORDS & LIBRARY
		(DIRECT NRSG HRS)	(TIME SPENT)	(GROSS REVENUE)
	GENERAL SERVICE COST	14	14.01	17
001	OLD CAP REL COSTS-BLD			
002	OLD CAP REL COSTS-MVB			
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
005	01 SECURITY			
006	ADMINISTRATIVE & GENE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO	928,977		
014	01 INSERVICE EDUCATION	9,099	960,846	
017	MEDICAL RECORDS & LIB		6,400	333,829,910
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	324,515	330,565	19,525,691
026	INTENSIVE CARE UNIT	71,215	86,260	6,566,776
031	SUBPROVIDER	47,423	4,600	5,740,077
031	01 REHAB	39,888	27,500	3,407,773
033	NURSERY	19,242	13,125	1,601,216
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	111,791	50,900	36,434,433
038	RECOVERY ROOM	12,610	11,175	4,553,710
039	DELIVERY ROOM & LABOR	22,936	25,125	4,391,023
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC	47,023	16,700	11,142,263
041	01 CT SCAN	10,968	26,356	15,434,210
041	02 ULTRASOUND	4,702	4,050	1,335,643
042	RADIOLOGY-THERAPEUTIC	14,801	9,000	5,489,215
043	RADIOISOTOPE	4,348	175	2,252,206
044	LABORATORY		125,500	31,922,068
046	WHOLE BLOOD & PACKED			3,665,206
046	01 RENAL DIALYSIS	6		1,920,766
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY		29,925	8,042,877
050	PHYSICAL THERAPY	38,868	34,100	7,844,557
053	ELECTROCARDIOLOGY	15,681	5,750	2,824,747
054	ELECTROENCEPHALOGRAPH	3,132	150	928,828
054	01 ECHOCARDIOLOGY	7,760	2,325	4,344,469
055	MEDICAL SUPPLIES CHAR	13,719	200	44,933,699
056	DRUGS CHARGED TO PATI		9,650	62,996,361
056	01 CARDIAC CATHERIZATION	17,946	11,740	15,686,172
056	02 GASTRO INTESTINAL SER	26,188	25,375	18,746,164
059	LITHOTRIPSY			290,892
059	01 WOUND CARE	10,760	4,800	1,535,317
	OUTPAT SERVICE COST C			
060	CLINIC			
061	EMERGENCY	54,356	80,200	10,273,551
062	OBSERVATION BEDS (NON			
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	928,977	941,646	333,829,910
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
097	RESEARCH			
098	PHYSICIANS' PRIVATE O			
099	NONPAID WORKERS			
100	OTHER NONREIMBURSABLE			
100	01 OTHER NONREIMBURSABLE		19,200	
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	995,897	571,251	2,768,232
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		.594529	
	(WRKSHT B, PT I)	1.072036		.008292
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	62,038	115,269	237,865
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		.119966	
	(WRKSHT B, PT III)	.066781		.000713

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET C
 I I TO 8/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,172,504		18,172,504		18,172,504
26	INTENSIVE CARE UNIT	4,231,823		4,231,823		4,231,823
31	SUBPROVIDER	2,703,270		2,703,270		2,703,270
31	01 REHAB	2,939,615		2,939,615		2,939,615
33	NURSERY	988,549		988,549		988,549
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,217,283		7,217,283		7,217,283
38	RECOVERY ROOM	840,763		840,763		840,763
39	DELIVERY ROOM & LABOR ROO	1,711,757		1,711,757		1,711,757
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,840,297		2,840,297	1,309	2,841,606
41	01 CT SCAN	987,230		987,230		987,230
41	02 ULTRASOUND	329,206		329,206		329,206
42	RADIOLOGY-THERAPEUTIC	1,543,524		1,543,524		1,543,524
43	RADIOISOTOPE	565,272		565,272		565,272
44	LABORATORY	4,022,503		4,022,503		4,022,503
46	WHOLE BLOOD & PACKED RED	1,037,280		1,037,280		1,037,280
46	01 RENAL DIALYSIS	504,102		504,102		504,102
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,815,713		1,815,713		1,815,713
50	PHYSICAL THERAPY	2,025,239		2,025,239		2,025,239
53	ELECTROCARDIOLOGY	691,011		691,011	704	691,715
54	ELECTROENCEPHALOGRAPHY	220,805		220,805		220,805
54	01 ECHOCARDIOLOGY	500,945		500,945		500,945
55	MEDICAL SUPPLIES CHARGED	13,416,383		13,416,383		13,416,383
56	DRUGS CHARGED TO PATIENTS	6,801,360		6,801,360		6,801,360
56	01 CARDIAC CATHERIZATION	1,644,082		1,644,082		1,644,082
56	02 GASTRO INTESTINAL SERVICE	1,741,699		1,741,699	23,820	1,765,519
59	LITHOTRIPSY	110,579		110,579		110,579
59	01 WOUND CARE	926,067		926,067	10,223	936,290
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,477,810		3,477,810		3,477,810
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,158,923		2,158,923		2,158,923
65	AMBULANCE SERVICES					
101	SUBTOTAL	86,165,594		86,165,594	36,056	86,201,650
102	LESS OBSERVATION BEDS	2,158,923		2,158,923		2,158,923
103	TOTAL	84,006,671		84,006,671	36,056	84,042,727

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	17,317,707		17,317,707			
26	INTENSIVE CARE UNIT	6,555,535		6,555,535			
31	SUBPROVIDER	5,740,077		5,740,077			
31	01 REHAB	3,407,773		3,407,773			
33	NURSERY	1,601,216		1,601,216			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,309,320	21,125,113	36,434,433	.198090	.198090	.198090
38	RECOVERY ROOM	1,651,649	2,902,061	4,553,710	.184633	.184633	.184633
39	DELIVERY ROOM & LABOR ROO	3,469,287	102,242	3,571,529	.479278	.479278	.479278
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,867,270	7,274,993	11,142,263	.254912	.254912	.255030
41	01 CT SCAN	6,512,098	8,922,112	15,434,210	.063964	.063964	.063964
41	02 ULTRASOUND	438,466	897,177	1,335,643	.246478	.246478	.246478
42	RADIOLOGY-THERAPEUTIC	438,253	5,050,962	5,489,215	.281192	.281192	.281192
43	RADIOISOTOPE	714,624	1,537,582	2,252,206	.250986	.250986	.250986
44	LABORATORY	17,705,478	14,216,590	31,922,068	.126010	.126010	.126010
46	WHOLE BLOOD & PACKED RED	3,091,961	573,245	3,665,206	.283007	.283007	.283007
46	01 RENAL DIALYSIS	1,911,929	8,837	1,920,766	.262448	.262448	.262448
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,591,637	451,240	8,042,877	.225754	.225754	.225754
50	PHYSICAL THERAPY	5,320,559	2,523,998	7,844,557	.258171	.258171	.258171
53	ELECTROCARDIOLOGY	1,034,929	1,789,818	2,824,747	.244628	.244628	.244877
54	ELECTROENCEPHALOGRAPHY	442,766	486,062	928,828	.237724	.237724	.237724
54	01 ECHOCARDIOLOGY	3,155,774	1,188,695	4,344,469	.115306	.115306	.115306
55	MEDICAL SUPPLIES CHARGED	25,116,655	19,817,044	44,933,699	.298582	.298582	.298582
56	DRUGS CHARGED TO PATIENTS	51,019,513	11,976,848	62,996,361	.107964	.107964	.107964
56	01 CARDIAC CATHETERIZATION	7,712,466	7,973,706	15,686,172	.104811	.104811	.104811
56	02 GASTRO INTESTINAL SERVICE	2,322,509	16,423,655	18,746,164	.092910	.092910	.094180
59	LITHOTRIPSY	4,528	286,364	290,892	.380138	.380138	.380138
59	01 WOUND CARE	62,905	1,472,412	1,535,317	.603176	.603176	.609835
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,623,345	7,650,206	10,273,551	.338521	.338521	.338521
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,033,910	2,004,809	3,038,719	.710471	.710471	.710471
65	AMBULANCE SERVICES						
101	SUBTOTAL	197,174,139	136,655,771	333,829,910			
102	LESS OBSERVATION BEDS						
103	TOTAL	197,174,139	136,655,771	333,829,910			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
I 15-0046 I FROM 9/ 1/2007 I WORKSHEET C
I I TO 8/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,172,504		18,172,504		18,172,504
26	INTENSIVE CARE UNIT	4,231,823		4,231,823		4,231,823
31	SUBPROVIDER	2,703,270		2,703,270		2,703,270
31	01 REHAB	2,939,615		2,939,615		2,939,615
33	NURSERY	988,549		988,549		988,549
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,217,283		7,217,283		7,217,283
38	RECOVERY ROOM	840,763		840,763		840,763
39	DELIVERY ROOM & LABOR ROO	1,711,757		1,711,757		1,711,757
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,840,297		2,840,297	1,309	2,841,606
41	01 CT SCAN	987,230		987,230		987,230
41	02 ULTRASOUND	329,206		329,206		329,206
42	RADIOLOGY-THERAPEUTIC	1,543,524		1,543,524		1,543,524
43	RADIOISOTOPE	565,272		565,272		565,272
44	LABORATORY	4,022,503		4,022,503		4,022,503
46	WHOLE BLOOD & PACKED RED	1,037,280		1,037,280		1,037,280
46	01 RENAL DIALYSIS	504,102		504,102		504,102
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,815,713		1,815,713		1,815,713
50	PHYSICAL THERAPY	2,025,239		2,025,239		2,025,239
53	ELECTROCARDIOLOGY	691,011		691,011	704	691,715
54	ELECTROENCEPHALOGRAPHY	220,805		220,805		220,805
54	01 ECHOCARDIOLOGY	500,945		500,945		500,945
55	MEDICAL SUPPLIES CHARGED	13,416,383		13,416,383		13,416,383
56	DRUGS CHARGED TO PATIENTS	6,801,360		6,801,360		6,801,360
56	01 CARDIAC CATHERIZATION	1,644,082		1,644,082		1,644,082
56	02 GASTRO INTESTINAL SERVICE	1,741,699		1,741,699	23,820	1,765,519
59	LITHOTRIPSY	110,579		110,579		110,579
59	01 WOUND CARE	926,067		926,067	10,223	936,290
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,477,810		3,477,810		3,477,810
62	OBSERVATION BEDS (NON-DIS	2,158,923		2,158,923		2,158,923
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	86,165,594		86,165,594	36,056	86,201,650
102	LESS OBSERVATION BEDS	2,158,923		2,158,923		2,158,923
103	TOTAL	84,006,671		84,006,671	36,056	84,042,727

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
I 15-0046 I FROM 9/ 1/2007 I WORKSHEET C
I I TO 8/31/2008 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	17,317,707		17,317,707			
26	INTENSIVE CARE UNIT	6,555,535		6,555,535			
31	SUBPROVIDER	5,740,077		5,740,077			
31 01	REHAB	3,407,773		3,407,773			
33	NURSERY	1,601,216		1,601,216			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,309,320	21,125,113	36,434,433	.198090	.198090	.198090
38	RECOVERY ROOM	1,651,649	2,902,061	4,553,710	.184633	.184633	.184633
39	DELIVERY ROOM & LABOR ROO	3,469,287	102,242	3,571,529	.479278	.479278	.479278
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,867,270	7,274,993	11,142,263	.254912	.254912	.255030
41 01	CT SCAN	6,512,098	8,922,112	15,434,210	.063964	.063964	.063964
41 02	ULTRASOUND	438,466	897,177	1,335,643	.246478	.246478	.246478
42	RADIOLOGY-THERAPEUTIC	438,253	5,050,962	5,489,215	.281192	.281192	.281192
43	RADIOISOTOPE	714,624	1,537,582	2,252,206	.250986	.250986	.250986
44	LABORATORY	17,705,478	14,216,590	31,922,068	.126010	.126010	.126010
46	WHOLE BLOOD & PACKED RED	3,091,961	573,245	3,665,206	.283007	.283007	.283007
46 01	RENAL DIALYSIS	1,911,929	8,837	1,920,766	.262448	.262448	.262448
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,591,637	451,240	8,042,877	.225754	.225754	.225754
50	PHYSICAL THERAPY	5,320,559	2,523,998	7,844,557	.258171	.258171	.258171
53	ELECTROCARDIOLOGY	1,034,929	1,789,818	2,824,747	.244628	.244628	.244877
54	ELECTROENCEPHALOGRAPHY	442,766	486,062	928,828	.237724	.237724	.237724
54 01	ECHOCARDIOLOGY	3,155,774	1,188,695	4,344,469	.115306	.115306	.115306
55	MEDICAL SUPPLIES CHARGED	25,116,655	19,817,044	44,933,699	.298582	.298582	.298582
56	DRUGS CHARGED TO PATIENTS	51,019,513	11,976,848	62,996,361	.107964	.107964	.107964
56 01	CARDIAC CATHETERIZATION	7,712,466	7,973,706	15,686,172	.104811	.104811	.104811
56 02	GASTRO INTESTINAL SERVICE	2,322,509	16,423,655	18,746,164	.092910	.092910	.094180
59	LITHOTRIPSY	4,528	286,364	290,892	.380138	.380138	.380138
59 01	WOUND CARE	62,905	1,472,412	1,535,317	.603176	.603176	.609835
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,623,345	7,650,206	10,273,551	.338521	.338521	.338521
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,033,910	2,004,809	3,038,719	.710471	.710471	.710471
65	AMBULANCE SERVICES						
101	SUBTOTAL	197,174,139	136,655,771	333,829,910			
102	LESS OBSERVATION BEDS						
103	TOTAL	197,174,139	136,655,771	333,829,910			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,217,283	1,163,563	6,053,720			7,217,283
38	RECOVERY ROOM	840,763	83,022	757,741			840,763
39	DELIVERY ROOM & LABOR ROO	1,711,757	315,629	1,396,128			1,711,757
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,840,297	455,738	2,384,559			2,840,297
41 01	CT SCAN	987,230	94,136	893,094			987,230
41 02	ULTRASOUND	329,206	24,576	304,630			329,206
42	RADIOLOGY-THERAPEUTIC	1,543,524	266,499	1,277,025			1,543,524
43	RADIOISOTOPE	565,272	42,175	523,097			565,272
44	LABORATORY	4,022,503	338,863	3,683,640			4,022,503
46	WHOLE BLOOD & PACKED RED	1,037,280	37,777	999,503			1,037,280
46 01	RENAL DIALYSIS	504,102	29,887	474,215			504,102
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,815,713	115,336	1,700,377			1,815,713
50	PHYSICAL THERAPY	2,025,239	260,301	1,764,938			2,025,239
53	ELECTROCARDIOLOGY	691,011	80,485	610,526			691,011
54	ELECTROENCEPHALOGRAPHY	220,805	45,748	175,057			220,805
54 01	ECHOCARDIOLOGY	500,945	37,195	463,750			500,945
55	MEDICAL SUPPLIES CHARGED	13,416,383	647,457	12,768,926			13,416,383
56	DRUGS CHARGED TO PATIENTS	6,801,360	297,282	6,504,078			6,801,360
56 01	CARDIAC CATHERIZATION	1,644,082	134,915	1,509,167			1,644,082
56 02	GASTRO INTESTINAL SERVICE	1,741,699	128,350	1,613,349			1,741,699
59	LITHOTRIPSY	110,579	2,740	107,839			110,579
59 01	WOUND CARE	926,067	87,878	838,189			926,067
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,477,810	493,038	2,984,772			3,477,810
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,158,923	353,962	1,804,961			2,158,923
65	AMBULANCE SERVICES						
101	SUBTOTAL	57,129,833	5,536,552	51,593,281			57,129,833
102	LESS OBSERVATION BEDS	2,158,923	353,962	1,804,961			2,158,923
103	TOTAL	54,970,910	5,182,590	49,788,320			54,970,910

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	36,434,433	.198090	.198090
38	RECOVERY ROOM	4,553,710	.184633	.184633
39	DELIVERY ROOM & LABOR ROO	3,571,529	.479278	.479278
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	11,142,263	.254912	.254912
41	01 CT SCAN	15,434,210	.063964	.063964
41	02 ULTRASOUND	1,335,643	.246478	.246478
42	RADIOLOGY-THERAPEUTIC	5,489,215	.281192	.281192
43	RADIOISOTOPE	2,252,206	.250986	.250986
44	LABORATORY	31,922,068	.126010	.126010
46	WHOLE BLOOD & PACKED RED	3,665,206	.283007	.283007
46	01 RENAL DIALYSIS	1,920,766	.262448	.262448
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	8,042,877	.225754	.225754
50	PHYSICAL THERAPY	7,844,557	.258171	.258171
53	ELECTROCARDIOLOGY	2,824,747	.244628	.244628
54	ELECTROENCEPHALOGRAPHY	928,828	.237724	.237724
54	01 ECHOCARDIOLOGY	4,344,469	.115306	.115306
55	MEDICAL SUPPLIES CHARGED	44,933,699	.298582	.298582
56	DRUGS CHARGED TO PATIENTS	62,996,361	.107964	.107964
56	01 CARDIAC CATHERIZATION	15,686,172	.104811	.104811
56	02 GASTRO INTESTINAL SERVICE	18,746,164	.092910	.092910
59	LITHOTRIPSY	290,892	.380138	.380138
59	01 WOUND CARE	1,535,317	.603176	.603176
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	10,273,551	.338521	.338521
62	OBSERVATION BEDS (NON-DIS	3,038,719	.710471	.710471
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	299,207,602		
102	LESS OBSERVATION BEDS	3,038,719		
103	TOTAL	296,168,883		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,217,283	1,163,563	6,053,720	116,356	351,116	6,749,811
38	RECOVERY ROOM	840,763	83,022	757,741	8,302	43,949	788,512
39	DELIVERY ROOM & LABOR ROO	1,711,757	315,629	1,396,128	31,563	80,975	1,599,219
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,840,297	455,738	2,384,559	45,574	138,304	2,656,419
41 01	CT SCAN	987,230	94,136	893,094	9,414	51,799	926,017
41 02	ULTRASOUND	329,206	24,576	304,630	2,458	17,669	309,079
42	RADIOLOGY-THERAPEUTIC	1,543,524	266,499	1,277,025	26,650	74,067	1,442,807
43	RADIOISOTOPE	565,272	42,175	523,097	4,218	30,340	530,714
44	LABORATORY	4,022,503	338,863	3,683,640	33,886	213,651	3,774,966
46	WHOLE BLOOD & PACKED RED	1,037,280	37,777	999,503	3,778	57,971	975,531
46 01	RENAL DIALYSIS	504,102	29,887	474,215	2,989	27,504	473,609
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,815,713	115,336	1,700,377	11,534	98,622	1,705,557
50	PHYSICAL THERAPY	2,025,239	260,301	1,764,938	26,030	102,366	1,896,843
53	ELECTROCARDIOLOGY	691,011	80,485	610,526	8,049	35,411	647,551
54	ELECTROENCEPHALOGRAPHY	220,805	45,748	175,057	4,575	10,153	206,077
54 01	ECHOCARDIOLOGY	500,945	37,195	463,750	3,720	26,898	470,327
55	MEDICAL SUPPLIES CHARGED	13,416,383	647,457	12,768,926	64,746	740,598	12,611,039
56	DRUGS CHARGED TO PATIENTS	6,801,360	297,282	6,504,078	29,728	377,237	6,394,395
56 01	CARDIAC CATHERIZATION	1,644,082	134,915	1,509,167	13,492	87,532	1,543,058
56 02	GASTRO INTESTINAL SERVICE	1,741,699	128,350	1,613,349	12,835	93,574	1,635,290
59	LITHOTRIPSY	110,579	2,740	107,839	274	6,255	104,050
59 01	WOUND CARE	926,067	87,878	838,189	8,788	48,615	868,664
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	3,477,810	493,038	2,984,772	49,304	173,117	3,255,389
62	OBSERVATION BEDS (NON-DIS	2,158,923	353,962	1,804,961	35,396	104,688	2,018,839
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	57,129,833	5,536,552	51,593,281	553,659	2,992,411	53,583,763
102	LESS OBSERVATION BEDS	2,158,923	353,962	1,804,961	35,396	104,688	2,018,839
103	TOTAL	54,970,910	5,182,590	49,788,320	518,263	2,887,723	51,564,924

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	36,434,433	.185259	.194896
38	RECOVERY ROOM	4,553,710	.173158	.182809
39	DELIVERY ROOM & LABOR ROO	3,571,529	.447769	.470441
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	11,142,263	.238409	.250822
41	01 CT SCAN	15,434,210	.059998	.063354
41	02 ULTRASOUND	1,335,643	.231408	.244637
42	RADIOLOGY-THERAPEUTIC	5,489,215	.262844	.276337
43	RADIOISOTOPE	2,252,206	.235642	.249113
44	LABORATORY	31,922,068	.118256	.124949
46	WHOLE BLOOD & PACKED RED	3,665,206	.266160	.281977
46	01 RENAL DIALYSIS	1,920,766	.246573	.260892
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	8,042,877	.212058	.224320
50	PHYSICAL THERAPY	7,844,557	.241804	.254853
53	ELECTROCARDIOLOGY	2,824,747	.229242	.241778
54	ELECTROENCEPHALOGRAPHY	928,828	.221868	.232799
54	01 ECHOCARDIOLOGY	4,344,469	.108259	.114450
55	MEDICAL SUPPLIES CHARGED	44,933,699	.280659	.297141
56	DRUGS CHARGED TO PATIENTS	62,996,361	.101504	.107492
56	01 CARDIAC CATHERIZATION	15,686,172	.098371	.103951
56	02 GASTRO INTESTINAL SERVICE	18,746,164	.087233	.092225
59	LITHOTRIPSY	290,892	.357693	.379196
59	01 WOUND CARE	1,535,317	.565788	.597453
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	10,273,551	.316871	.333722
62	OBSERVATION BEDS (NON-DIS	3,038,719	.664372	.698823
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	299,207,602		
102	LESS OBSERVATION BEDS	3,038,719		
103	TOTAL	296,168,883		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
 I I TO 8/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	25,816	13,909			115.41	1,605,238
26	INTENSIVE CARE UNIT	3,431	1,989			152.35	303,024
31	SUBPROVIDER	3,336	1,686			136.84	230,712
31 01	REHAB	3,794	3,212			137.45	441,489
33	NURSERY	1,668				40.30	
101	TOTAL	38,045	20,796				2,580,463

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2008 I PART II
 I 15-0046 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,163,563	36,434,433	11,984,013		
38	RECOVERY ROOM		83,022	4,553,710	1,038,341		
39	DELIVERY ROOM & LABOR ROO		315,629	3,571,529	799,347		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		455,738	11,142,263	2,170,156		
41 01	CT SCAN		94,136	15,434,210	3,613,852		
41 02	ULTRASOUND		24,576	1,335,643	242,614		
42	RADIOLOGY-THERAPEUTIC		266,499	5,489,215	159,751		
43	RADIOISOTOPE		42,175	2,252,206	440,320		
44	LABORATORY		338,863	31,922,068	9,740,384		
46	WHOLE BLOOD & PACKED RED		37,777	3,665,206	1,972,598		
46 01	RENAL DIALYSIS		29,887	1,920,766	1,307,378		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		115,336	8,042,877	4,518,972		
50	PHYSICAL THERAPY		260,301	7,844,557	1,034,850		
53	ELECTROCARDIOLOGY		80,485	2,824,747	664,885		
54	ELECTROENCEPHALOGRAPHY		45,748	928,828	242,666		
54 01	ECHOCARDIOLOGY		37,195	4,344,469	2,026,688		
55	MEDICAL SUPPLIES CHARGED		647,457	44,933,699	11,763,436		
56	DRUGS CHARGED TO PATIENTS		297,282	62,996,361	24,954,353		
56 01	CARDIAC CATHERIZATION		134,915	15,686,172	4,566,246		
56 02	GASTRO INTESTINAL SERVICE		128,350	18,746,164	1,423,127		
59	LITHOTRIPSY		2,740	290,892			
59 01	WOUND CARE		87,878	1,535,317	23,618		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		493,038	10,273,551	1,381,871		
62	OBSERVATION BEDS (NON-DIS		353,962	3,038,719			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		5,536,552	299,207,602	86,069,466		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031936	382,721
38	RECOVERY ROOM	.018232	18,931
39	DELIVERY ROOM & LABOR ROO	.088374	70,641
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.040902	88,764
41 01	CT SCAN	.006099	22,041
41 02	ULTRASOUND	.018400	4,464
42	RADIOLOGY-THERAPEUTIC	.048550	7,756
43	RADIOISOTOPE	.018726	8,245
44	LABORATORY	.010615	103,394
46	WHOLE BLOOD & PACKED RED	.010307	20,332
46 01	RENAL DIALYSIS	.015560	20,343
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.014340	64,802
50	PHYSICAL THERAPY	.033182	34,338
53	ELECTROCARDIOLOGY	.028493	18,945
54	ELECTROENCEPHALOGRAPHY	.049253	11,952
54 01	ECHOCARDIOLOGY	.008561	17,350
55	MEDICAL SUPPLIES CHARGED	.014409	169,499
56	DRUGS CHARGED TO PATIENTS	.004719	117,760
56 01	CARDIAC CATHERIZATION	.008601	39,274
56 02	GASTRO INTESTINAL SERVICE	.006847	9,744
59	LITHOTRIPSY	.009419	
59 01	WOUND CARE	.057238	1,352
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.047991	66,317
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.116484	
65	AMBULANCE SERVICES		
101	TOTAL		1,298,965

Health Financial Systems MCRIF32

FOR TERRE HAUTE REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/27/2009
I	15-0046	I	FROM	9/ 1/2007	I	WORKSHEET D
I		I	TO	8/31/2008	I	PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					25,816	
26	ADULTS & PEDIATRICS					3,431	
31	INTENSIVE CARE UNIT					3,336	
31	01 SUBPROVIDER					3,794	
33	REHAB					1,668	
101	NURSERY					38,045	
	TOTAL						

Health Financial Systems MCRIF32

FOR TERRE HAUTE REGIONAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
I I TO 8/31/2008 I PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	13,909	
26	INTENSIVE CARE UNIT	1,989	
31	SUBPROVIDER	1,686	
31 01	REHAB	3,212	
33	NURSERY		
101	TOTAL	20,796	

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
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROO					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
41	01	CT SCAN					
41	02	ULTRASOUND					
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE					
44		LABORATORY					
46		WHOLE BLOOD & PACKED RED					
46	01	RENAL DIALYSIS					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
54	01	ECHOCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS					
56	01	CARDIAC CATHERIZATION					
56	02	GASTRO INTESTINAL SERVICE					
59		LITHOTRIPSY					
59	01	WOUND CARE					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		TOTAL					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			36,434,433			11,984,013	
38	RECOVERY ROOM			4,553,710			1,038,341	
39	DELIVERY ROOM & LABOR ROO			3,571,529			799,347	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			11,142,263			2,170,156	
41 01	CT SCAN			15,434,210			3,613,852	
41 02	ULTRASOUND			1,335,643			242,614	
42	RADIOLOGY-THERAPEUTIC			5,489,215			159,751	
43	RADIOISOTOPE			2,252,206			440,320	
44	LABORATORY			31,922,068			9,740,384	
46	WHOLE BLOOD & PACKED RED			3,665,206			1,972,598	
46 01	RENAL DIALYSIS			1,920,766			1,307,378	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			8,042,877			4,518,972	
50	PHYSICAL THERAPY			7,844,557			1,034,850	
53	ELECTROCARDIOLOGY			2,824,747			664,885	
54	ELECTROENCEPHALOGRAPHY			928,828			242,666	
54 01	ECHOCARDIOLOGY			4,344,469			2,026,688	
55	MEDICAL SUPPLIES CHARGED			44,933,699			11,763,436	
56	DRUGS CHARGED TO PATIENTS			62,996,361			24,954,353	
56 01	CARDIAC CATHERIZATION			15,686,172			4,566,246	
56 02	GASTRO INTESTINAL SERVICE			18,746,164			1,423,127	
59	LITHOTRIPSY			290,892				
59 01	WOUND CARE			1,535,317			23,618	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			10,273,551			1,381,871	
62	OBSERVATION BEDS (NON-DIS			3,038,719				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			299,207,602			86,069,466	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS		8	8.01	8.02	9	
37	OPERATING ROOM	5,793,717					
38	RECOVERY ROOM	587,237					
39	DELIVERY ROOM & LABOR ROO	429					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,093,044					
41 01	CT SCAN	2,827,594					
41 02	ULTRASOUND	171,629					
42	RADIOLOGY-THERAPEUTIC	2,613,558					
43	RADIOISOTOPE	564,074					
44	LABORATORY	4,413,836					
46	WHOLE BLOOD & PACKED RED						
46 01	RENAL DIALYSIS	6,872					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	131,864					
50	PHYSICAL THERAPY	842,626					
53	ELECTROCARDIOLOGY	630,548					
54	ELECTROENCEPHALOGRAPHY	88,850					
54 01	ECHOCARDIOLOGY	413,207					
55	MEDICAL SUPPLIES CHARGED	9,276,814					
56	DRUGS CHARGED TO PATIENTS	4,155,173					
56 01	CARDIAC CATHERIZATION	5,624,946					
56 02	GASTRO INTESTINAL SERVICE	6,748,851					
59	LITHOTRIPSY	87,637					
59 01	WOUND CARE	973,666					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,540,062					
62	OBSERVATION BEDS (NON-DIS	827,730					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	50,413,964					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2008 I PART V
 I 15-0046 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.198090	.198090			
38 RECOVERY ROOM	.184633	.184633			
39 DELIVERY ROOM & LABOR ROOM	.479278	.479278			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.254912	.254912			
41 01 CT SCAN	.063964	.063964			
41 02 ULTRASOUND	.246478	.246478			
42 RADIOLOGY-THERAPEUTIC	.281192	.281192			
43 RADIOISOTOPE	.250986	.250986			
44 LABORATORY	.126010	.126010			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007	.283007			
46 01 RENAL DIALYSIS	.262448	.262448			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.225754	.225754			
50 PHYSICAL THERAPY	.258171	.258171			
53 ELECTROCARDIOLOGY	.244628	.244628			
54 ELECTROENCEPHALOGRAPHY	.237724	.237724			
54 01 ECHOCARDIOLOGY	.115306	.115306			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	.298582			
56 DRUGS CHARGED TO PATIENTS	.107964	.107964			
56 01 CARDIAC CATHERIZATION	.104811	.104811			
56 02 GASTRO INTESTINAL SERVICES	.092910	.092910			
59 LITHOTRIPSY	.380138	.380138			
59 01 WOUND CARE	.603176	.603176			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.338521	.338521			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.710471	.710471			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		5,793,717			
38 RECOVERY ROOM		587,237			
39 DELIVERY ROOM & LABOR ROOM		429			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,093,044			
41 01 CT SCAN		2,827,594			
41 02 ULTRASOUND		171,629			
42 RADIOLOGY-THERAPEUTIC		2,613,558			
43 RADIOISOTOPE		564,074			
44 LABORATORY		4,413,836			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 RENAL DIALYSIS		6,872			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		131,864			
50 PHYSICAL THERAPY		842,626			
53 ELECTROCARDIOLOGY		630,548			
54 ELECTROENCEPHALOGRAPHY		88,850			
54 01 ECHOCARDIOLOGY		413,207			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,276,814			
56 DRUGS CHARGED TO PATIENTS		4,155,173	1,229		
56 01 CARDIAC CATHERIZATION		5,624,946			
56 02 GASTRO INTESTINAL SERVICES		6,748,851			
59 LITHOTRIPSY		87,637			
59 01 WOUND CARE		973,666			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		1,540,062			
62 OBSERVATION BEDS (NON-DISTINCT PART)		827,730			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		50,413,964	1,229		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		50,413,964	1,229		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B		HOSPITAL				
Cost Center Description		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,147,677	
38	RECOVERY ROOM				108,423	
39	DELIVERY ROOM & LABOR ROOM				206	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				533,542	
41 01	CT SCAN				180,864	
41 02	ULTRASOUND				42,303	
42	RADIOLOGY-THERAPEUTIC				734,912	
43	RADIOISOTOPE				141,575	
44	LABORATORY				556,187	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01	RENAL DIALYSIS				1,804	
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				29,769	
50	PHYSICAL THERAPY				217,542	
53	ELECTROCARDIOLOGY				154,250	
54	ELECTROENCEPHALOGRAPHY				21,122	
54 01	ECHOCARDIOLOGY				47,645	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,769,890	
56	DRUGS CHARGED TO PATIENTS				448,609	133
56 01	CARDIAC CATHERIZATION				589,556	
56 02	GASTRO INTESTINAL SERVICES				627,036	
59	LITHOTRIPSY				33,314	
59 01	WOUND CARE				587,292	
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY				521,343	
62	OBSERVATION BEDS (NON-DISTINCT PART)				588,078	
62	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				10,082,939	133
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
103	PROGRAM ONLY CHARGES					
104	NET CHARGES				10,082,939	133

(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	PPS Services I/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CT SCAN			
41 02 ULTRASOUND			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
46 01 RENAL DIALYSIS			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
54 01 ECHOCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
56 01 CARDIAC CATHERIZATION			
56 02 GASTRO INTESTINAL SERVICES			
59 LITHOTRIPSY			
59 01 WOUND CARE			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR TERRE HAUTE REGIONAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 8/31/2008 I PART VI
I 15-0046 I

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.107964
2	PROGRAM VACCINE CHARGES		13,412
3	PROGRAM COSTS		1,448

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,163,563	36,434,433			
38	RECOVERY ROOM		83,022	4,553,710			
39	DELIVERY ROOM & LABOR ROO		315,629	3,571,529			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		455,738	11,142,263	39,190		
41 01	CT SCAN		94,136	15,434,210	38,080		
41 02	ULTRASOUND		24,576	1,335,643	5,178		
42	RADIOLOGY-THERAPEUTIC		266,499	5,489,215			
43	RADIOISOTOPE		42,175	2,252,206			
44	LABORATORY		338,863	31,922,068	381,981		
46	WHOLE BLOOD & PACKED RED		37,777	3,665,206			
46 01	RENAL DIALYSIS		29,887	1,920,766			
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		115,336	8,042,877	1,547		
50	PHYSICAL THERAPY		260,301	7,844,557	9,298		
53	ELECTROCARDIOLOGY		80,485	2,824,747	19,563		
54	ELECTROENCEPHALOGRAPHY		45,748	928,828	5,557		
54 01	ECHOCARDIOLOGY		37,195	4,344,469	18,414		
55	MEDICAL SUPPLIES CHARGED		647,457	44,933,699	10,618		
56	DRUGS CHARGED TO PATIENTS		297,282	62,996,361	469,715		
56 01	CARDIAC CATHERIZATION		134,915	15,686,172			
56 02	GASTRO INTESTINAL SERVICE		128,350	18,746,164			
59	LITHOTRIPSY		2,740	290,892			
59 01	WOUND CARE		87,878	1,535,317			
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		493,038	10,273,551	69,175		
62	OBSERVATION BEDS (NON-DIS		353,962	3,038,719			
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		5,536,552	299,207,602	1,068,316		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2008 I PART II
 I 15-S046 I
 TEFRA

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.031936	
38	RECOVERY ROOM	.018232	
39	DELIVERY ROOM & LABOR ROO	.088374	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.040902	1,603
41 01	CT SCAN	.006099	232
41 02	ULTRASOUND	.018400	95
42	RADIOLOGY-THERAPEUTIC	.048550	
43	RADIOISOTOPE	.018726	
44	LABORATORY	.010615	4,055
46	WHOLE BLOOD & PACKED RED	.010307	
46 01	RENAL DIALYSIS	.015560	
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.014340	22
50	PHYSICAL THERAPY	.033182	309
53	ELECTROCARDIOLOGY	.028493	557
54	ELECTROENCEPHALOGRAPHY	.049253	274
54 01	ECHOCARDIOLOGY	.008561	158
55	MEDICAL SUPPLIES CHARGED	.014409	153
56	DRUGS CHARGED TO PATIENTS	.004719	2,217
56 01	CARDIAC CATHERIZATION	.008601	
56 02	GASTRO INTESTINAL SERVICE	.006847	
59	LITHOTRIPSY	.009419	
59 01	WOUND CARE	.057238	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.047991	3,320
62	OBSERVATION BEDS (NON-DIS	.116484	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		12,995

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 01	RENAL DIALYSIS						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	ECHOCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56 01	CARDIAC CATHERIZATION						
56 02	GASTRO INTESTINAL SERVICE						
59	LITHOTRIPSY						
59 01	WOUND CARE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

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			36,434,433				
38	RECOVERY ROOM			4,553,710				
39	DELIVERY ROOM & LABOR ROO			3,571,529				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			11,142,263			39,190	
41 01	CT SCAN			15,434,210			38,080	
41 02	ULTRASOUND			1,335,643			5,178	
42	RADIOLOGY-THERAPEUTIC			5,489,215				
43	RADIOISOTOPE			2,252,206				
44	LABORATORY			31,922,068			381,981	
46	WHOLE BLOOD & PACKED RED			3,665,206				
46 01	RENAL DIALYSIS			1,920,766				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			8,042,877			1,547	
50	PHYSICAL THERAPY			7,844,557			9,298	
53	ELECTROCARDIOLOGY			2,824,747			19,563	
54	ELECTROENCEPHALOGRAPHY			928,828			5,557	
54 01	ECHOCARDIOLOGY			4,344,469			18,414	
55	MEDICAL SUPPLIES CHARGED			44,933,699			10,618	
56	DRUGS CHARGED TO PATIENTS			62,996,361			469,715	
56 01	CARDIAC CATHETERIZATION			15,686,172				
56 02	GASTRO INTESTINAL SERVICE			18,746,164				
59	LITHOTRIPSY			290,892				
59 01	WOUND CARE			1,535,317				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
61	EMERGENCY			10,273,551			69,175	
62	OBSERVATION BEDS (NON-DIS			3,038,719				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			299,207,602			1,068,316	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 01	RENAL DIALYSIS						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	2,462					
54	ELECTROENCEPHALOGRAPHY						
54 01	ECHOCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED		26				
56	DRUGS CHARGED TO PATIENTS		293				
56 01	CARDIAC CATHERIZATION						
56 02	GASTRO INTESTINAL SERVICE						
59	LITHOTRIPSY						
59 01	WOUND CARE						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		279				
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,060				

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCLLARY SRVC COST CNTRS					
37 OPERATING ROOM	.198090	.198090			
38 RECOVERY ROOM	.184633	.184633			
39 DELIVERY ROOM & LABOR ROOM	.479278	.479278			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.254912	.254912			
41 01 CT SCAN	.063964	.063964			
41 02 ULTRASOUND	.246478	.246478			
42 RADIOLOGY-THERAPEUTIC	.281192	.281192			
43 RADIOISOTOPE	.250986	.250986			
44 LABORATORY	.126010	.126010			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007	.283007			
46 01 RENAL DIALYSIS	.262448	.262448			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.225754	.225754			
50 PHYSICAL THERAPY	.258171	.258171			
53 ELECTROCARDIOLOGY	.244628	.244628			
54 ELECTROENCEPHALOGRAPHY	.237724	.237724			
54 01 ECHOCARDIOLOGY	.115306	.115306			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	.298582			
56 DRUGS CHARGED TO PATIENTS	.107964	.107964			
56 01 CARDIAC CATHERIZATION	.104811	.104811			
56 02 GASTRO INTESTINAL SERVICES	.092910	.092910			
59 LITHOTRIPSY	.380138	.380138			
59 01 WOUND CARE	.603176	.603176			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.338521	.338521			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.710471	.710471			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) 37 ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
38 OPERATING ROOM					
39 RECOVERY ROOM					
40 DELIVERY ROOM & LABOR ROOM					
41 ANESTHESIOLOGY					
41 01 RADIOLOGY-DIAGNOSTIC					
41 02 CT SCAN					
42 02 ULTRASOUND					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 RENAL DIALYSIS					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		2,462			
54 ELECTROENCEPHALOGRAPHY					
54 01 ECHOCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		26			
56 DRUGS CHARGED TO PATIENTS		293			
56 01 CARDIAC CATHERIZATION			147		
56 02 GASTRO INTESTINAL SERVICES					
59 LITHOTRIPSY					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		279			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		3,060	147		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES		3,060	147		
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

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CT SCAN					
41 02 ULTRASOUND					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 RENAL DIALYSIS					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				602	
54 ELECTROENCEPHALOGRAPHY					
54 01 ECHOCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				8	
56 DRUGS CHARGED TO PATIENTS				32	16
56 01 CARDIAC CATHERIZATION					
56 02 GASTRO INTESTINAL SERVICES					
59 LITHOTRIPSY					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				94	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				736	16
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES				736	16

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

TITLE XVIII, PART B

SUBPROVIDER 1

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

Cost Center Description 9.03 10 11

- (A) 37 ANCILLARY SRVC COST CNTRS
- 38 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CT SCAN
- 41 02 ULTRASOUND
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 46 01 RENAL DIALYSIS
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 ECHOCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 56 01 CARDIAC CATHERIZATION
- 56 02 GASTRO INTESTINAL SERVICES
- 59 LITHOTRIPSY
- 59 01 WOUND CARE
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR TERRE HAUTE REGIONAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/27/2009
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-0046	I	FROM 9/ 1/2007	I	WORKSHEET D	
	I	COMPONENT NO:	I	TO 8/31/2008	I	PART VI	
	I	15-S046	I		I		

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.107964
2	PROGRAM VACCINE CHARGES		262
3	PROGRAM COSTS		28

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2008 I PART II
 I 15-T046 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,163,563	36,434,433	33,697		
38	RECOVERY ROOM		83,022	4,553,710	1,005		
39	DELIVERY ROOM & LABOR ROO		315,629	3,571,529			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		455,738	11,142,263	122,101		
41 01	CT SCAN		94,136	15,434,210	79,184		
41 02	ULTRASOUND		24,576	1,335,643	4,747		
42	RADIOLOGY-THERAPEUTIC		266,499	5,489,215	48,113		
43	RADIOISOTOPE		42,175	2,252,206	20,917		
44	LABORATORY		338,863	31,922,068	476,141		
46	WHOLE BLOOD & PACKED RED		37,777	3,665,206	95,460		
46 01	RENAL DIALYSIS		29,887	1,920,766	140,873		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		115,336	8,042,877	282,728		
50	PHYSICAL THERAPY		260,301	7,844,557	3,283,015		
53	ELECTROCARDIOLOGY		80,485	2,824,747	11,112		
54	ELECTROENCEPHALOGRAPHY		45,748	928,828	8,197		
54 01	ECHOCARDIOLOGY		37,195	4,344,469	36,741		
55	MEDICAL SUPPLIES CHARGED		647,457	44,933,699	154,735		
56	DRUGS CHARGED TO PATIENTS		297,282	62,996,361	1,795,003		
56 01	CARDIAC CATHERIZATION		134,915	15,686,172	4,899		
56 02	GASTRO INTESTINAL SERVICE		128,350	18,746,164	6,925		
59	LITHOTRIPSY		2,740	290,892			
59 01	WOUND CARE		87,878	1,535,317	1,079		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY		493,038	10,273,551			
62	OBSERVATION BEDS (NON-DIS		353,962	3,038,719			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		5,536,552	299,207,602	6,606,672		

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2008 I PART II
 I 15-T046 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.031936	1,076
38	RECOVERY ROOM	.018232	18
39	DELIVERY ROOM & LABOR ROO	.088374	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.040902	4,994
41 01	CT SCAN	.006099	483
41 02	ULTRASOUND	.018400	87
42	RADIOLOGY-THERAPEUTIC	.048550	2,336
43	RADIOISOTOPE	.018726	392
44	LABORATORY	.010615	5,054
46	WHOLE BLOOD & PACKED RED	.010307	984
46 01	RENAL DIALYSIS	.015560	2,192
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.014340	4,054
50	PHYSICAL THERAPY	.033182	108,937
53	ELECTROCARDIOLOGY	.028493	317
54	ELECTROENCEPHALOGRAPHY	.049253	404
54 01	ECHOCARDIOLOGY	.008561	315
55	MEDICAL SUPPLIES CHARGED	.014409	2,230
56	DRUGS CHARGED TO PATIENTS	.004719	8,471
56 01	CARDIAC CATHERIZATION	.008601	42
56 02	GASTRO INTESTINAL SERVICE	.006847	47
59	LITHOTRIPSY	.009419	
59 01	WOUND CARE	.057238	62
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.047991	
62	OBSERVATION BEDS (NON-DIS	.116484	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		142,495

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	CT SCAN					
41 02	ULTRASOUND					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
46	WHOLE BLOOD & PACKED RED					
46 01	RENAL DIALYSIS					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
54 01	ECHOCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
56 01	CARDIAC CATHERIZATION					
56 02	GASTRO INTESTINAL SERVICE					
59	LITHOTRIPSY					
59 01	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			36,434,433			33,697	
38	RECOVERY ROOM			4,553,710			1,005	
39	DELIVERY ROOM & LABOR ROO			3,571,529				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			11,142,263			122,101	
41 01	CT SCAN			15,434,210			79,184	
41 02	ULTRASOUND			1,335,643			4,747	
42	RADIOLOGY-THERAPEUTIC			5,489,215			48,113	
43	RADIOISOTOPE			2,252,206			20,917	
44	LABORATORY			31,922,068			476,141	
46	WHOLE BLOOD & PACKED RED			3,665,206			95,460	
46 01	RENAL DIALYSIS			1,920,766			140,873	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			8,042,877			282,728	
50	PHYSICAL THERAPY			7,844,557			3,283,015	
53	ELECTROCARDIOLOGY			2,824,747			11,112	
54	ELECTROENCEPHALOGRAPHY			928,828			8,197	
54 01	ECHOCARDIOLOGY			4,344,469			36,741	
55	MEDICAL SUPPLIES CHARGED			44,933,699			154,735	
56	DRUGS CHARGED TO PATIENTS			62,996,361			1,795,003	
56 01	CARDIAC CATHERIZATION			15,686,172			4,899	
56 02	GASTRO INTESTINAL SERVICE			18,746,164			6,925	
59	LITHOTRIPSY			290,892				
59 01	WOUND CARE			1,535,317			1,079	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			10,273,551				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,038,719				
65	AMBULANCE SERVICES							
101	TOTAL			299,207,602			6,606,672	

TITLE XVIII, PART A

SUBPROVIDER 2

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 01	RENAL DIALYSIS						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	ECHOCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,080					
56 01	CARDIAC CATHERIZATION						
56 02	GASTRO INTESTINAL SERVICE						
59	LITHOTRIPSY						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	1,080					

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.198090	.198090			
38 RECOVERY ROOM	.184633	.184633			
39 DELIVERY ROOM & LABOR ROOM	.479278	.479278			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.254912	.254912			
41 01 CT SCAN	.063964	.063964			
41 02 ULTRASOUND	.246478	.246478			
42 RADIOLOGY-THERAPEUTIC	.281192	.281192			
43 RADIOISOTOPE	.250986	.250986			
44 LABORATORY	.126010	.126010			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007	.283007			
46 01 RENAL DIALYSIS	.262448	.262448			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.225754	.225754			
50 PHYSICAL THERAPY	.258171	.258171			
53 ELECTROCARDIOLOGY	.244628	.244628			
54 ELECTROENCEPHALOGRAPHY	.237724	.237724			
54 01 ECHOCARDIOLOGY	.115306	.115306			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	.298582			
56 DRUGS CHARGED TO PATIENTS	.107964	.107964			
56 01 CARDIAC CATHETERIZATION	.104811	.104811			
56 02 GASTRO INTESTINAL SERVICES	.092910	.092910			
59 LITHOTRIPSY	.380138	.380138			
59 01 WOUND CARE	.603176	.603176			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.338521	.338521			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.710471	.710471			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CT SCAN					
41 02 ULTRASOUND					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 RENAL DIALYSIS					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 ECHOCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		1,080			
56 01 CARDIAC CATHERIZATION					
56 02 GASTRO INTESTINAL SERVICES					
59 LITHOTRIPSY					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		1,080			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		1,080			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CT SCAN					
41 02 ULTRASOUND					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 RENAL DIALYSIS					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 ECHOCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				117	
56 01 CARDIAC CATHERIZATION					
56 02 GASTRO INTESTINAL SERVICES					
59 LITHOTRIPSY					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				117	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				117	

TITLE XVIII, PART B

SUBPROVIDER 2

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CT SCAN			
41 02 ULTRASOUND			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
46 01 RENAL DIALYSIS			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
54 01 ECHOCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
56 01 CARDIAC CATHERIZATION			
56 02 GASTRO INTESTINAL SERVICES			
59 LITHOTRIPSY			
59 01 WOUND CARE			
OUTPUT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

Health Financial Systems MCRIF32 FOR TERRE HAUTE REGIONAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 8/31/2008 I PART VI
I 15-T046 I

TITLE XVIII, PART B SUBPROVIDER 2

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.107964
2	PROGRAM VACCINE CHARGES		880
3	PROGRAM COSTS		95

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	.185259				1,111,576
38	RECOVERY ROOM	.173158				160,206
39	DELIVERY ROOM & LABOR ROOM	.447769				55,246
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.238409				405,716
41 01	CT SCAN	.059998				525,616
41 02	ULTRASOUND	.231408				53,450
42	RADIOLOGY-THERAPEUTIC	.262844				246,322
43	RADIOISOTOPE	.235642				100,936
44	LABORATORY	.118256				1,050,237
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.266160				33,488
46 01	RENAL DIALYSIS	.246573				
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.212058				43,250
50	PHYSICAL THERAPY	.241804				67,252
53	ELECTROCARDIOLOGY	.229242				146,347
54	ELECTROENCEPHALOGRAPHY	.221868				73,727
54 01	ECHOCARDIOLOGY	.108259				61,172
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.280659				772,272
56	DRUGS CHARGED TO PATIENTS	.101504				740,963
56 01	CARDIAC CATHETERIZATION	.098371				544,211
56 02	GASTRO INTESTINAL SERVICES	.087233				535,474
59	LITHOTRIPSY	.357693				
59 01	WOUND CARE	.565788				191,536
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	.316871				656,812
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664372				189,229
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					7,765,038
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					7,765,038

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6	Outpatient Radiology 7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CT SCAN					
41 02 ULTRASOUND					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 RENAL DIALYSIS					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 ECHOCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
56 01 CARDIAC CATHERIZATION					
56 02 GASTRO INTESTINAL SERVICES					
59 LITHOTRIPSY					
59 01 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		205,929			
38	RECOVERY ROOM		27,741			
39	DELIVERY ROOM & LABOR ROOM		24,737			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		96,726			
41 01	CT SCAN		31,536			
41 02	ULTRASOUND		12,369			
42	RADIOLOGY-THERAPEUTIC		64,744			
43	RADIOISOTOPE		23,785			
44	LABORATORY		124,197			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		8,913			
46 01	RENAL DIALYSIS					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		9,172			
50	PHYSICAL THERAPY		16,262			
53	ELECTROCARDIOLOGY		33,549			
54	ELECTROENCEPHALOGRAPHY		16,358			
54 01	ECHOCARDIOLOGY		6,622			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		216,745			
56	DRUGS CHARGED TO PATIENTS		75,211			
56 01	CARDIAC CATHERIZATION		53,535			
56 02	GASTRO INTESTINAL SERVICES		46,711			
59	LITHOTRIPSY					
59 01	WOUND CARE		108,369			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		208,125			
62	OBSERVATION BEDS (NON-DISTINCT PART)		125,718			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		1,537,054			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		1,537,054			

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2008 I PART I
 I 15-0046 I

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)	25,816
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,816
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,816
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,909
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,172,504
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	18,172,504

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,317,707
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,317,707
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.049360
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	670.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,172,504

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/27/2009
I	15-0046	I	FROM	9/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	8/31/2008	I	PART II
I	15-0046	I			I	

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					703.92
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,790,823
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,790,823

	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	4,231,823	3,431	1,233.41	1,989	2,453,252
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					15,120,219
49	TOTAL PROGRAM INPATIENT COSTS					27,364,294

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,908,262
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,298,965
52	TOTAL PROGRAM EXCLUDABLE COST					3,207,227
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					24,157,067

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 3,067
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 703.92
 85 OBSERVATION BED COST 2,158,923

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		18,172,504		2,158,923	
87 NEW CAPITAL-RELATED COST	2,979,435	18,172,504	.163953	2,158,923	353,962
88 NON PHYSICIAN ANESTHETIST		18,172,504		2,158,923	
89 MEDICAL EDUCATION		18,172,504		2,158,923	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,336
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,336
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,336
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,686
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,703,270
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,703,270

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,740,077
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,740,077
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.470947
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,720.65
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	2,703,270

TITLE XVIII PART A SUBPROVIDER I TEFRA

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	810.33
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,366,216
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,366,216

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
					150,113
49	TOTAL PROGRAM INPATIENT COSTS				
					1,516,329

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	230,712
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	12,995
52	TOTAL PROGRAM EXCLUDABLE COST	243,707
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,272,622

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	254
55	TARGET AMOUNT PER DISCHARGE	5,869.08
56	TARGET AMOUNT	1,490,746
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	218,124
58	BONUS PAYMENT	29,815
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	1,546,144
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 810.33
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		2,703,270			
87 NEW CAPITAL-RELATED COST	456,503	2,703,270	.168871		
88 NON PHYSICIAN ANESTHETIST		2,703,270			
89 MEDICAL EDUCATION		2,703,270			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,794
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,794
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,794
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,212
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,939,615
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,939,615

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,407,773
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,407,773
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.862621
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	898.20
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	2,939,615

TITLE XVIII PART A SUBPROVIDER II 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 774.81
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,488,690
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,488,690

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,349,133
49 TOTAL PROGRAM INPATIENT COSTS					3,837,823

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 441,489
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 142,495
 52 TOTAL PROGRAM EXCLUDABLE COST 583,984
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,253,839

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.81
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,939,615			
87	NEW CAPITAL-RELATED COST	521,476	.177396		
88	NON PHYSICIAN ANESTHETIST	2,939,615			
89	MEDICAL EDUCATION	2,939,615			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	25,816
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,816
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,816
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,490
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)	1,668
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,172,504
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	18,172,504

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	18,172,504

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	703.92
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,160,601
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,160,601

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	988,549	1,668	592.66	
43	INTENSIVE CARE UNIT	4,231,823	3,431	1,233.41	
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1,847,111
49	TOTAL PROGRAM INPATIENT COSTS				5,007,712

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,067
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	703.92
85	OBSERVATION BED COST	2,158,923

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/27/2009
I	15-0046	I	FROM 9/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 8/31/2008	I	PART I
I	15-T046	I		I	

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,794
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,794
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,794
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	98
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,939,615
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,939,615

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	2,939,615

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 774.81
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 75,931
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 75,931

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					75,931

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P

SUBPROVIDER II

OTHER

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
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
 85 OBSERVATION BED COST

774.81

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		10,321,103	
26	INTENSIVE CARE UNIT		3,785,888	
31	SUBPROVIDER			
31	01 REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.198090	11,984,013	2,373,913
38	RECOVERY ROOM	.184633	1,038,341	191,712
39	DELIVERY ROOM & LABOR ROOM	.479278	799,347	383,109
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.255030	2,170,156	553,455
41	01 CT SCAN	.063964	3,613,852	231,156
41	02 ULTRASOUND	.246478	242,614	59,799
42	RADIOLOGY-THERAPEUTIC	.281192	159,751	44,921
43	RADIOISOTOPE	.250986	440,320	110,514
44	LABORATORY	.126010	9,740,384	1,227,386
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007	1,972,598	558,259
46	01 RENAL DIALYSIS	.262448	1,307,378	343,119
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.225754	4,518,972	1,020,176
50	PHYSICAL THERAPY	.258171	1,034,850	267,168
53	ELECTROCARDIOLOGY	.244877	664,885	162,815
54	ELECTROENCEPHALOGRAPHY	.237724	242,666	57,688
54	01 ECHOCARDIOLOGY	.115306	2,026,688	233,689
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	11,763,436	3,512,350
56	DRUGS CHARGED TO PATIENTS	.107964	24,954,353	2,694,172
56	01 CARDIAC CATHERIZATION	.104811	4,566,246	478,593
56	02 GASTRO INTESTINAL SERVICES	.094180	1,423,127	134,030
59	LITHOTRIPSY	.380138		
59	01 WOUND CARE	.609835	23,618	14,403
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.338521	1,381,871	467,792
62	OBSERVATION BEDS (NON-DISTINCT PART)	.710471		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		86,069,466	15,120,219
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		86,069,466	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2008 I
 I 15-S046 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
31	01 SUBPROVIDER		2,885,092	
31	01 REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.198090		
38	RECOVERY ROOM	.184633		
39	DELIVERY ROOM & LABOR ROOM	.479278		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.254912	39,190	9,990
41	01 CT SCAN	.063964	38,080	2,436
41	02 ULTRASOUND	.246478	5,178	1,276
42	RADIOLOGY-THERAPEUTIC	.281192		
43	RADIOISOTOPE	.250986		
44	LABORATORY	.126010	381,981	48,133
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007		
46	01 RENAL DIALYSIS	.262448		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.225754	1,547	349
50	PHYSICAL THERAPY	.258171	9,298	2,400
53	ELECTROCARDIOLOGY	.244628	19,563	4,786
54	ELECTROENCEPHALOGRAPHY	.237724	5,557	1,321
54	01 ECHOCARDIOLOGY	.115306	18,414	2,123
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	10,618	3,170
56	DRUGS CHARGED TO PATIENTS	.107964	469,715	50,712
56	01 CARDIAC CATHETERIZATION	.104811		
56	02 GASTRO INTESTINAL SERVICES	.092910		
59	LITHOTRIPSY	.380138		
59	01 WOUND CARE	.603176		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.338521	69,175	23,417
62	OBSERVATION BEDS (NON-DISTINCT PART)	.710471		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,068,316	150,113
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,068,316	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2008 I
 I 15-T046 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	REHAB		2,885,942	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.198090	33,697	6,675
38	RECOVERY ROOM	.184633	1,005	186
39	DELIVERY ROOM & LABOR ROOM	.479278		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.255030	122,101	31,139
41 01	CT SCAN	.063964	79,184	5,065
41 02	ULTRASOUND	.246478	4,747	1,170
42	RADIOLOGY-THERAPEUTIC	.281192	48,113	13,529
43	RADIOISOTOPE	.250986	20,917	5,250
44	LABORATORY	.126010	476,141	59,999
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007	95,460	27,016
46 01	RENAL DIALYSIS	.262448	140,873	36,972
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.225754	282,728	63,827
50	PHYSICAL THERAPY	.258171	3,283,015	847,579
53	ELECTROCARDIOLOGY	.244877	11,112	2,721
54	ELECTROENCEPHALOGRAPHY	.237724	8,197	1,949
54 01	ECHOCARDIOLOGY	.115306	36,741	4,236
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	154,735	46,201
56	DRUGS CHARGED TO PATIENTS	.107964	1,795,003	193,796
56 01	CARDIAC CATHERIZATION	.104811	4,899	513
56 02	GASTRO INTESTINAL SERVICES	.094180	6,925	652
59	LITHOTRIPSY	.380138		
59 01	WOUND CARE	.609835	1,079	658
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.338521		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.710471		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		6,606,672	1,349,133
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,606,672	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2008 I
 I 15-0046 I I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,568,545	
26	INTENSIVE CARE UNIT		778,505	
31	SUBPROVIDER			
31	01 REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.198090	856,502	169,664
38	RECOVERY ROOM	.184633	98,607	18,206
39	DELIVERY ROOM & LABOR ROOM	.479278	105,297	50,467
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.254912	242,136	61,723
41	01 CT SCAN	.063964	530,297	33,920
41	02 ULTRASOUND	.246478	18,832	4,642
42	RADIOLOGY-THERAPEUTIC	.281192	15,703	4,416
43	RADIOISOTOPE	.250986	42,197	10,591
44	LABORATORY	.126010	1,198,901	151,074
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.283007	176,793	50,034
46	01 RENAL DIALYSIS	.262448	88,571	23,245
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.225754	1,227,351	277,079
50	PHYSICAL THERAPY	.258171	163,822	42,294
53	ELECTROCARDIOLOGY	.244628	58,258	14,252
54	ELECTROENCEPHALOGRAPHY	.237724	43,691	10,386
54	01 ECHOCARDIOLOGY	.115306	186,062	21,454
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.298582	957,043	285,756
56	DRUGS CHARGED TO PATIENTS	.107964	4,340,995	468,671
56	01 CARDIAC CATHERIZATION	.104811	494,335	51,812
56	02 GASTRO INTESTINAL SERVICES	.092910	209,632	19,477
59	LITHOTRIPSY	.380138		
59	01 WOUND CARE	.603176	15,813	9,538
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.338521	202,085	68,410
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.710471		
65	AMBULANCE SERVICES			
101	TOTAL		11,272,923	1,847,111
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,272,923	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		1,549,246
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		4,875,682
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		13,107,389
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		696,247
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		152.59
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES PLUS E-3, PT	
	3.21 - 3.23 VI, LINE 23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.11
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.62
4.02 SUM OF LINES 4 AND 4.01		22.73
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.97
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,556,726
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
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, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	21,785,290	
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)	21,785,290	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,860,719	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
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	23,646,009	
17 PRIMARY PAYER PAYMENTS	46,723	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23,599,286	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,816,779	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	65,776	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	387,970	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	271,579	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	322,794	
22 SUBTOTAL	21,988,310	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	21,988,310	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	21,908,373	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	79,937	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	214,636	
----- 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)	1,581
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,082,939
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,912,646
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.886
1.04	LINE 1.01 TIMES LINE 1.03.	8,933,484
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	88.57
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)	1,581

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
	ANCILLARY SERVICE CHARGES	14,641
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	14,641

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)	14,641
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13,060
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,581
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,912,646

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,886,879
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	6,027,348
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	6,027,348
24	PRIMARY PAYER PAYMENTS	1,535
25	SUBTOTAL	6,025,813

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	303,420
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	212,394
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	274,229
28	SUBTOTAL	6,238,207
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	6,238,207
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,288,660
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-50,453
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	3,182

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/27/2009
I	15-0046	I	FROM 9/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 8/31/2008	I	PART B
I	15-S046	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	44
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	736
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	508
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	44
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	409
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	409
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)	409
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	365
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	44
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	508
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	137
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	415
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	415
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	415
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	415
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	415
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	576
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-161
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/27/2009
I	15-0046	I	FROM 9/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 8/31/2008	I	PART B
I	15-T046	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	95
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	117
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	271
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	95
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	880
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	880
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)	880
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	785
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	95
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	271
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	366
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	366
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	366
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	366
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	366
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	490
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-124
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21,908,373		6,288,660
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				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		21,908,373		6,288,660
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)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		

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 SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	1,080,546	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,080,546		576
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
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 8/31/2008 I
 I 15-T046 I

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		3,676,153		490
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,676,153		490
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,546,144
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	386,536
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID 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)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	816,983
1.09	NET IPF PPS OUTLIER PAYMENTS	5,533
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT 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)	9.114754
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	822,516
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,082,301
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	811,726
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)	1,209,052
1.35	INPATIENT REHABILITATION FACILITY (IRF) 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 $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	1,209,052
5	PRIMARY PAYER PAYMENTS	1,563
6	SUBTOTAL	1,207,489
7	DEDUCTIBLES	153,952
8	SUBTOTAL	1,053,537
9	COINSURANCE	2,048
10	SUBTOTAL	1,051,489
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	96,856
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	67,799
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	96,856
12	SUBTOTAL	1,119,288
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
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)	1,119,288
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,080,546
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	38,742
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	11,000

- 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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,187,208
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	51,034
1.05	OUTLIER PAYMENTS	528,697
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,766,939
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.366120
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,766,939
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,766,939
7	DEDUCTIBLES	14,208
8	SUBTOTAL	3,752,731
9	COINSURANCE	25,544
10	SUBTOTAL	3,727,187
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	10,139
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,097
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	10,139
12	SUBTOTAL	3,734,284
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/27/2009
I	15-0046	I	FROM 9/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 8/31/2008	I	PART I
I	15-T046	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,734,284
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,676,153
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	58,131
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	10,000

----- 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.

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			5,007,712	
2			1,537,054	
3				
4				
5				
6			6,544,766	
7				
8				
9			6,544,766	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
11			19,037,961	
12				
13				
14				
15				
16			19,037,961	
	CUSTOMARY CHARGES			
17				
18				
19				
20			19,037,961	
21			12,493,195	
22				
23			6,544,766	
	PROSPECTIVE PAYMENT AMOUNT			
24			3,087,878	
25				
26				
27				
28				
29				
30			9,632,644	
31				
32			9,632,644	
33			8,184	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			9,624,460	
36			1,230	
37				
38				
38.01				
38.02				
38.03				
39				
40			9,623,230	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			9,623,230	
53				
54				
55			9,623,230	
56				
57			4,615,518	
57.01				
58			5,007,712	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 8/31/2008 I PART III
 I - I I

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

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		75,931	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		75,931	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		75,931	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		75,931	
23	COST OF COVERED SERVICES		75,931	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		75,931	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		75,931	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		75,931	
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XIX

SUBPROVIDER 2

OTHER
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.

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	12,812			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,977,941			
5	OTHER RECEIVABLES	30,700			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14,255,310			
7	INVENTORY	3,118,956			
8	PREPAID EXPENSES	315,207			
9	OTHER CURRENT ASSETS	69,165			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	17,269,471			
FIXED ASSETS					
12	LAND	1,293,370			
12.01	LAND IMPROVEMENTS	3,002,401			
13	LAND IMPROVEMENTS	3,002,401			
13.01	LESS ACCUMULATED DEPRECIATION	-2,087,117			
14	BUILDINGS	38,638,215			
14.01	LESS ACCUMULATED DEPRECIATION	-17,082,258			
15	LEASEHOLD IMPROVEMENTS	4,490,453			
15.01	LESS ACCUMULATED DEPRECIATION	-3,445,378			
16	FIXED EQUIPMENT	23,034,027			
16.01	LESS ACCUMULATED DEPRECIATION	-12,607,392			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	50,254,367			
18.01	LESS ACCUMULATED DEPRECIATION	-35,692,513			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	55,967			
21	TOTAL FIXED ASSETS	49,854,142			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	5,449,681			
26	TOTAL OTHER ASSETS	5,449,681			
27	TOTAL ASSETS	72,573,294			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,044,442			
29 SALARIES, WAGES & FEES PAYABLE	2,295,287			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,697,357			
36 TOTAL CURRENT LIABILITIES	7,037,086			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66	-112,044,627			
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	35,076			
42 TOTAL LONG-TERM LIABILITIES	-112,009,551			
43 TOTAL LIABILITIES	-104,972,465			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	177,545,759			
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	177,545,759			
52 TOTAL LIABILITIES AND FUND BALANCES	72,573,294			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		168,581,683		
	OF PERIOD				
2	NET INCOME (LOSS)		16,234,584		
3	TOTAL		184,816,267		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		184,816,267		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	FEDERAL TAX LIABILITY ADJ	7,270,404			
15	ROUNDING		104		
16					
17					
18	TOTAL DEDUCTIONS		7,270,508		
19	FUND BALANCE AT END OF		177,545,759		
	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)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	FEDERAL TAX LIABILITY ADJ				
15	ROUNDING				
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF				
	PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,918,923		18,918,923
2 00 SUBPROVIDER	5,740,077		5,740,077
2 01 REHAB	3,407,773		3,407,773
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	28,066,773		28,066,773
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,555,535		6,555,535
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,555,535		6,555,535
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	34,622,308		34,622,308
17 00 ANCILLARY SERVICES	162,551,831		162,551,831
18 00 OUTPATIENT SERVICES		136,655,771	136,655,771
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	197,174,139	136,655,771	333,829,910

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	82,948,045
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	82,948,045

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	333,829,910
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	235,420,313
3	NET PATIENT REVENUES	98,409,597
4	LESS: TOTAL OPERATING EXPENSES	82,948,045
5	NET INCOME FROM SERVICE TO PATIENTS	15,461,552
	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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	649,443
24.01	MISC. INCOME	24,023
24.02	INDUSTRIAL MEDICINE	99,566
25	TOTAL OTHER INCOME	773,032
26	TOTAL	16,234,584
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	16,234,584

I PROVIDER NO: I PERIOD: I PREPARED 1/27/2009
 I 15-0046 I FROM 9/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 8/31/2008 I PARTS I-IV
 I 15-0046 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,654,664
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	128,120
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	71.53
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	6.11
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.62
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	22.73
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.71
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	77,935
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,860,719

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)	