

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1310	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2009 TIME 14:36

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:

WABASH COUNTY HOSPITAL 15-1310  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*Kent H. Giles*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 CFO  
 TITLE  
 28 May 2009  
 DATE

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/26/2009 TIME 14:36

5s6tU7KF65ZeUamwFtx8YGKfoXigv0  
 qv1RH0J4w1734UqDDpXedu3wQTCsn  
 6iht0wCCIS0ks04j

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 PI ENCRYPTION INFORMATION  
 DATE: 5/26/2009 TIME 14:36

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 Yy3fg0b1xnx6dAVF08R2whsredbQ34  
 zJ0c6MLW0Z020Jm1

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	120,275	347,601	0	0
3	SWING BED - SNF	0	1,128	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	121,403	347,601	0	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET S-2  
 I I TO 12/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 710 NORTH EAST STREET  
 01 CITY: WABASH

P.O. BOX: 548  
 STATE: IN ZIP CODE: 46992-0548 COUNTY: WABASH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O R N)		
					V	XVIII	XIX
02.00 HOSPITAL	WABASH COUNTY HOSPITAL	15-1310		12/17/2001	N	O	P
04.00 SWING BED - SNF	WABASH COUNTY HOSPITAL SWING BEDS	15-2310		12/17/2001	N	O	N
06.00 HOSPITAL-BASED SNF	WABASH COUNTY HOSPITAL SNF	15-5365		1/ 1/1993	N	P	N
09.00 HOSPITAL-BASED HHA	WABASH COUNTY HOME HEALTH AGENCY	15-7061		1/ 1/1979	N	O	N
12.00 HOSP-BASED HOSPICE	WABASH COUNTY HOSPITAL HOSPICE	15-1545		1/ 1/1996			

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

18 TYPE OF CONTROL

1 2  
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

1

OTHER INFORMATION

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)  
 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

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

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

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

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

	1	2	3	4
28.02	100	0.8576	0.8473	
	30.46	2	15	99915

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	1.00%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

ISCELLANEOUS COST REPORT INFORMATION

2 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 3 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  
 4 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 5 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 5.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 5.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 5.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 5.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

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

TITLE XIX INPATIENT SERVICES

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

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

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE 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
17.00 HOSPITAL	N	N	N	N	N
19.00 SNF	N	N			
00 HHA	N	N			

DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 12.01 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  
 13 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  
 13.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 14 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

14.01 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  
 15 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
6					
6.01		N	0.00		0
6.02			0.00		0
6.03			0.00		0

7 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 8 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. N  
 8.01 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)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0  
 9 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET S-2  
I I TO 12/31/2008 I

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

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

N  
N

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

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MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
52.00					0.00
52.01					0.00
52.02					0.00
52.03					0.00
52.04					0.00
52.05					0.00
52.06					0.00
52.07					0.00
52.08					0.00
52.09					0.00

SETTLEMENT DATA

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

/ /

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: 15-1310  
I PERIOD: FROM 1/1/2008 TO 12/31/2008  
I PREPARED 5/26/2009  
I WORKSHEET S-3  
I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	20	7,320	45,576.00	3	4	1,113	52
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						14	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	20	7,320	45,576.00			1,127	52
6 INTENSIVE CARE UNIT	5	1,830	15,648.00			405	23
11 NURSERY							
12 TOTAL	25	9,150	61,224.00			1,532	75
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	25	9,150				1,723	
18 HOME HEALTH AGENCY						1,942	
21 HOSPICE							3,290
25 TOTAL	50						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			1,899				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			14				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			1,913				
6 INTENSIVE CARE UNIT			652				
11 NURSERY							
12 TOTAL			2,565				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,261				
18 HOME HEALTH AGENCY			16,039				
21 HOSPICE							
25 TOTAL			319		319		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					440	34	805
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		213.66			440	34	805
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		14.37					
18 HOME HEALTH AGENCY		11.80					
21 HOSPICE		8.77					
25 TOTAL		248.60					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET S-4  
I HHA NO: I TO 12/31/2008 I  
I 15-7061 I  
I COUNTY: WABASH I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		115.00	8.00	20.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	143.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 1 0

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 9915

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

	FULL EPISODES			PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	
21 SKILLED NURSING VISITS	696	0	14	31
22 SKILLED NURSING VISIT CHARGES	96,468	0	1,942	4,340
23 PHYSICAL THERAPY VISITS	482	0	2	14
24 PHYSICAL THERAPY VISIT CHARGES	69,314	0	290	2,030
25 OCCUPATIONAL THERAPY VISITS	103	0	0	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	14,845	0	0	145
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	11	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,870	0	0	0
31 HOME HEALTH AIDE VISITS	554	0	3	31
32 HOME HEALTH AIDE VISIT CHARGES	44,874	0	243	2,511
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	1,846	0	19	77
34 OTHER CHARGES	19	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	227,390	0	2,475	9,026
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	97	0	0	10
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7	0	1	0

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)  
 I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET S-4  
 I HHA NO: I TO 12/31/2008 I  
 I 15-7061 I  
 COUNTY: WABASH

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	741
22 SKILLED NURSING VISIT CHARGES	0	0	102,750
23 PHYSICAL THERAPY VISITS	0	0	498
24 PHYSICAL THERAPY VISIT CHARGES	0	0	71,634
25 OCCUPATIONAL THERAPY VISITS	0	0	104
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	14,990
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	11
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,870
31 HOME HEALTH AIDE VISITS	0	0	588
32 HOME HEALTH AIDE VISIT CHARGES	0	0	47,628
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	1,942
34 OTHER CHARGES	0	0	19
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	238,891
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	5	0	112
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	8

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET S-7  
I I TO 12/31/2008 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO RATE 3	10/1 DAYS 3.01	SERVICES RATE 4	ON/AFTER DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB		20				
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC		78				
8	RHB		151				
9	RHA		35				
9 .01	RHX						
9 .02	RHL						
10	RMC		14				
11	RMB		294				
12	RMA		316				
12 .01	RMX		120				
12 .02	RML		521				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		78				
17	SE1		14				
18	SSC						
19	SSB						
20	SSA		46				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		25				
45	AAA		11				
46	TOTAL		1,723				

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8576  
 Wage Index Factor (after 10/01) : 0.8473  
 SNF Facility Specific Rate : 30.46  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 15  
 SNF CBSA Code : 99915

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET S-7  
I I TO 12/31/2008 I

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8576  
 Wage Index Factor (after 10/01) : 0.8473  
 SNF Facility Specific Rate : 30.46  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 15  
 SNF CBSA Code : 99915

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: 15-1310  
I PERIOD: 1/ 1/2008 TO 12/31/2008  
I PREPARED 5/26/2009  
I WORKSHEET S-7  
I NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC	487.83			501.20		
2	RUB	451.27			463.64		
3	RUA	432.36			444.21		
3 .01	RUX	565.99			581.51		
3 .02	RUL	502.96			516.75		
4	RVC	385.25			395.81		
5	RVB	367.60	367.60	20	377.69		
6	RVA	333.56			342.72		
6 .01	RVX	424.32			435.96		
6 .02	RVL	397.86			408.77		
7	RHC	330.12	330.12	78	339.17		
8	RHB	316.26	316.26	151	324.93		
9	RHA	294.83	294.83	35	302.90		
9 .01	RHX	355.33			365.08		
9 .02	RHL	349.03			358.60		
10	RMC	301.81	301.81	14	310.10		
11	RMB	294.25	294.25	294	302.32		
12	RMA	287.94	287.94	316	295.85		
12 .01	RMX	400.14	400.14	120	411.12		
12 .02	RML	368.63	368.63	521	378.74		
13	RLB	261.58			268.76		
14	RLA	225.03			231.19		
14 .01	RLX	283.01			290.77		
15	SE3	317.06			325.74		
16	SE2	270.41	270.41	78	277.82		
17	SE1	241.42	241.42	14	248.03		
18	SSC	237.64			244.14		
19	SSB	225.03			231.20		
20	SSA	221.25	221.25	46	227.31		
21	CC2	236.38			242.85		
22	CC1	216.20			222.13		
23	CB2	206.12			211.76		
24	CB1	197.29			202.69		
25	CA2	196.03			201.40		
26	CA1	183.42			188.45		
27	IB2	175.86			180.68		
28	IB1	173.34			178.09		
29	IA2	159.47			163.84		
30	IA1	153.16			157.36		
31	BB2	174.60			179.39		
32	BB1	169.56			174.20		
33	BA2	158.21			162.54		
34	BA1	148.13			152.18		
35	PE2	189.73			194.92		
36	PE1	185.95			191.04		
37	PD2	180.90			185.86		
38	PD1	178.38			183.27		
39	PC2	172.08			176.79		
40	PC1	169.56			174.20		
41	PB2	151.91			156.07		
42	PB1	150.65			154.77		
43	PA2	149.38			153.48		
44	PA1	145.60	145.60	25	149.60		
45	AAA	145.60	145.60	11	149.60		
46	TOTAL			1,723			

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01) : 0.8576  
 Wage Index Factor (after 10/01) : 0.8473  
 SNF Facility Specific Rate : 30.46  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 15  
 SNF CBSA Code : 99915

Non-CMS S-7 options selected:  
 Calculate Total Days from this worksheet.  
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET 5-7  
I I TO 12/31/2008 I NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS		CODE 042		SWING BED SNF DAYS	TOTAL
		SERV RATE	PRIOR DAYS	TO OCT. 1ST	SERV ON/AFTER	OCT. 1ST	DAYS		
1	RUC	1,112.25	4.02						5
2	RUB	1,028.90							
3	RUA	985.78							
3 .01	RUX	1,290.46							
3 .02	RUL	1,146.75							
4	RVC	878.37							
5	RVB	838.13							7,352
6	RVA	760.52							
6 .01	RVX	967.45							
6 .02	RVL	907.12							
7	RHC	752.67							25,749
8	RHB	721.07							47,755
9	RHA	672.21							10,319
9 .01	RHX	810.15							
9 .02	RHL	795.79							
10	RMC	688.13							4,225
11	RMB	670.89							86,510
12	RMA	656.50							90,989
12 .01	RMX	912.32							48,017
12 .02	RML	840.48							192,056
13	RLB	596.40							
14	RLA	513.07							
14 .01	RLX	645.26							
15	SE3	722.90							
16	SE2	616.53							21,092
17	SE1	550.44							3,380
18	SSC	541.82							
19	SSB	513.07							
20	SSA	504.45							10,178
21	CC2	538.95							
22	CC1	492.94							
23	CB2	469.95							
24	CB1	449.82							
25	CA2	446.95							
26	CA1	418.20							
27	IB2	400.96							
28	IB1	395.22							
29	IA2	363.59							
30	IA1	349.20							
31	BB2	398.09							
32	BB1	386.60							
33	BA2	360.72							
34	BA1	337.74							
35	PE2	432.58							
36	PE1	423.97							
37	PD2	412.45							
38	PD1	406.71							
39	PC2	392.34							
40	PC1	386.60							
41	PB2	346.35							
42	PB1	343.48							
43	PA2	340.59							
44	PA1	331.97							3,640
45	AAA	331.97							1,602
46	TOTAL								552,864

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

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

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8576  
 Wage Index Factor (after 10/01) : 0.8473  
 SNF Facility Specific Rate : 30.46  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 15  
 SNF CBSA Code : 99915

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.  
 [x] Transfer total to settlement worksheet.

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET S-9
I	HOSPICE NO:	I	TO 12/31/2008	I	
I	15-1545	I		I	

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	7,919	55		
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	7,919	55		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	395	8,369
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	395	8,369

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	123	4		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	64.38	13.75		
9 UNDUPLICATED CENSUS COUNT	123	4		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	24	151
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	16.46	55.42
9 UNDUPLICATED CENSUS COUNT	24	151

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: 15-1310  
 I PERIOD: FROM 1/1/2008 TO 12/31/2008  
 I PREPARED 5/26/2009  
 I WORKSHEET S-10  
 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	2,873,741
17.01	GROSS MEDICAID REVENUES	3,236,872
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	6,110,613
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)	.416873
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I	15-1310	I	FROM 1/ 1/2008	I	PREPARED 5/26/2009
I		I	TO 12/31/2008	I	WORKSHEET S-10
I		I		I	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	3,236,872
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,349,365
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,349,365

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-1310  
I

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

I PREPARED 5/26/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		1,285,636	1,285,636	-259,810	1,025,826
5	0500 NEW CAP REL COSTS-MVBLE EQUIP				259,810	259,810
6	0600 EMPLOYEE BENEFITS	143,756	5,862,611	6,006,367	6,623	6,012,990
7	0700 ADMINISTRATIVE & GENERAL	1,480,730	2,254,834	3,735,564	9,300	3,744,864
8	0800 MAINTENANCE & REPAIRS	325,460	260,645	586,105		586,105
9	0900 OPERATION OF PLANT		568,004	568,004		568,004
10	1000 LAUNDRY & LINEN SERVICE		125,255	125,255		125,255
11	1100 HOUSEKEEPING	325,955	121,063	447,018		447,018
12	1200 DIETARY	546,352	423,643	969,995	-702,371	267,624
14	1400 CAFETERIA				702,371	702,371
15	1500 NURSING ADMINISTRATION	142,059	3,969	146,028		146,028
16	1600 CENTRAL SERVICES & SUPPLY		744,577	744,577		744,577
17	1700 PHARMACY	535,836	2,636,350	3,172,186	-9,300	3,162,886
	1700 MEDICAL RECORDS & LIBRARY	395,937	72,077	468,014		468,014
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	884,946	56,767	941,713		941,713
33	3300 INTENSIVE CARE UNIT	583,072	38,094	621,166		621,166
34	3400 NURSERY					
	3400 SKILLED NURSING FACILITY	635,858	52,445	688,303		688,303
	3400 ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	519,331	102,175	621,506		621,506
38	3800 RECOVERY ROOM	55,210	274	55,484		55,484
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	709,095	286,013	995,108		995,108
41	4100 RADIOLOGY-DIAGNOSTIC	716,656	1,109,198	1,825,854		1,825,854
43	4300 RADIOISOTOPE	55,718	123,196	178,914		178,914
44	4400 LABORATORY	761,339	953,963	1,715,302		1,715,302
47	4700 BLOOD STORING, PROCESSING & TRANS.		178,946	178,946		178,946
50	5000 PHYSICAL THERAPY	631,102	81,604	712,706		712,706
53	5300 ELECTROCARDIOLOGY	450,467	110,929	561,396		561,396
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
	5600 OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	55,459	48,800	104,259		104,259
61	6100 EMERGENCY	733,863	616,505	1,350,368		1,350,368
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	6200 OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	669,500	176,258	845,758		845,758
	7100 SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	360,764	365,158	725,922		725,922
95	9500 SUBTOTALS	11,718,465	18,658,989	30,377,454	6,623	30,384,077
	9500 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,527,759	194,005	1,721,764		1,721,764
100	7950 FITNESS CENTER	49,035	3,406	52,441	-6,623	45,818
100.01	7951 MARKETING	62,162	146,026	208,188		208,188
100.02	7952 NEW DIRECTION					
100.03	7953 RESPITE	233,650	50,669	284,319		284,319
100.04	7954 WELL CHILD CLINIC	480,741	92,906	573,647		573,647
101	TOTAL	14,071,812	19,146,001	33,217,813	-0-	33,217,813

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET A  
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-26,092	999,734
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		259,810
5	0500 EMPLOYEE BENEFITS	-349,274	5,663,716
6	0600 ADMINISTRATIVE & GENERAL	-353,087	3,391,777
7	0700 MAINTENANCE & REPAIRS		586,105
8	0800 OPERATION OF PLANT	-9,191	558,813
9	0900 LAUNDRY & LINEN SERVICE		125,255
10	1000 HOUSEKEEPING		447,018
11	1100 DIETARY		267,624
12	1200 CAFETERIA	-205,316	497,055
14	1400 NURSING ADMINISTRATION		146,028
15	1500 CENTRAL SERVICES & SUPPLY	-930	743,647
16	1600 PHARMACY	-115,434	3,047,452
17	1700 MEDICAL RECORDS & LIBRARY	-10,752	457,262
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		941,713
26	2600 INTENSIVE CARE UNIT		621,166
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		688,303
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		621,506
38	3800 RECOVERY ROOM		55,484
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-966,217	28,891
41	4100 RADIOLOGY-DIAGNOSTIC		1,825,854
43	4300 RADIOISOTOPE		178,914
44	4400 LABORATORY	-15,823	1,699,479
47	4700 BLOOD STORING, PROCESSING & TRANS.		178,946
50	5000 PHYSICAL THERAPY		712,706
53	5300 ELECTROCARDIOLOGY		561,396
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		104,259
61	6100 EMERGENCY		1,350,368
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-41,596	804,162
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		725,922
95	9500 SUBTOTALS	-2,093,712	28,290,365
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,721,764
100	7950 FITNESS CENTER		45,818
100.01	7951 MARKETING		208,188
100.02	7952 NEW DIRECTION		
100.03	7953 RESPITE		284,319
100.04	7954 WELL CHILD CLINIC		573,647
101	TOTAL	-2,093,712	31,124,101

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
3	HOSPICE	9300	
5	SUBTOTALS		
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	FITNESS CENTER	7950	
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	NEW DIRECTION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RESPIRE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WELL CHILD CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
151310

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

PREPARED 5/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
1 CAFETERIA	1	3		
2 TUMOR REGISTRY	2	3		
3 CAPITAL		3		
4 FITNESS CENTER		3		
36 TOTAL RECLASSIFICATIONS				
	A CAFETERIA	12	395,612	306,759
	B ADMINISTRATIVE & GENERAL	6		9,300
	C NEW CAP REL COSTS-MVBLE EQUIP	4		259,810
	F EMPLOYEE BENEFITS	5	6,193	430
			401,805	576,299

(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: 151310	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10	
	CODE (1) COST CENTER		LINE NO	SALARY		OTHER
1 CAFETERIA	A	DIETARY	11	395,612	306,759	
2 TUMOR REGISTRY	B	PHARMACY	16		9,300	
3 CAPITAL	C	NEW CAP REL COSTS-BLDG & FIXT	3		259,810	9
4 FITNESS CENTER	F	FITNESS CENTER	100	6,193	430	
36 TOTAL RECLASSIFICATIONS				401,805	576,299	

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

PROVIDER NO:  
151310

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

PREPARED 5/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASSIFICATIONS

RECLASS CODE: A  
EXPLANATION : CAFETERIA

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	702,371
TOTAL RECLASSIFICATIONS FOR CODE A		702,371

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	702,371
TOTAL RECLASSIFICATIONS FOR CODE A		702,371

RECLASS CODE: B  
EXPLANATION : TUMOR REGISTRY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	9,300
TOTAL RECLASSIFICATIONS FOR CODE B		9,300

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHARMACY	16	9,300
TOTAL RECLASSIFICATIONS FOR CODE B		9,300

RECLASS CODE: C  
EXPLANATION : CAPITAL

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	259,810
TOTAL RECLASSIFICATIONS FOR CODE C		259,810

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	259,810
TOTAL RECLASSIFICATIONS FOR CODE C		259,810

RECLASS CODE: F  
EXPLANATION : FITNESS CENTER

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	6,623
TOTAL RECLASSIFICATIONS FOR CODE F		6,623

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
FITNESS CENTER	100	6,623
TOTAL RECLASSIFICATIONS FOR CODE F		6,623

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	475,705					475,705	
2	LAND IMPROVEMENTS	323,780	24,942		24,942		348,722	
3	BUILDINGS & FIXTURE	13,200,783					13,200,783	
4	BUILDING IMPROVEMEN	2,888,154	604,113		604,113		3,492,267	
5	FIXED EQUIPMENT	1,044,533					1,044,533	
6	MOVABLE EQUIPMENT	11,011,309	6,701		6,701		11,018,010	
7	SUBTOTAL	28,944,264	635,756		635,756		29,580,020	
8	RECONCILING ITEMS							
9	TOTAL	28,944,264	635,756		635,756		29,580,020	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	18,562,010		18,562,010	.627519				
4	NEW CAP REL COSTS-MV	11,018,010		11,018,010	.372481				
5	TOTAL	29,580,020		29,580,020	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	999,734						999,734
4	NEW CAP REL COSTS-MV	259,810						259,810
5	TOTAL	1,259,544						1,259,544

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,285,636						1,285,636
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,285,636						1,285,636

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

DESCRIPTION (1)	(2)	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE		WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-5,519	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-8,973	OPERATION OF PLANT	8	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-159,114	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-930	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-115,434	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,752	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-218	OPERATION OF PLANT	8	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DEVELOPMENT	A	-98,329	ADMINISTRATIVE & GENERAL	6	
39 LIFELINE	A	-41,596	HOME HEALTH AGENCY	71	
40 MISCELLANEOUS REVENUE	B	-17,779	ADMINISTRATIVE & GENERAL	6	
41 1989 DEPR	A	-282	NEW CAP REL COSTS-BLDG &	3	9
42 1990 DEPR	A	-43	NEW CAP REL COSTS-BLDG &	3	9
43					
44					
45					
46 LAB FEES	B	-15,823	LABORATORY	44	
47 MOW	B	-46,202	CAFETERIA	12	
48					
49 ANESTHESIA	A	-966,217	ANESTHESIOLOGY	40	
49.01 ANESTHESIA BENEFITS	A	-302,668	EMPLOYEE BENEFITS	5	
49.02 PHYSICIAN RECRUITING	A	-221,422	ADMINISTRATIVE & GENERAL	6	
49.03 LOBBYING	A	-8,538	ADMINISTRATIVE & GENERAL	6	
49.04 PROPERTY TAXES	A	-25,767	NEW CAP REL COSTS-BLDG &	3	9
49.05					
49.06 FITNESS CENTER	B	-46,606	EMPLOYEE BENEFITS	5	
49.07 CLASS FEES	B	-1,500	ADMINISTRATIVE & GENERAL	6	
49.08					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,093,712			

- 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						
2						
3						
4						
5	TOTALS					

\* 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		0.00		0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET A-8-2  
 I I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61 ER		549,966		549,966				
101	TOTAL	549,966		549,966				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-1310  
I

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

I PREPARED 5/26/2009  
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								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
61	ER							
101	TOTAL							

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

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

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	999,734	999,734					
005 NEW CAP REL COSTS-MVBLE E	259,810		259,810				
006 EMPLOYEE BENEFITS	5,663,716	23,867	3,005	5,690,588			
007 ADMINISTRATIVE & GENERAL	3,391,777	59,269	30,067	637,734	4,118,847	4,118,847	
008 MAINTENANCE & REPAIRS	586,105		7,850	140,172	734,127	111,969	846,096
009 OPERATION OF PLANT	558,813	185,109			743,922	113,463	170,871
010 LAUNDRY & LINEN SERVICE	125,255				125,255	19,104	
011 HOUSEKEEPING	447,018	15,576	133	140,385	603,112	91,987	14,378
012 DIETARY	267,624	40,229	1,712	64,922	374,487	57,117	37,135
013 CAFETERIA	497,055	12,477		170,386	679,918	103,701	11,517
014 NURSING ADMINISTRATION	146,028	5,289	45	61,183	212,545	32,417	4,882
015 CENTRAL SERVICES & SUPPLY	743,647	42,469	1,555		787,671	120,136	39,202
016 PHARMACY	3,047,452	25,530	885	230,779	3,304,646	504,031	23,566
017 MEDICAL RECORDS & LIBRARY	457,262	33,155	5,670	170,526	666,613	101,672	30,605
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	941,713	80,524	1,458	381,137	1,404,832	214,265	74,330
033 INTENSIVE CARE UNIT	621,166	14,683	8,518	251,123	895,490	136,580	13,554
034 NURSERY							
037 SKILLED NURSING FACILITY	688,303	54,386	2,940	273,857	1,019,486	155,492	50,202
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	621,506	68,810	32,113	223,670	946,099	144,299	63,517
040 RECOVERY ROOM	55,484	7,691		23,778	86,953	13,262	7,099
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	28,891	1,387			30,278	4,618	1,281
043 RADIOLOGY-DIAGNOSTIC	1,825,854	53,680	105,431	308,656	2,293,621	349,823	49,551
044 RADIOISOTOPE	178,914			23,997	202,911	30,948	
045 LABORATORY	1,699,479	27,631	30,933	327,900	2,085,943	318,148	25,506
046 BLOOD STORING, PROCESSING	178,946				178,946	27,293	
047 PHYSICAL THERAPY	712,706	4,673	2,788	271,809	991,976	151,296	4,313
048 ELECTROCARDIOLOGY	561,396	8,331	6,497	194,011	770,235	117,476	7,691
049 MEDICAL SUPPLIES CHARGED							
050 DRUGS CHARGED TO PATIENTS							
051 OUTPAT SERVICE COST CNTRS							
052 CLINIC	104,259	18,918		23,886	147,063	22,430	17,463
053 EMERGENCY	1,350,368	26,666	9,399	316,067	1,702,500	259,665	24,614
054 OBSERVATION BEDS (NON-DIS							
055 OTHER REIMBURS COST CNTRS							
056 HOME HEALTH AGENCY	804,162	24,548	247	288,346	1,117,303	170,411	22,660
057 SPEC PURPOSE COST CENTERS							
058 HOSPICE	725,922			155,377	881,299	134,416	
059 SUBTOTALS	28,290,365	834,898	251,246	4,679,701	27,106,078	3,506,019	693,937
060 NONREIMBURS COST CENTERS							
061 GIFT, FLOWER, COFFEE SHOP		6,490			6,490	990	5,991
062 PHYSICIANS' PRIVATE OFFIC	1,721,764	106,776	6,807	657,983	2,493,330	380,283	98,563
063 FITNESS CENTER	45,818	27,371		18,452	91,641	13,977	25,266
064 MARKETING	208,188	1,752		26,772	236,712	36,103	1,618
065 02 NEW DIRECTION			289		289	44	
066 03 RESPITE	284,319			100,630	384,949	58,712	
067 04 WELL CHILD CLINIC	573,647	22,447	1,468	207,050	804,612	122,719	20,721
068 CROSS FOOT ADJUSTMENT							
069 NEGATIVE COST CENTER							
070 TOTAL	31,124,101	999,734	259,810	5,690,588	31,124,101	4,118,847	846,096

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,028,256						
010 LAUNDRY & LINEN SERVICE		144,359					
011 HOUSEKEEPING	21,895		731,372				
012 DIETARY	56,551			525,290			
013 CAFETERIA	17,539				812,675		
014 NURSING ADMINISTRATION	7,435		5,875		10,824	273,978	
015 CENTRAL SERVICES & SUPPLY	59,698						1,006,707
016 PHARMACY	35,887		28,354		46,591		
017 MEDICAL RECORDS & LIBRARY	46,607		9,271		57,252		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	113,193	28,970	125,207	124,186	106,873	79,786	
033 INTENSIVE CARE UNIT	20,641	10,839	22,831	60,508	54,377	40,595	
034 NURSERY							
037 SKILLED NURSING FACILITY	76,450	27,545	84,564	250,291	90,461		
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	96,726	20,318	90,406	71,216	41,939	31,310	
040 RECOVERY ROOM	10,811				4,056	3,028	
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	1,950		1,541		12,592		
043 RADIOLOGY-DIAGNOSTIC	75,458	19,459	83,467	6,128	83,587	62,402	
044 RADIOISOTOPE					4,522		
047 LABORATORY	38,841		53,508		98,700		
050 BLOOD STORING, PROCESSING							
053 PHYSICAL THERAPY	6,569	6,627	7,266		56,066		
055 ELECTROCARDIOLOGY	11,712	5,827	64,239		50,768		
056 MEDICAL SUPPLIES CHARGED							1,006,707
060 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	26,593						
066 EMERGENCY	37,484	23,457	41,462	5,150	76,159	56,857	
093 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY	34,507	70	42,023	1,535			
098 SPEC PURPOSE COST CENTERS							
100 HOSPICE							
101 SUBTOTALS	796,547	143,112	660,014	519,014	794,767	273,978	1,006,707
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP	9,123						
100 PHYSICIANS' PRIVATE OFFIC	150,093		50,113	6,276			
100 FITNESS CENTER	38,476				11,754		
100 01 MARKETING	2,463		1,946		6,154		
100 02 NEW DIRECTION							
100 03 RESPITE							
100 04 WELL CHILD CLINIC	31,554	1,247	19,299				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,028,256	144,359	731,372	525,290	812,675	273,978	1,006,707

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY	3,943,075				
025 MEDICAL RECORDS & LIBRARY		912,020			
026 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS		47,611	2,319,253		2,319,253
033 INTENSIVE CARE UNIT		23,379	1,278,794		1,278,794
034 NURSERY					
037 SKILLED NURSING FACILITY		24,012	1,778,503		1,778,503
038 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM		37,725	1,543,555		1,543,555
040 RECOVERY ROOM		3,016	128,225		128,225
041 DELIVERY ROOM & LABOR ROO					
044 ANESTHESIOLOGY		7,510	59,770		59,770
047 RADIOLOGY-DIAGNOSTIC		161,326	3,184,822		3,184,822
050 RADIOISOTOPE		12,709	251,090		251,090
053 LABORATORY		132,720	2,753,366		2,753,366
055 BLOOD STORING, PROCESSING		3,458	209,697		209,697
056 PHYSICAL THERAPY		25,990	1,250,103		1,250,103
060 ELECTROCARDIOLOGY		23,996	1,051,944		1,051,944
061 MEDICAL SUPPLIES CHARGED		39,799	1,046,506		1,046,506
062 DRUGS CHARGED TO PATIENTS	3,943,075	253,095	4,196,170		4,196,170
062 OUTPAT SERVICE COST CNTRS					
060 CLINIC		259	213,808		213,808
061 EMERGENCY		68,687	2,296,035		2,296,035
062 OBSERVATION BEDS (NON-DIS					
093 OTHER REIMBURS COST CNTRS					
095 HOME HEALTH AGENCY		14,614	1,403,123		1,403,123
096 SPEC PURPOSE COST CENTERS					
093 HOSPICE		25,283	1,040,998		1,040,998
095 SUBTOTALS	3,943,075	905,189	26,005,762		26,005,762
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			22,594		22,594
100 PHYSICIANS' PRIVATE OFFIC			3,178,658		3,178,658
100 FITNESS CENTER			181,114		181,114
100 01 MARKETING			284,996		284,996
100 02 NEW DIRECTION			333		333
100 03 RESPITE		3,189	446,850		446,850
100 04 WELL CHILD CLINIC		3,642	1,003,794		1,003,794
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	3,943,075	912,020	31,124,101		31,124,101

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE BENE	ADMINISTRATIV	MAINTENANCE &
	NEW CAPITAL	OSTS-BLDG &	OSTS-MVBLE E		FITS	E & GENERAL	REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		23,867	3,005	26,872	26,872		
006 ADMINISTRATIVE & GENERAL		59,269	30,067	89,336	3,012	92,348	
007 MAINTENANCE & REPAIRS			7,850	7,850	662	2,511	11,023
008 OPERATION OF PLANT		185,109		185,109		2,544	2,225
009 LAUNDRY & LINEN SERVICE						428	
010 HOUSEKEEPING		15,576	133	15,709	663	2,063	187
011 DIETARY		40,229	1,712	41,941	307	1,281	484
012 CAFETERIA		12,477		12,477	805	2,325	150
014 NURSING ADMINISTRATION		5,289	45	5,334	289	727	64
015 CENTRAL SERVICES & SUPPLY		42,469	1,555	44,024		2,694	511
016 PHARMACY		25,530	885	26,415	1,090	11,289	307
017 MEDICAL RECORDS & LIBRARY		33,155	5,670	38,825	805	2,280	399
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		80,524	1,458	81,982	1,800	4,805	968
026 INTENSIVE CARE UNIT		14,683	8,518	23,201	1,186	3,063	177
033 NURSERY							
034 SKILLED NURSING FACILITY		54,386	2,940	57,326	1,293	3,487	654
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		68,810	32,113	100,923	1,056	3,236	828
038 RECOVERY ROOM		7,691		7,691	112	297	92
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		1,387		1,387		104	17
041 RADIOLOGY-DIAGNOSTIC		53,680	105,431	159,111	1,458	7,844	646
043 RADIOISOTOPE					113	694	
044 LABORATORY		27,631	30,933	58,564	1,549	7,134	332
047 BLOOD STORING, PROCESSING						612	
050 PHYSICAL THERAPY		4,673	2,788	7,461	1,284	3,393	56
053 ELECTROCARDIOLOGY		8,331	6,497	14,828	916	2,634	100
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		18,918		18,918	113	503	228
061 EMERGENCY		26,666	9,399	36,065	1,493	5,823	321
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
062 HOME HEALTH AGENCY		24,548	247	24,795	1,362	3,821	295
062 SPEC PURPOSE COST CENTERS							
093 HOSPICE					734	3,014	
095 SUBTOTALS		834,898	251,246	1,086,144	22,102	78,606	9,041
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		6,490		6,490		22	78
098 PHYSICIANS' PRIVATE OFFIC		106,776	6,807	113,583	3,104	8,527	1,284
100 FITNESS CENTER		27,371		27,371	87	313	329
100 01 MARKETING		1,752		1,752	126	810	21
100 02 NEW DIRECTION			289	289		1	
100 03 RESPITE					475	1,317	
100 04 WELL CHILD CLINIC		22,447	1,468	23,915	978	2,752	270
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		999,734	259,810	1,259,544	26,872	92,348	11,023

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	189,878						
010 LAUNDRY & LINEN SERVICE		428					
011 HOUSEKEEPING	4,043		22,665				
012 DIETARY	10,443			54,456			
014 CAFETERIA	3,239				18,996		
015 NURSING ADMINISTRATION	1,373		182		253	8,222	
016 CENTRAL SERVICES & SUPPLY	11,024						58,253
017 PHARMACY	6,627		879		1,089		
025 MEDICAL RECORDS & LIBRARY	8,606		287		1,338		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	20,902	85	3,879	12,874	2,498	2,394	
034 INTENSIVE CARE UNIT	3,811	32	708	6,273	1,271	1,218	
037 NURSERY							
038 SKILLED NURSING FACILITY	14,117	82	2,621	25,947	2,114		
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	17,861	60	2,802	7,383	980	940	
041 RECOVERY ROOM	1,996				95	91	
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY	360		48		294		
044 RADIOLOGY-DIAGNOSTIC	13,934	58	2,587	635	1,954	1,873	
045 RADIOISOTOPE					106		
046 LABORATORY	7,172		1,658		2,307		
047 BLOOD STORING, PROCESSING							
050 PHYSICAL THERAPY	1,213	20	225		1,311		
053 ELECTROCARDIOLOGY	2,163	17	1,991		1,187		
055 MEDICAL SUPPLIES CHARGED							58,253
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	4,911						
062 EMERGENCY	6,922	70	1,285	534	1,780	1,706	
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME HEALTH AGENCY	6,372		1,302	159			
066 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	147,089	424	20,454	53,805	18,577	8,222	58,253
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	1,685						
100 PHYSICIANS' PRIVATE OFFIC	27,717		1,553	651			
100 FITNESS CENTER	7,105				275		
100 01 MARKETING	455		60		144		
100 02 NEW DIRECTION							
100 03 RESPITE							
100 04 WELL CHILD CLINIC	5,827	4	598				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	189,878	428	22,665	54,456	18,996	8,222	58,253

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY	47,696				
017 PHARMACY		52,540			
025 MEDICAL RECORDS & LIBRARY			52,540		
026 INPAT ROUTINE SRVC CNTRS					
033 ADULTS & PEDIATRICS		2,743	134,930		134,930
034 INTENSIVE CARE UNIT		1,347	42,287		42,287
037 NURSERY					
038 SKILLED NURSING FACILITY		1,383	109,024		109,024
039 ANCILLARY SRVC COST CNTRS					
040 OPERATING ROOM		2,173	138,242		138,242
041 RECOVERY ROOM		174	10,548		10,548
044 DELIVERY ROOM & LABOR ROO					
047 ANESTHESIOLOGY		433	2,643		2,643
050 RADIOLOGY-DIAGNOSTIC		9,294	199,394		199,394
053 RADIOISOTOPE		732	1,645		1,645
055 LABORATORY		7,646	86,362		86,362
056 BLOOD STORING, PROCESSING		199	811		811
060 PHYSICAL THERAPY		1,497	16,460		16,460
061 ELECTROCARDIOLOGY		1,383	25,219		25,219
062 MEDICAL SUPPLIES CHARGED		2,293	60,546		60,546
093 DRUGS CHARGED TO PATIENTS	47,696	14,578	62,274		62,274
095 OUTPAT SERVICE COST CNTRS					
096 CLINIC		15	24,688		24,688
098 EMERGENCY		3,957	59,956		59,956
100 OBSERVATION BEDS (NON-DIS					
101 OTHER REIMBURS COST CNTRS					
102 HOME HEALTH AGENCY		842	38,948		38,948
103 SPEC PURPOSE COST CENTERS					
100 HOSPICE		1,457	5,205		5,205
101 SUBTOTALS	47,696	52,146	1,019,182		1,019,182
102 NONREIMBURS COST CENTERS					
103 GIFT, FLOWER, COFFEE SHOP			8,275		8,275
100 PHYSICIANS' PRIVATE OFFIC			156,419		156,419
100 FITNESS CENTER			35,480		35,480
100 01 MARKETING			3,368		3,368
100 02 NEW DIRECTION			290		290
100 03 RESPITE		184	1,976		1,976
100 04 WELL CHILD CLINIC		210	34,554		34,554
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	47,696	52,540	1,259,544		1,259,544

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	SA RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)		( ACCUM. COST	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	123,235					
005 NEW CAP REL COSTS-MVB		732,032				
005 EMPLOYEE BENEFITS	2,942	8,468	13,212,768			
006 ADMINISTRATIVE & GENE	7,306	84,717	1,480,730	-4,118,847	27,005,254	
007 MAINTENANCE & REPAIRS		22,118	325,460		734,127	112,987
008 OPERATION OF PLANT	22,818				743,922	22,818
009 LAUNDRY & LINEN SERVI					125,255	
010 HOUSEKEEPING	1,920	376	325,955		603,112	1,920
011 DIETARY	4,959	4,824	150,740		374,487	4,959
012 CAFETERIA	1,538		395,612		679,918	1,538
014 NURSING ADMINISTRATIO	652	127	142,059		212,545	652
015 CENTRAL SERVICES & SU	5,235	4,381			787,671	5,235
016 PHARMACY	3,147	2,494	535,836		3,304,646	3,147
017 MEDICAL RECORDS & LIB	4,087	15,977	395,937		666,613	4,087
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	9,926	4,109	884,946		1,404,832	9,926
033 INTENSIVE CARE UNIT	1,810	23,999	583,072		895,490	1,810
034 NURSERY						
037 SKILLED NURSING FACIL	6,704	8,284	635,858		1,019,486	6,704
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	8,482	90,481	519,331		946,099	8,482
040 RECOVERY ROOM	948		55,210		86,953	948
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY	171				30,278	171
043 RADIOLOGY-DIAGNOSTIC	6,617	297,054	716,656		2,293,621	6,617
044 RADIOISOTOPE			55,718		202,911	
047 LABORATORY	3,406	87,156	761,339		2,085,943	3,406
050 BLOOD STORING, PROCES					178,946	
053 PHYSICAL THERAPY	576	7,855	631,102		991,976	576
055 ELECTROCARDIOLOGY	1,027	18,305	450,467		770,235	1,027
056 MEDICAL SUPPLIES CHAR						
061 DRUGS CHARGED TO PATI						
062 OUTPUT SERVICE COST C						
062 CLINIC	2,332		55,459		147,063	2,332
062 EMERGENCY	3,287	26,482	733,863		1,702,500	3,287
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	3,026	696	669,500		1,117,303	3,026
093 SPEC PURPOSE COST CEN						
093 HOSPICE			360,764		881,299	
095 SUBTOTALS	102,916	707,903	10,865,614	-4,118,847	22,987,231	92,668
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	800				6,490	800
098 PHYSICIANS' PRIVATE O	13,162	19,180	1,527,759		2,493,330	13,162
100 FITNESS CENTER	3,374		42,842		91,641	3,374
100 01 MARKETING	216		62,162		236,712	216
100 02 NEW DIRECTION		813			289	
100 03 RESPITE			233,650		384,949	
100 04 WELL CHILD CLINIC	2,767	4,136	480,741		804,612	2,767
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	999,734	259,810	5,690,588		4,118,847	846,096
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.112419		.430689		.152520	
105 (WRKSHT B, PT I)		.354916				7.488437
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER			26,872		92,348	11,023
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)			.002034		.003420	
108 UNIT COST MULTIPLIER						.097560
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(HOURS)	(DIRECT) (HRS)	NR(COSTED) (EQUIS.)
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	90,169						
010	LAUNDRY & LINEN SERVICE		170,136					
011	HOUSEKEEPING	1,920		405,868				
012	DIETARY	4,959			42,434			
013	CAFETERIA	1,538				268,478		
014	NURSING ADMINISTRATION	652		3,260		3,576	121,240	
015	CENTRAL SERVICES & SUPPLY	5,235						100
016	PHARMACY	3,147		15,735		15,392		
017	MEDICAL RECORDS & LIBRARY	4,087		5,145		18,914		
025	INPAT ROUTINE SERVICE CENTER							
026	ADULTS & PEDIATRICS	9,926	34,144	69,482	10,032	35,307	35,307	
027	INTENSIVE CARE UNIT	1,810	12,775	12,670	4,888	17,964	17,964	
033	NURSERY							
034	SKILLED NURSING FACILITY	6,704	32,463	46,928	20,219	29,885		
037	ANCILLARY SERVICE CENTER							
038	OPERATING ROOM	8,482	23,946	50,170	5,753	13,855	13,855	
039	RECOVERY ROOM	948				1,340	1,340	
040	DELIVERY ROOM & LABOR							
041	ANESTHESIOLOGY	171		855		4,160		
043	RADIOLOGY-DIAGNOSTIC	6,617	22,934	46,319	495	27,614	27,614	
044	RADIOISOTOPE					1,494		
047	LABORATORY	3,406		29,694		32,607		
050	BLOOD STORING, PROCESSING							
053	PHYSICAL THERAPY	576	7,810	4,032		18,522		
055	ELECTROCARDIOLOGY	1,027	6,867	35,649		16,772		
056	MEDICAL SUPPLIES CHARGED TO PATIENT							100
062	OUTPUT SERVICE COST CENTER							
062	CLINIC	2,332						
062	EMERGENCY	3,287	27,645	23,009	416	25,160	25,160	
071	OBSERVATION BEDS (NON-REIMBURSABLE)							
071	OTHER REIMBURSABLE COST CENTER							
071	HOME HEALTH AGENCY	3,026	82	23,320	124			
093	SPEC PURPOSE COST CENTER							
093	HOSPICE							
095	SUBTOTALS	69,850	168,666	366,268	41,927	262,562	121,240	100
096	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE	800						
098	PHYSICIANS' PRIVATE OFFICE	13,162		27,810	507			
100	FITNESS CENTER	3,374				3,883		
100	01 MARKETING	216		1,080		2,033		
100	02 NEW DIRECTION							
100	03 RESPITE							
100	04 WELL CHILD CLINIC	2,767	1,470	10,710				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,028,256	144,359	731,372	525,290	812,675	273,978	1,006,707
104	UNIT COST MULTIPLIER (WORKSHEET B, PART I)		.848492		12.378989		2.259799	
105	COST TO BE ALLOCATED (WORKSHEET B, PART II)	11.403653		1.801995		3.026971		10,067.070000
106	UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107	COST TO BE ALLOCATED (WORKSHEET B, PART III)	189,878	428	22,665	54,456	18,996	8,222	58,253
108	UNIT COST MULTIPLIER (WORKSHEET B, PART III)	2.105801	.002516	.055843	1.283311	.070754	.067816	582.530000

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY R(GROSS REV )
	16	17
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENE		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATIO		
016 CENTRAL SERVICES & SU		
017 PHARMACY	100	
025 MEDICAL RECORDS & LIB		59,572,249
026 INPAT ROUTINE SRVC CN		
033 ADULTS & PEDIATRICS		3,110,023
034 INTENSIVE CARE UNIT		1,527,154
037 NURSERY		
038 SKILLED NURSING FACIL		1,568,489
039 ANCILLARY SRVC COST C		
040 OPERATING ROOM		2,464,265
041 RECOVERY ROOM		197,014
043 DELIVERY ROOM & LABOR		
044 ANESTHESIOLOGY		490,543
047 RADIOLOGY-DIAGNOSTIC		10,537,974
050 RADIOISOTOPE		830,168
053 LABORATORY		8,669,428
055 BLOOD STORING, PROCES		225,864
056 PHYSICAL THERAPY		1,697,670
062 ELECTROCARDIOLOGY		1,567,463
071 MEDICAL SUPPLIES CHAR		2,599,695
093 DRUGS CHARGED TO PATI	100	16,530,585
095 OUTPUT SERVICE COST C		
100 CLINIC		16,945
101 EMERGENCY		4,486,683
102 OBSERVATION BEDS (NON		
103 OTHER REIMBURS COST C		
104 HOME HEALTH AGENCY		954,599
105 SPEC PURPOSE COST CEN		
106 HOSPICE		1,651,508
107 SUBTOTALS	100	59,126,070
108 NONREIMBURS COST CENT		
109 GIFT, FLOWER, COFFEE		
110 PHYSICIANS' PRIVATE O		
111 FITNESS CENTER		
112 01 MARKETING		
113 100 02 NEW DIRECTION		
114 100 03 RESPITE		208,288
115 100 04 WELL CHILD CLINIC		237,891
116 101 CROSS FOOT ADJUSTMENT		
117 102 NEGATIVE COST CENTER		
118 103 COST TO BE ALLOCATED	3,943,075	912,020
119 (PER WRKSHT B, PART		
120 104 UNIT COST MULTIPLIER		.015309
121 (WRKSHT B, PT I)	39,430.750000	
122 105 COST TO BE ALLOCATED		
123 (PER WRKSHT B, PART		
124 106 UNIT COST MULTIPLIER		
125 (WRKSHT B, PT II)		
126 107 COST TO BE ALLOCATED	47,696	52,540
127 (PER WRKSHT B, PART		
128 108 UNIT COST MULTIPLIER		.000882
129 (WRKSHT B, PT III)	476.960000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,319,253		2,319,253		2,319,253
26	INTENSIVE CARE UNIT	1,278,794		1,278,794		1,278,794
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,778,503		1,778,503		1,778,503
37	OPERATING ROOM	1,543,555		1,543,555		1,543,555
38	RECOVERY ROOM	128,225		128,225		128,225
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	59,770		59,770		59,770
41	RADIOLOGY-DIAGNOSTIC	3,184,822		3,184,822		3,184,822
43	RADIOISOTOPE	251,090		251,090		251,090
44	LABORATORY	2,753,366		2,753,366		2,753,366
47	BLOOD STORING, PROCESSING	209,697		209,697		209,697
50	PHYSICAL THERAPY	1,250,103		1,250,103		1,250,103
53	ELECTROCARDIOLOGY	1,051,944		1,051,944		1,051,944
55	MEDICAL SUPPLIES CHARGED	1,046,506		1,046,506		1,046,506
56	DRUGS CHARGED TO PATIENTS	4,196,170		4,196,170		4,196,170
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	213,808		213,808		213,808
61	EMERGENCY	2,296,035		2,296,035		2,296,035
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	331,470		331,470		331,470
101	SUBTOTAL	23,893,111		23,893,111		23,893,111
102	LESS OBSERVATION BEDS	331,470		331,470		331,470
103	TOTAL	23,561,641		23,561,641		23,561,641

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,610,081		2,610,081			
26	INTENSIVE CARE UNIT	1,527,154		1,527,154			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,568,489		1,568,489			
37	OPERATING ROOM	325,617	2,138,649	2,464,266	.626375	.626375	.626375
38	RECOVERY ROOM	35,356	161,659	197,015	.650839	.650839	.650839
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	71,848	418,695	490,543	.121845	.121845	.121845
41	RADIOLOGY-DIAGNOSTIC	898,307	9,639,667	10,537,974	.302223	.302223	.302223
43	RADIOISOTOPE	51,611	778,557	830,168	.302457	.302457	.302457
44	LABORATORY	1,548,394	7,121,034	8,669,428	.317595	.317595	.317595
47	BLOOD STORING, PROCESSING	84,433	141,432	225,865	.928417	.928417	.928417
50	PHYSICAL THERAPY	421,486	1,276,185	1,697,671	.736364	.736364	.736364
53	ELECTROCARDIOLOGY	778,343	789,120	1,567,463	.671112	.671112	.671112
55	MEDICAL SUPPLIES CHARGED	1,212,193	1,387,503	2,599,696	.402549	.402549	.402549
56	DRUGS CHARGED TO PATIENTS	3,835,130	12,695,454	16,530,584	.253843	.253843	.253843
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		16,945	16,945	12.617763	12.617763	12.617763
61	EMERGENCY	456,182	4,030,501	4,486,683	.511744	.511744	.511744
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		499,942	499,942	.663017	.663017	.663017
101	SUBTOTAL	15,424,624	41,095,343	56,519,967			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,424,624	41,095,343	56,519,967			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET C  
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,319,253		2,319,253		2,319,253
26	INTENSIVE CARE UNIT	1,278,794		1,278,794		1,278,794
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,778,503		1,778,503		1,778,503
37	OPERATING ROOM	1,543,555		1,543,555		1,543,555
38	RECOVERY ROOM	128,225		128,225		128,225
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	59,770		59,770		59,770
41	RADIOLOGY-DIAGNOSTIC	3,184,822		3,184,822		3,184,822
43	RADIOISOTOPE	251,090		251,090		251,090
44	LABORATORY	2,753,366		2,753,366		2,753,366
47	BLOOD STORING, PROCESSING	209,697		209,697		209,697
50	PHYSICAL THERAPY	1,250,103		1,250,103		1,250,103
53	ELECTROCARDIOLOGY	1,051,944		1,051,944		1,051,944
55	MEDICAL SUPPLIES CHARGED	1,046,506		1,046,506		1,046,506
56	DRUGS CHARGED TO PATIENTS	4,196,170		4,196,170		4,196,170
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	213,808		213,808		213,808
61	EMERGENCY	2,296,035		2,296,035		2,296,035
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	331,470		331,470		331,470
101	SUBTOTAL	23,893,111		23,893,111		23,893,111
102	LESS OBSERVATION BEDS	331,470		331,470		331,470
103	TOTAL	23,561,641		23,561,641		23,561,641

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,610,081		2,610,081			
26	INTENSIVE CARE UNIT	1,527,154		1,527,154			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,568,489		1,568,489			
37	OPERATING ROOM	325,617	2,138,649	2,464,266	.626375	.626375	.626375
38	RECOVERY ROOM	35,356	161,659	197,015	.650839	.650839	.650839
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	71,848	418,695	490,543	.121845	.121845	.121845
41	RADIOLOGY-DIAGNOSTIC	898,307	9,639,667	10,537,974	.302223	.302223	.302223
43	RADIOISOTOPE	51,611	778,557	830,168	.302457	.302457	.302457
44	LABORATORY	1,548,394	7,121,034	8,669,428	.317595	.317595	.317595
47	BLOOD STORING, PROCESSING	84,433	141,432	225,865	.928417	.928417	.928417
50	PHYSICAL THERAPY	421,486	1,276,185	1,697,671	.736364	.736364	.736364
53	ELECTROCARDIOLOGY	778,343	789,120	1,567,463	.671112	.671112	.671112
55	MEDICAL SUPPLIES CHARGED	1,212,193	1,387,503	2,599,696	.402549	.402549	.402549
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,835,130	12,695,454	16,530,584	.253843	.253843	.253843
60	CLINIC		16,945	16,945	12.617763	12.617763	12.617763
61	EMERGENCY	456,182	4,030,501	4,486,683	.511744	.511744	.511744
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		499,942	499,942	.663017	.663017	.663017
101	SUBTOTAL	15,424,624	41,095,343	56,519,967			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,424,624	41,095,343	56,519,967			

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						
38	OPERATING ROOM	1,543,555	138,242	1,405,313			1,543,555
39	RECOVERY ROOM	128,225	10,548	117,677			128,225
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	59,770	2,643	57,127			59,770
42	RADIOLOGY-DIAGNOSTIC	3,184,822	199,394	2,985,428			3,184,822
43	RADIOISOTOPE	251,090	1,645	249,445			251,090
44	LABORATORY	2,753,366	86,362	2,667,004			2,753,366
45	BLOOD STORING, PROCESSING	209,697	811	208,886			209,697
46	PHYSICAL THERAPY	1,250,103	16,460	1,233,643			1,250,103
47	ELECTROCARDIOLOGY	1,051,944	25,219	1,026,725			1,051,944
48	MEDICAL SUPPLIES CHARGED	1,046,506	60,546	985,960			1,046,506
49	DRUGS CHARGED TO PATIENTS	4,196,170	62,274	4,133,896			4,196,170
50	OUTPAT SERVICE COST CNTRS						
51	CLINIC	213,808	24,688	189,120			213,808
52	EMERGENCY	2,296,035	59,956	2,236,079			2,296,035
53	OBSERVATION BEDS (NON-DIS	331,470		331,470			331,470
54	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,516,561	688,788	17,827,773			18,516,561
102	LESS OBSERVATION BEDS	331,470		331,470			331,470
103	TOTAL	18,185,091	688,788	17,496,303			18,185,091

POST 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	2,464,266	.626375	.626375
38	RECOVERY ROOM	197,015	.650839	.650839
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	490,543	.121845	.121845
41	RADIOLOGY-DIAGNOSTIC	10,537,974	.302223	.302223
43	RADIOISOTOPE	830,168	.302457	.302457
44	LABORATORY	8,669,428	.317595	.317595
47	BLOOD STORING, PROCESSING	225,865	.928417	.928417
50	PHYSICAL THERAPY	1,697,671	.736364	.736364
53	ELECTROCARDIOLOGY	1,567,463	.671112	.671112
55	MEDICAL SUPPLIES CHARGED	2,599,696	.402549	.402549
56	DRUGS CHARGED TO PATIENTS	16,530,584	.253843	.253843
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16,945	12.617763	12.617763
61	EMERGENCY	4,486,683	.511744	.511744
62	OBSERVATION BEDS (NON-DIS	499,942	.663017	.663017
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	50,814,243		
102	LESS OBSERVATION BEDS	499,942		
103	TOTAL	50,314,301		

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,543,555	138,242	1,405,313			1,543,555
38	RECOVERY ROOM	128,225	10,548	117,677			128,225
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	59,770	2,643	57,127			59,770
41	RADIOLOGY-DIAGNOSTIC	3,184,822	199,394	2,985,428			3,184,822
43	RADIOISOTOPE	251,090	1,645	249,445			251,090
44	LABORATORY	2,753,366	86,362	2,667,004			2,753,366
47	BLOOD STORING, PROCESSING	209,697	811	208,886			209,697
50	PHYSICAL THERAPY	1,250,103	16,460	1,233,643			1,250,103
53	ELECTROCARDIOLOGY	1,051,944	25,219	1,026,725			1,051,944
55	MEDICAL SUPPLIES CHARGED	1,046,506	60,546	985,960			1,046,506
56	DRUGS CHARGED TO PATIENTS	4,196,170	62,274	4,133,896			4,196,170
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	213,808	24,688	189,120			213,808
61	EMERGENCY	2,296,035	59,956	2,236,079			2,296,035
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	331,470		331,470			331,470
101	SUBTOTAL	18,516,561	688,788	17,827,773			18,516,561
102	LESS OBSERVATION BEDS	331,470		331,470			331,470
103	TOTAL	18,185,091	688,788	17,496,303			18,185,091

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

I PROVIDER NO: I PERIOD: I (09/2000)  
 I 15-1310 I FROM 1/ 1/2008 I PREPARED 5/26/2009  
 I I TO 12/31/2008 I WORKSHEET C  
 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	2,464,266	.626375	.626375
39	RECOVERY ROOM	197,015	.650839	.650839
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	490,543	.121845	.121845
42	RADIOLOGY-DIAGNOSTIC	10,537,974	.302223	.302223
43	RADIOISOTOPE	830,168	.302457	.302457
44	LABORATORY	8,669,428	.317595	.317595
45	BLOOD STORING, PROCESSING	225,865	.928417	.928417
46	PHYSICAL THERAPY	1,697,671	.736364	.736364
47	ELECTROCARDIOLOGY	1,567,463	.671112	.671112
48	MEDICAL SUPPLIES CHARGED	2,599,696	.402549	.402549
49	DRUGS CHARGED TO PATIENTS	16,530,584	.253843	.253843
50	OUTPAT SERVICE COST CNTRS			
51	CLINIC	16,945	12.617763	12.617763
52	EMERGENCY	4,486,683	.511744	.511744
53	OBSERVATION BEDS (NON-DIS	499,942	.663017	.663017
54	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	50,814,243		
102	LESS OBSERVATION BEDS	499,942		
103	TOTAL	50,314,301		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,381,492	2,218,305			
38	RECOVERY ROOM	122,154	176,665			
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	53,851	442,465			
41	RADIOLOGY-DIAGNOSTIC	2,838,979	9,652,174			
43	RADIOISOTOPE	244,114	762,774			
44	LABORATORY	2,488,860	7,996,821			
47	BLOOD STORING, PROCESSING	194,147	206,450			
50	PHYSICAL THERAPY	1,117,000	1,531,815			
53	ELECTROCARDIOLOGY	1,037,221	1,448,005			
55	MEDICAL SUPPLIES CHARGED	1,046,762	2,372,510			
56	DRUGS CHARGED TO PATIENTS	3,833,799	15,206,292			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	25,307	1,791			
61	EMERGENCY	2,099,234	4,133,269			
62	OBSERVATION BEDS (NON-DIS	322,260	466,141			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	16,805,180	46,615,477			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET C  
I I TO 12/31/2008 I PART V

ST A E NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,381,492		1,381,492	2,218,305			
38	RECOVERY ROOM	122,154		122,154	176,665			
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY	53,851		53,851	442,465			
41	RADIOLOGY-DIAGNOSTIC	2,838,979		2,838,979	9,652,174			
43	RADIOISOTOPE	244,114		244,114	762,774			
44	LABORATORY	2,488,860		2,488,860	7,996,821			
47	BLOOD STORING, PROCESSING	194,147		194,147	206,450			
50	PHYSICAL THERAPY	1,117,000		1,117,000	1,531,815			
53	ELECTROCARDIOLOGY	1,037,221		1,037,221	1,448,005			
55	MEDICAL SUPPLIES CHARGED	1,046,762		1,046,762	2,372,510			
56	DRUGS CHARGED TO PATIENTS	3,833,799		3,833,799	15,206,292			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	25,307		25,307	1,791			
61	EMERGENCY	2,099,234		2,099,234	4,133,269			
62	OBSERVATION BEDS (NON-DIS	322,260		322,260	466,141			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	16,805,180		16,805,180	46,615,477			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.626375		.626375		
38 RECOVERY ROOM	.650839		.650839		
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.121845		.121845		
41 RADIOLOGY-DIAGNOSTIC	.302223		.302223		
43 RADIOISOTOPE	.302457		.302457		
44 LABORATORY	.317595		.317595		
47 BLOOD STORING, PROCESSING & TRANS.	.928417		.928417		
50 PHYSICAL THERAPY	.736364		.736364		
53 ELECTROCARDIOLOGY	.671112		.671112		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.402549		.402549		
56 DRUGS CHARGED TO PATIENTS	.253843		.253843		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	12.617763		12.617763		
61 EMERGENCY	.511744		.511744		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.663017		.663017		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-1310 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		653,003			
38 RECOVERY ROOM		30,350			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,812,069			
43 RADIOISOTOPE		259,026			
44 LABORATORY		2,603,303			
47 BLOOD STORING, PROCESSING & TRANS.		55,947			
50 PHYSICAL THERAPY		425,385			
53 ELECTROCARDIOLOGY		433,729			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		398,233			
56 DRUGS CHARGED TO PATIENTS		5,024,907			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		10,132			
61 EMERGENCY		680,747			
62 OBSERVATION BEDS (NON-DISTINCT PART)		111,423			
101 SUBTOTAL		13,498,254			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		13,498,254			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS  
 I PROVIDER NO: 15-1310 I PERIOD: FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/26/2009  
 I COMPONENT NO: 15-1310 I I WORKSHEET D PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other 9	Hospital I/P Part B Charges 10	Hospital I/P Part B Costs 11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	409,025		
38 RECOVERY ROOM	19,753		
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC	849,872		
43 RADIOISOTOPE	78,344		
44 LABORATORY	826,796		
47 BLOOD STORING, PROCESSING & TRANS.	51,942		
50 PHYSICAL THERAPY	313,238		
53 ELECTROCARDIOLOGY	291,081		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	160,308		
56 DRUGS CHARGED TO PATIENTS	1,275,537		
OUTPAT SERVICE COST CNTRS			
60 CLINIC	127,843		
61 EMERGENCY	348,368		
62 OBSERVATION BEDS (NON-DISTINCT PART)	73,875		
101 SUBTOTAL	4,825,982		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	4,825,982		

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-5365 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

LNKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-5365 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

POST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

POST 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							
38	OPERATING ROOM			2,464,266				48
39	RECOVERY ROOM			197,015				
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			490,543				
43	RADIOLOGY-DIAGNOSTIC			10,537,974			105,058	
44	RADIOISOTOPE			830,168			834	
47	LABORATORY			8,669,428			42,660	
50	BLOOD STORING, PROCESSING			225,865			1,014	
53	PHYSICAL THERAPY			1,697,671			259,940	
55	ELECTROCARDIOLOGY			1,567,463			3,604	
56	MEDICAL SUPPLIES CHARGED			2,599,696			121,084	
60	DRUGS CHARGED TO PATIENTS			16,530,584			217,427	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			16,945				
101	EMERGENCY			4,486,683				
	OBSERVATION BEDS (NON-DIS			499,942				
	OTHER REIMBURS COST CNTRS							
	TOTAL			50,814,243			751,669	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

LIST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
			D,V COL 5.03	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
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
43	RADIOISOTOPE							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
	OUTPUT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XIX

PPS

LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				134,930	846	134,084
26	INTENSIVE CARE UNIT				42,287		42,287
33	NURSERY						
101	TOTAL				177,217		176,371

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XIX

PPS

BKST A IE NO.	COST CENTER DESCRIPTION	TOTAL		OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
		PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8				
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	2,218	52			60.45	3,143
33	INTENSIVE CARE UNIT	652	23			64.86	1,492
101	NURSERY						
	TOTAL	2,870	75				4,635

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-1310 I I

TITLE XIX

HOSPITAL

PPS

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		138,242	2,464,266		1	
38	RECOVERY ROOM		10,548	197,015		1	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		2,643	490,543			
41	RADIOLOGY-DIAGNOSTIC		199,394	10,537,974		1	
43	RADIOISOTOPE		1,645	830,168			
44	LABORATORY		86,362	8,669,428		1	
47	BLOOD STORING, PROCESSING		811	225,865		1	
50	PHYSICAL THERAPY		16,460	1,697,671		1	
53	ELECTROCARDIOLOGY		25,219	1,567,463		1	
55	MEDICAL SUPPLIES CHARGED		60,546	2,599,696		1	
56	DRUGS CHARGED TO PATIENTS		62,274	16,530,584		1	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		24,688	16,945			
61	EMERGENCY		59,956	4,486,683		1	
62	OBSERVATION BEDS (NON-DIS			499,942			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		688,788	50,814,243		10	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-1310 I I

TITLE XIX HOSPITAL

POST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.056099	
38	RECOVERY ROOM	.053539	
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.005388	
41	RADIOLOGY-DIAGNOSTIC	.018921	
43	RADIOISOTOPE	.001982	
44	LABORATORY	.009962	
47	BLOOD STORING, PROCESSING	.003591	
50	PHYSICAL THERAPY	.009696	
53	ELECTROCARDIOLOGY	.016089	
55	MEDICAL SUPPLIES CHARGED	.023290	
56	DRUGS CHARGED TO PATIENTS	.003767	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	1.456949	
61	EMERGENCY	.013363	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

PPS

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III  
 PPS

POST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					2,218	
33	INTENSIVE CARE UNIT					652	
34	NURSERY						
101	SKILLED NURSING FACILITY					5,261	
	TOTAL					8,131	

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
I I TO 12/31/2008 I PART III

LIST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	52
26	INTENSIVE CARE UNIT		23
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		75



TITLE XIX

HOSPITAL

PPS

POST 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			2,464,266				1
38	RECOVERY ROOM			197,015				1
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			490,543				
41	RADIOLOGY-DIAGNOSTIC			10,537,974				1
43	RADIOISOTOPE			830,168				
44	LABORATORY			8,669,428				1
47	BLOOD STORING, PROCESSING			225,865				1
50	PHYSICAL THERAPY			1,697,671				1
53	ELECTROCARDIOLOGY			1,567,463				1
55	MEDICAL SUPPLIES CHARGED			2,599,696				1
56	DRUGS CHARGED TO PATIENTS			16,530,584				1
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			16,945				
61	EMERGENCY			4,486,683				1
62	OBSERVATION BEDS (NON-DIS			499,942				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			50,814,243				10

TITLE XIX

HOSPITAL

PPS

WKST A E NO.	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
		CHARGES 8	D,V COL 5.03 8.01	D,V COL 5.04 8.02	PASS THRU COST 9	* COL 5 9.01	* COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1					
38	RECOVERY ROOM	1					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1					
43	RADIOISOTOPE	1					
44	LABORATORY	1					
47	BLOOD STORING, PROCESSING	1					
50	PHYSICAL THERAPY	1					
53	ELECTROCARDIOLOGY	1					
55	MEDICAL SUPPLIES CHARGED	1					
56	DRUGS CHARGED TO PATIENTS	1					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	11					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-1310 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.626375				1
38 RECOVERY ROOM	.650839				1
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.121845				
41 RADIOLOGY-DIAGNOSTIC	.302223				1
43 RADIOISOTOPE	.302457				1
44 LABORATORY	.317595				1
47 BLOOD STORING, PROCESSING & TRANS.	.928417				1
50 PHYSICAL THERAPY	.736364				1
53 ELECTROCARDIOLOGY	.671112				1
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.402549				1
56 DRUGS CHARGED TO PATIENTS	.253843				1
OUTPAT SERVICE COST CNTRS					
60 CLINIC	12.617763				
61 EMERGENCY	.511744				1
62 OBSERVATION BEDS (NON-DISTINCT PART)	.663017				
101 SUBTOTAL					11
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					11

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-1310  
 I PERIOD: FROM 1/1/2008 TO 12/31/2008  
 I COMPONENT NO: 15-1310  
 I PREPARED 5/26/2009  
 I WORKSHEET D  
 I PART V

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
101 OBSERVATION BEDS (NON-DISTINCT PART)					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-1310 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					1
38 RECOVERY ROOM					1
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					1
50 PHYSICAL THERAPY					1
53 ELECTROCARDIOLOGY					1
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					1
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					6
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					6

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,232
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,218
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,218
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	14
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)	1,113
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	14
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	2,319,253
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)	14,547
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,304,706

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,610,081
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,610,081
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.883002
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,176.77
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	2,304,706

TITLE XVIII PART A 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 1,039.09  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,156,507  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,156,507

	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	1,278,794	652	1,961.34	405	794,343
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 2,340,547  
 4,291,397

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) 14,547  
 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 14,547  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-1310 I I

TITLE XVIII PART A 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	319
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,039.09
85	OBSERVATION BED COST	331,470

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-5365 I I

TITLE XVIII PART A

SNF

PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 1,778,503
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	338.05
68	PROGRAM ROUTINE SERVICE COST	582,460
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	582,460
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	109,024
72	PER DIEM CAPITAL-RELATED COSTS	20.72
73	PROGRAM CAPITAL-RELATED COSTS	35,701
74	INPATIENT ROUTINE SERVICE COST	546,759
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	546,759
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	582,460
80	PROGRAM INPATIENT ANCILLARY SERVICES	344,286
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	926,746

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 15-1310 I I

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,232
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,218
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,218
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	14
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)	52
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	2,319,253
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)	14,547
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,304,706

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,610,081
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,610,081
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.883002
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,176.77
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	2,304,706

TITLE XIX - I/P HOSPITAL PPS  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

						1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,039.09
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					54,033
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					54,033
		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					
43	INTENSIVE CARE UNIT	1,278,794	652	1,961.34	23	45,111
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
49	TOTAL PROGRAM INPATIENT COSTS					6 99,150

	PASS THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					4,635
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					
52	TOTAL PROGRAM EXCLUDABLE COST					4,635
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					94,515

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

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-1310 I I

TITLE XIX - I/P 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 319
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,039.09
- 85 OBSERVATION BED COST 331,470

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		2,304,706		331,470	
87 NEW CAPITAL-RELATED COST	134,930	2,304,706	.058545	331,470	19,406
88 NON PHYSICIAN ANESTHETIST		2,304,706		331,470	
89 MEDICAL EDUCATION		2,304,706		331,470	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-1310 I I

TITLE XVIII, PART A

HOSPITAL

OTHER

POST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		862,840	
26	INTENSIVE CARE UNIT		486,000	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.626375	154,418	96,724
38	RECOVERY ROOM	.650839	15,700	10,218
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.121845		
41	RADIOLOGY-DIAGNOSTIC	.302223	571,385	172,686
43	RADIOISOTOPE	.302457	34,617	10,470
44	LABORATORY	.317595	1,049,376	333,277
47	BLOOD STORING, PROCESSING & TRANS.	.928417	56,329	52,297
50	PHYSICAL THERAPY	.736364	56,876	41,881
53	ELECTROCARDIOLOGY	.671112	709,638	476,247
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402549	705,500	283,998
56	DRUGS CHARGED TO PATIENTS	.253843	2,996,926	760,749
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	12.617763		
61	EMERGENCY	.511744	199,319	102,000
62	OBSERVATION BEDS (NON-DISTINCT PART)	.663017		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		6,550,084	2,340,547
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,550,084	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-2310 I I

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKSST A E 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			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.626375		
38	RECOVERY ROOM	.650839		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.121845	1,582	193
41	RADIOLOGY-DIAGNOSTIC	.302223	457	138
43	RADIOISOTOPE	.302457		
44	LABORATORY	.317595	1,945	618
47	BLOOD STORING, PROCESSING & TRANS.	.928417		
50	PHYSICAL THERAPY	.736364	670	493
53	ELECTROCARDIOLOGY	.671112	1,452	974
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402549	2,681	1,079
56	DRUGS CHARGED TO PATIENTS	.253843	14,955	3,796
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	12.617763		
61	EMERGENCY	.511744		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.663017		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		23,742	7,291
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		23,742	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-5365 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

BKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
		TO CHARGES 1	CHARGES 2	COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.626375	48	30
38	RECOVERY ROOM	.650839		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.121845		
41	RADIOLOGY-DIAGNOSTIC	.302223	105,058	31,751
43	RADIOISOTOPE	.302457	834	252
44	LABORATORY	.317595	42,660	13,549
47	BLOOD STORING, PROCESSING & TRANS.	.928417	1,014	941
50	PHYSICAL THERAPY	.736364	259,940	191,410
53	ELECTROCARDIOLOGY	.671112	3,604	2,419
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402549	121,084	48,742
56	DRUGS CHARGED TO PATIENTS	.253843	217,427	55,192
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	12.617763		
61	EMERGENCY	.511744		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.663017		
101	TOTAL		751,669	344,286
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		751,669	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-1310 I I

TITLE XIX

HOSPITAL

PPS

WKSST 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	
26	INTENSIVE CARE UNIT		1	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.626375	1	1
38	RECOVERY ROOM	.650839	1	1
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.121845		
41	RADIOLOGY-DIAGNOSTIC	.302223	1	
43	RADIOISOTOPE	.302457		
44	LABORATORY	.317595	1	
47	BLOOD STORING, PROCESSING & TRANS.	.928417	1	1
50	PHYSICAL THERAPY	.736364	1	1
53	ELECTROCARDIOLOGY	.671112	1	1
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402549	1	
56	DRUGS CHARGED TO PATIENTS	.253843	1	
60	OUTPAT SERVICE COST CNTRS CLINIC	12.617763		
61	EMERGENCY	.511744	1	1
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.663017		
101	TOTAL		10	6
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART B  
 I 15-1310 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 4,825,982  
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.  
 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) 4,825,982

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES  
 6 ANCILLARY SERVICE CHARGES  
 7 INTERNS AND RESIDENTS SERVICE CHARGES  
 8 ORGAN ACQUISITION CHARGES  
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  
 10 TOTAL REASONABLE CHARGES  
 CUSTOMARY CHARGES  
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS  
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).  
 13 RATIO OF LINE 11 TO LINE 12  
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 4,874,242  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES 31,887  
 18.01 CAH ACTUAL BILLED COINSURANCE 2,183,489  
 LINE 17.01 (SEE INSTRUCTIONS)  
 19 SUBTOTAL (SEE INSTRUCTIONS) 2,658,866  
 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 2,658,866  
 24 PRIMARY PAYER PAYMENTS 828  
 25 SUBTOTAL 2,658,038

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 293,416  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 293,416  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 271,550  
 28 SUBTOTAL 2,951,454  
 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 2,951,454  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 2,603,853  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 347,601  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-1310 I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,073,662		2,642,714
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	7/ 1/2008	94,320	7/ 1/2008	15,174
ADJUSTMENTS TO PROGRAM .51	12/29/2008	110,713	12/29/2008	23,687
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-205,033		-38,861
4 TOTAL INTERIM PAYMENTS		3,868,629		2,603,853
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		120,275		347,601
7 TOTAL MEDICARE PROGRAM LIABILITY		3,988,904		2,951,454

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-5365 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		480,544		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS TO BE COMPLETED BY INTERMEDIARY		NONE		NONE
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)		480,544		
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		480,544		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-Z310 I I

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,928		
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			20,928	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			1,128	
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			22,056	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I  
 I COMPONENT NO: I TO 12/31/2008 I WORKSHEET E-2  
 I 15-2310 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)		
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)	14,692	
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	7,364	
5	PROGRAM DAYS		14
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	22,056	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	22,056	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	22,056	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		
14	80% OF PART B COSTS		
15	SUBTOTAL	22,056	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	22,056	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	20,928	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	1,128	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-1310 I I

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,291,397
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,291,397
5	PRIMARY PAYER PAYMENTS	43,872
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,290,000

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	

12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

18	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,290,000
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	353,280
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,936,720
23	COINSURANCE	4,864
24	SUBTOTAL	3,931,856
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	57,048
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	57,048
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	48,984
26	SUBTOTAL	3,988,904
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	3,988,904
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,868,629
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	120,275
34	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
I 15-1310	I FROM 1/ 1/2008	I 5/26/2009
I COMPONENT NO:	I TO 12/31/2008	I WORKSHEET E-3
I 15-5365	I	I PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-5365	I		I	

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	799,171			
2	TEMPORARY INVESTMENTS	8,001,255			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	9,991,229			
5	OTHER RECEIVABLES	561,100			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,863,244			
7	INVENTORY	1,001,548			
8	PREPAID EXPENSES	311,998			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	15,803,057			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	29,580,019			
14.01	LESS ACCUMULATED DEPRECIATION	-23,741,165			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	5,838,854			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,684,274			
26	TOTAL OTHER ASSETS	9,684,274			
27	TOTAL ASSETS	31,326,185			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I  
 I I TO 12/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	439,414			
29 SALARIES, WAGES & FEES PAYABLE	1,216,797			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	85			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	362,928			
35 OTHER CURRENT LIABILITIES	186,465			
36 TOTAL CURRENT LIABILITIES	2,205,689			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	2,205,689			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	29,120,496			
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	29,120,496			
52 TOTAL LIABILITIES AND FUND BALANCES	31,326,185			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1	FUND BALANCE AT BEGINNING		28,692,120	
	OF PERIOD			
2	NET INCOME (LOSS)		232,964	
3	TOTAL		28,925,084	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4	ADDITIONS (CREDIT ADJUSTM	195,412		
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS		195,412	
11	SUBTOTAL		29,120,496	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	DEDUCTIONS (DEBIT ADJUSTM			
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF		29,120,496	
	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			
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4	ADDITIONS (CREDIT ADJUSTM			
5				
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL			
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	DEDUCTIONS (DEBIT ADJUSTM			
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF			
	PERIOD PER BALANCE SHEET			

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET G-2  
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,610,081		2,610,081
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,568,489		1,568,489
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,178,570		4,178,570
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,527,154		1,527,154
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,527,154		1,527,154
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,705,724		5,705,724
17 00 ANCILLARY SERVICES	9,718,900	41,095,340	50,814,240
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		954,599	954,599
23 00 HOSPICE		1,651,508	1,651,508
24 00	81	446,099	446,180
25 00 TOTAL PATIENT REVENUES	15,424,705	44,147,546	59,572,251

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		33,217,813	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)	1,796,898		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,796,898	
DEDUCT (SPECIFY)			
34 00 PRACTICE	2,985,456		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		2,985,456	
40 00 TOTAL OPERATING EXPENSES		32,029,255	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET G-3  
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	59,572,251
2	LESS: ALLOWANCES AND DISCOUNTS ON	27,576,652
3	NET PATIENT REVENUES	31,995,599
4	LESS: TOTAL OPERATING EXPENSES	32,029,255
5	NET INCOME FROM SERVICE TO PATIENT	-33,656
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	836,993
24.01		1,645,510
24.02		
25	TOTAL OTHER INCOME	2,482,503
26	TOTAL	2,448,847
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	598,535
28		1,617,348
29		
30	TOTAL OTHER EXPENSES	2,215,883
31	NET INCOME (OR LOSS) FOR THE PERIO	232,964

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	310,226		1,543		123,590	435,359
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13.20						
14						
	192,071		19,379			211,450
	88,520		8,137			96,657
	30,311		1,193			31,504
	1,724		121			1,845
	46,648		6,865			53,513
					15,430	15,430
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	669,500		37,238		139,020	845,758

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		435,359	-41,596	393,763
HHA REIMBURSABLE SERVICES				
6		211,450		211,450
7		96,657		96,657
8		31,504		31,504
9				
10		1,845		1,845
11		53,513		53,513
12		15,430		15,430
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		845,758	-41,596	804,162

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	393,763				393,763	393,763
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	211,450				211,450	202,878
7	PHYSICAL THERAPY	96,657				96,657	92,739
8	OCCUPATIONAL THERAPY	31,504				31,504	30,227
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES	1,845				1,845	1,770
11	HOME HEALTH AIDE	53,513				53,513	51,344
12	SUPPLIES	15,430				15,430	14,805
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	804,162				804,162	

TOTAL

6

GENERAL SERVICE COST CENTERS							
2	CAP-REL COST-BLDG & FIX						
3	CAP-REL COST-MOV EQUIP						
4	PLANT OPER & MAINT						
5	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	414,328					
7	PHYSICAL THERAPY	189,396					
8	OCCUPATIONAL THERAPY	61,731					
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES	3,615					
11	HOME HEALTH AIDE	104,857					
12	SUPPLIES	30,235					
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	804,162					

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-393,763	410,399
6	SKILLED NURSING CARE					211,450	
7	PHYSICAL THERAPY					96,657	
8	OCCUPATIONAL THERAPY					31,504	
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					1,845	
11	HOME HEALTH AIDE					53,513	
12	SUPPLIES					15,430	
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
25	COST TO BE ALLOCATED				-393,763	410,399	
26	UNIT COST MULTIPLIER					393,763 .959464	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6
1 ADMIN & GENERAL		24,548	247	288,346	313,141	47,760
2 SKILLED NURSING CARE	414,328				414,328	63,194
3 PHYSICAL THERAPY	189,396				189,396	28,887
4 OCCUPATIONAL THERAPY	61,731				61,731	9,415
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	3,615				3,615	551
7 HOME HEALTH AIDE	104,857				104,857	15,993
8 SUPPLIES	30,235				30,235	4,611
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	804,162	24,548	247	288,346	1,117,303	170,411
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	22,660	34,507	70	42,023	1,535	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	22,660	34,507	70	42,023	1,535	
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEP DOWN 26	ADJUST 26
1 ADMIN & GENERAL				14,614	476,310		
2 SKILLED NURSING CARE					477,522		
3 PHYSICAL THERAPY					218,283		
4 OCCUPATIONAL THERAPY					71,146		
5 SPEECH PATHOLOGY							
6 MEDICAL SOCIAL SERVICES					4,166		
7 HOME HEALTH AIDE					120,850		
8 SUPPLIES					34,846		
9 DRUGS							
9.20 COST ADMINISTERING DRUGS							
10 DME							
11 HOME DIALYSIS AIDE SVCS							
12 RESPIRATORY THERAPY							
13 PRIVATE DUTY NURSING							
14 CLINIC							
15 HEALTH PROM ACTIVITIES							
16 DAY CARE PROGRAM							
17 HOME DEL MEALS PROGRAM							
18 HOMEMAKER SERVICE							
19 ALL OTHER							
19.50 TELEMEDICINE							
20 TOTAL (SUM OF 1-19) (2)				14,614	1,403,123		
21 UNIT COST MULTIPLIER							

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	476,310		
2 SKILLED NURSING CARE	477,522	245,411	722,933
3 PHYSICAL THERAPY	218,283	112,180	330,463
4 OCCUPATIONAL THERAPY	71,146	36,563	107,709
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES	4,166	2,141	6,307
7 HOME HEALTH AIDE	120,850	62,107	182,957
8 SUPPLIES	34,846	17,908	52,754
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19) (2)	1,403,123	476,310	1,403,123
21 UNIT COST MULTIPLIER		0.513922	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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

FOR WABASH COUNTY HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2008 I PART II  
 I 15-7061 I I

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & COSTS (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	3	4	5	6A	6	7
1 ADMIN & GENERAL	3,026	696	669,500		313,141	3,026
2 SKILLED NURSING CARE					414,328	
3 PHYSICAL THERAPY					189,396	
4 OCCUPATIONAL THERAPY					61,731	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					3,615	
7 HOME HEALTH AIDE					104,857	
8 SUPPLIES					30,235	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,026	696	669,500		1,117,303	3,026
21 COST TO BE ALLOCATED	24,548	247	288,346		170,411	22,660
22 UNIT COST MULTIPLIER	8.112360	0.354885	0.430689		0.152520	7.488434

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT SING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	3,026	82	23,320	124		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,026	82	23,320	124		
21 COST TO BE ALLOCATED	34,507	70	42,023	1,535		
22 UNIT COST MULTIPLIER	11.403503	0.853659	1.802015	12.379032		

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

FOR WABASH COUNTY HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2008 I PART II  
 I 15-7061 I

HHA 1

HHA COST CENTER	CENTRAL SERV	PHARMACY	MEDICAL RECO
	ICES & SUPPL		RDS & LIBRAR
	(COSTED	R (COSTED	R (GROSS REV
	EQUIS.	) EQUIS.	)
	15	16	17
1 ADMIN & GENERAL			954,599
2 SKILLED NURSING CARE			
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE			
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19)			954,599
21 COST TO BE ALLOCATED			14,614
22 UNIT COST MULTIPLIER			0.015309

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7061 I I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	722,933	2	722,933	3	188.51	6
2 PHYSICAL THERAPY	3	330,463		330,463	4	324.94	468
3 OCCUPATIONAL THERAPY	4	107,709		107,709	5	466.27	246
4 SPEECH PATHOLOGY	5				6		41
5 MEDICAL SOCIAL SERVICES	6	6,307		6,307	7	233.59	8
6 HOME HEALTH AIDE SERVICE	7	182,957		182,957	8	16.74	272
7 TOTAL		1,350,369		1,350,369	9		1,035

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	273	9	10	12
2 PHYSICAL THERAPY		252	88,223	51,463	139,686
3 OCCUPATIONAL THERAPY		63	79,935	81,885	161,820
4 SPEECH PATHOLOGY			19,117	29,375	48,492
5 MEDICAL SOCIAL SERVICES		3	1,869	701	2,570
6 HOME HEALTH AIDE SERVICES		316	4,553	5,290	9,843
7 TOTAL		907	193,697	168,714	362,411

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		
8 SKILLED NURSING	1	2
9 PHYSICAL THERAPY	9915	3
10 OCCUPATIONAL THERAPY	9915	4
11 SPEECH PATHOLOGY	9915	5
12 MEDICAL SOCIAL SERVICES	9915	6
13 HOME HEALTH AIDE SERVICE	9915	
14 TOTAL		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7061 I I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	8.00	52,754	2	52,754	1,690	31.215385	6
16 COST OF DRUGS	9.00			3	4		2
16.20 COST OF DRUGS	9.20				19		10

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES		6	62	187
16 COST OF DRUGS		9		
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LIMITATION (FRM FI)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.736364			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.402549			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.253843			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	
	1	2	3	4	5
1 PHYSICAL THERAPY		324.94	2.01	3	
2 OCCUPATIONAL THERAPY		466.27			
3 SPEECH PATHOLOGY					
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES	129,522	109,377	
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES	129,522	109,377	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	129,522	109,377	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	133,799	122,926
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	298	1,498
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	2,421	2,786
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	136,518	127,210
13	EXCESS REASONABLE COST		
14	SUBTOTAL	136,518	127,210
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	136,518	127,210
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	136,518	127,210
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	136,518	127,210
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	136,518	127,210
25	INTERIM PAYMENTS	136,518	127,210
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-1310	I FROM 1/ 1/2008	I 5/26/2009
I HHA NO:	I TO 12/31/2008	I WORKSHEET H-8
I 15-7061	I	I

TITLE XVIII HHA 1

DESCRIPTION	P A R T		P A R T	
	MM/DD/YYYY 1	A AMOUNT 2	MM/DD/YYYY 3	B AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		136,518		127,210
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		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		136,518		127,210
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		136,518		127,210

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.

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET K
I	HOSPICE NO:	I	TO 12/31/2008	I	
I	15-1545	I		I	

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20	360,764			
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	360,764			

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K  
I HOSPICE NO: I TO 12/31/2008 I  
I 15-1545 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		360,764		360,764
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER	365,158	365,158		365,158
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	365,158	725,922		725,922

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET K
I	HOSPICE NO:	I	TO 12/31/2008	I	
I	15-1545	I		I	

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
10.20		360,764
11		
12		
13		
14		
15		
16		
17		
18		
18.20		
19		
20		
20.30		
20.31		
20.32		
21		
22		
23		
24		
25		
26		
27		
28		
29		365,158
30		
31		
32		
33		
34		725,922

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 12/31/2008	I		
I	15-1545	I		I		

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	360,764
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	360,764

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 12/31/2008	I		
I	15-1545	I		I		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
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18.20				
19				
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20.30				
20.31				
20.32				
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28				
29				
30				
31				
32				
33				
34				

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 12/31/2008	I		
I	15-1545	I		I		

HOSPICE 1

TOTAL (1)  
9

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	360,764
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	360,764

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-4  
 I HOSPICE NO: I TO 12/31/2008 I PART I  
 I 15-1545 I I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	360,764			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER	365,158			
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	725,922			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2008	I	PART	I
I	15-1545	I		I		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20			360,764	
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30			365,158	
31				
32				
33				
34			725,922	

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2008	I	PART	I
I	15-1545	I		I		

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
10.20	VISITING SERVICES	
11	PHYSICIAN SERVICES	
12	NURSING CARE	360,764
13	NURSING CARE-CONTINUOUS HOME CARE	
14	PHYSICAL THERAPY	
15	OCCUPATIONAL THERAPY	
16	SPEECH/LANGUAGE PATHOLOGY	
17	MEDICAL SOCIAL SERVICES	
18	SPIRITUAL COUNSELING	
19	DIETARY COUNSELING	
20	COUNSELING - OTHER	
20.30	HOME HEALTH AIDE AND HOMEMAKER	
21	HH AIDE & HOMEMAKER-CONT. HOME CARE	
22	OTHER HOSPICE SERVICE COSTS	
23	OTHER	
24	DRUGS BIOLOGICAL AND INFUSION THERAPY	
25	ANALGESICS	
26	SEDATIVES / HYPNOTICS	
27	OTHER - SPECIFY	
28	DURABLE MEDICAL EQUIPMENT/OXYGEN	
29	PATIENT TRANSPORTATION	
30	IMAGING SERVICES	
31	LABS AND DIAGNOSTICS	
32	MEDICAL SUPPLIES	
33	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
34	RADIATION THERAPY	
35	CHEMOTHERAPY	
36	OTHER	365,158
37	BEREAVEMENT PROGRAM COSTS	
38	VOLUNTEER PROGRAM COSTS	
39	FUNDRAISING	
40	OTHER PROGRAM COSTS	
41	TOTAL (SUM OF LINES 1 THRU 33)	725,922

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
I	15-1545	I		I		

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	10.20 NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	18.20 HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	20.30 ANALGESICS			
28	20.31 SEDATIVES / HYPNOTICS			
29	20.32 OTHER - SPECIFY			
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	22 PATIENT TRANSPORTATION			
32	23 IMAGING SERVICES			
33	24 LABS AND DIAGNOSTICS			
34	25 MEDICAL SUPPLIES			
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	27 RADIATION THERAPY			
37	28 CHEMOTHERAPY			
38	29 OTHER			
39	30			
40	31			
41	32 FUNDRAISING			
42	33 OTHER PROGRAM COSTS			
43	34 COST TO BE ALLOCATED (PER WKST K-4, PART I)			
44	35 UNIT COST MULTIPLIER			
	.000000	.000000	.000000	.000000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2008	I	PART II	
I	15-1545	I		I		

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL	-171,453	554,469
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPITE CARE		
10.20	VISITING SERVICES		
11	PHYSICIAN SERVICES		
12	NURSING CARE		360,764
13	NURSING CARE-CONTINUOUS HOME CARE		
14	PHYSICAL THERAPY		
15	OCCUPATIONAL THERAPY		
16	SPEECH/LANGUAGE PATHOLOGY		
17	MEDICAL SOCIAL SERVICES		
18	SPIRITUAL COUNSELING		
19	DIETARY COUNSELING		
20	COUNSELING - OTHER		
20.30	HOME HEALTH AIDE AND HOMEMAKER		
21	HH AIDE & HOMEMAKER-CONT. HOME CARE		
22	OTHER HOSPICE SERVICE COSTS		
23	OTHER		
24	DRUGS BIOLOGICAL AND INFUSION THERAPY		
25	ANALGESICS		
26	SEDATIVES / HYPNOTICS		
27	OTHER - SPECIFY		
28	DURABLE MEDICAL EQUIPMENT/OXYGEN		
29	PATIENT TRANSPORTATION		
30	IMAGING SERVICES		
31	LABS AND DIAGNOSTICS		
32	MEDICAL SUPPLIES		
33	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
34	RADIATION THERAPY		
35	CHEMOTHERAPY		
	OTHER	-171,453	193,705
	FUNDRAISING		
	OTHER PROGRAM COSTS		
	COST TO BE ALLOCATED (PER WKST K-4, PART I)		
	UNIT COST MULTIPLIER	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2008 I PART I  
 I 15-1545 I I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				155,377
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	360,764			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	365,158			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		725,922			155,377
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT

HOSPICE COST CENTER	5A	6	7	8
1.00 ADMINISTRATIVE AND GENERAL	155,377	23,698		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	360,764	55,024		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	365,158	55,694		
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	881,299	134,416		
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2008 I PART I  
 I 15-1545 I I

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				25,283
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				25,283
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2008 I PART I  
I 15-1545 I I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
HOSPICE COST CENTER	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	204,358		204,358	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	415,788		415,788	101,560
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	420,852		420,852	102,798
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,040,998		1,040,998	
30.00 UNIT COST MULTIPLIER				.244260

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
HOSPICE COST CENTER	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	517,348
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	523,650
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,040,998
30.00 UNIT COST MULTIPLIER	

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET	K-5
I	HOSPICE NO:	I	TO 12/31/2008	I	PART	I
I	15-1545	I		I		

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER

29

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2008 I PART II  
I 15-1545 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL			360,764	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			360,764	
30.00 TOTAL COST TO BE ALLOCATED			155,377	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.430689	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL	155,377			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	360,764			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	365,158			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2008 I PART II  
I 15-1545 I I

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6	7	8	9
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	881,299			
30.00 TOTAL COST TO BE ALLOCATED	134,416			
31.00 UNIT COST MULTIPLIER	.152520	.000000	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(HOURS OF SERVICE)	(MEALS SERVED)	(HOURS)	(DIRECT NRSING HRS)
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2008 I PART II  
 I 15-1545 I I

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (GROSS REV) 17
1.00 ADMINISTRATIVE AND GENERAL			1,651,508
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			1,651,508
30.00 TOTAL COST TO BE ALLOCATED			25,283
31.00 UNIT COST MULTIPLIER	.000000	.000000	.015309

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

I PROVIDER NO: 15-1310 I PERIOD: FROM 1/ 1/2008 I PREPARED 5/26/2009  
 I HOSPICE NO: 15-1545 I TO 12/31/2008 I WORKSHEET K-5  
 I I PART III I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50		
2	OCCUPATIONAL THERAPY	51	.736364	
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.253843	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.317595	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.402549	
8	EMERGENCY	61	.511744	
9	RADIOLOGY-DIAGNOSTIC	41	.302223	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	15-1310	I	FROM 1/ 1/2008	I	WORKSHEET K-6
I	HOSPICE NO:	I	TO 12/31/2008	I	
I	15-1545	I		I	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)			1,040,998
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)			8,369
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)			124.39
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)			
5	7,919			
6	985,044			
7			55	
8		6,841		
9				
10				
11				
12			395	
13			49,134	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009  
 I 15-1310 I FROM 1/ 1/2008 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV  
 I 15-1310 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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