Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/22/2009 14:12
FORM APPROVED
OMB NO. 0938-0050

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0104	PERIOD FROM 1/ 1/2008 TO 12/31/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 14:12

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 IMPRISIONMENT 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:
WITHAM MEMORIAL HOSPITAL 15-0104
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.

ECR ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 14:12
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u3maDnlzjRYinI7azEIOKi8PcXFM70
DNBP20RojARdfJ1D30VBJgKYV0HoSt
E:xY0HdWlb02FE20

PI ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 14:12
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wZlU2LQRPoq.Qd2eOHM5pFn6ak.iB0
WEZdh0i6gdpQHLNmhl14n8RPcPzBLr
ahL55DUFdj0vF6bi

George Pogas
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

SVP/CFO
TITLE

5/27/09
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	150,634	-18,297	221,610
2	SUBPROVIDER	0	0	0	0
100	TOTAL	0	150,634	-18,297	221,610

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.

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(42 USC 1395g).

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	150,634	-18,297	221,610
2	SUBPROVIDER	0	0	0	0
100	TOTAL	0	150,634	-18,297	221,610

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 2605 N. LEBANON STREET P.O. BOX:
1.01 CITY: LEBANON STATE: IN ZIP CODE: 46052- COUNTY: BOONE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	WITHAM MEMORIAL HOSPITAL	15-0104		7/ 1/1966	N	P	O
03.00	SUBPROVIDER	WITHAM HOSPITAL GEROPSYCH	15-S104		1/ 1/2000	N	P	N

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

		1	2
18	TYPE OF CONTROL	9	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	

OTHER INFORMATION

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

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /		
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02		

		1	2	3	4
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)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		

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

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	

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

MISCELLANEOUS COST REPORT INFORMATION

32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?			

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE 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? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH
42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND
GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS
CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		Y	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS N
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002.
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST 0
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y 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)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (04/2005)

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS TITLE V 3	O/P VISITS TITLE XVIII 4	O/P VISITS NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	75	27,450			2,478		425
2	HMO							1,153
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	75	27,450			2,478		425
6	INTENSIVE CARE UNIT	5	1,830			965		
11	NURSERY							
12	TOTAL	80	29,280			3,443		425
13	RPCH VISITS							
14	SUBPROVIDER	10	3,660			2,416		
25	TOTAL	90						
26	OBSERVATION BED DAYS							213
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS					1,507		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS TITLE XIX ADMITTED 5.01	I/P DAYS OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	TRIPS OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	INTERNS & RES. FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			5,047				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			5,047				
6	INTENSIVE CARE UNIT			1,434				
11	NURSERY			799				
12	TOTAL			7,280				
13	RPCH VISITS							
14	SUBPROVIDER			2,717				
25	TOTAL							
26	OBSERVATION BED DAYS	20	193	1,806	249	1,557		
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	DISCHARGES TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					892	321	1,936
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		432.51			892	321	1,936
13	RPCH VISITS							
14	SUBPROVIDER		19.27			270		304
25	TOTAL		451.78					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2004)

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET S-3 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	28,579,966	-269,325	28,310,641	1,043,306.00	27.14	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	9,192,045		9,192,045	264,442.00	34.76	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	916,715		916,715	14,304.00	64.09	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT	291,009		291,009	4,148.00	70.16	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,457,497		6,457,497			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,890,332		2,890,332			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	370,712	-269,325	101,387	4,775.00	21.23	
22 ADMINISTRATIVE & GENERAL	4,059,060		4,059,060	163,017.00	24.90	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	376,467		376,467	17,776.00	21.18	
25 LAUNDRY & LINEN SERVICE	23,743		23,743	2,217.00	10.71	
26 HOUSEKEEPING	294,331		294,331	24,342.00	12.09	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	470,168	-236,763	233,405	16,693.00	13.98	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		236,763	236,763	17,694.00	13.38	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	459,583		459,583	12,696.00	36.20	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	364,043		364,043	11,474.00	31.73	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	808,016		808,016	42,770.00	18.89	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY					
1 NET SALARIES	28,579,966	-269,325	28,310,641	1,043,306.00	27.14
2 EXCLUDED AREA SALARIES	9,192,045		9,192,045	264,442.00	34.76
3 SUBTOTAL SALARIES	19,387,921	-269,325	19,118,596	778,864.00	24.55
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,207,724		1,207,724	18,452.00	65.45
5 SUBTOTAL WAGE-RELATED COSTS	6,457,497		6,457,497		33.78
6 TOTAL	27,053,142	-269,325	26,783,817	797,316.00	33.59
7 NET SALARIES					
8 EXCLUDED AREA SALARIES					
9 SUBTOTAL SALARIES					
10 SUBTOTAL OTHER WAGES & RELATED COSTS					
11 SUBTOTAL WAGE-RELATED COSTS					
12 TOTAL					

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0104
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/22/2009
WORKSHEET S-3
PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	7,226,123	-269,325	6,956,798	313,454.00	22.19	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 WORKSHEET S-10

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	1,943,985
17.01	GROSS MEDICAID REVENUES	17,215,540
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	19,159,525
	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)	.340426
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 WORKSHEET S-10

	DESCRIPTION	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,215,540
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,860,617
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)	5,860,617

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3,904,396	3,904,396	-423,462	3,480,934
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,925,123	1,925,123
5	0500	EMPLOYEE BENEFITS	370,712	7,119,215	7,489,927	-115,055	7,374,872
6	0600	ADMINISTRATIVE & GENERAL	4,059,060	6,451,948	10,511,008	-611,762	9,899,246
8	0800	OPERATION OF PLANT	376,467	1,560,331	1,936,798	-10,033	1,926,765
9	0900	LAUNDRY & LINEN SERVICE	23,743	261,141	284,884	-316	284,568
10	1000	HOUSEKEEPING	294,331	123,330	417,661	1,142	418,803
11	1100	DIETARY	470,168	431,348	901,516	-482,273	419,243
12	1200	CAFETERIA				483,671	483,671
14	1400	NURSING ADMINISTRATION	459,583	57,464	517,047	1,229	518,276
16	1600	PHARMACY	364,043	1,331,144	1,695,187	-1,015,339	679,848
17	1700	MEDICAL RECORDS & LIBRARY	808,016	269,636	1,077,652	-46,059	1,031,593
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,507,617	1,773,786	4,281,403	-124	4,281,279
26	2600	INTENSIVE CARE UNIT	779,506	699,440	1,478,946	7,442	1,486,388
31	3100	SUBPROVIDER	1,037,947	228,526	1,266,473	-3,724	1,262,749
33	3300	NURSERY		39,858	39,858		39,858
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,415,970	2,899,553	4,315,523	-116,758	4,198,765
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
41	4100	RADIOLOGY-DIAGNOSTIC	915,469	2,623,324	3,538,793	-383,110	3,155,683
41.01	3230	CAT SCAN	68,541	525,253	593,794	2	593,796
42	4200	RADIOLOGY-THERAPEUTIC					
42.01	3630	ULTRA SOUND	183,141	90,895	274,036	-13,965	260,071
43	4300	RADIOISOTOPE					
43.01	3430	MAGNETIC RESONANCE IMAGING (MRI)	252,805	667,409	920,214	-31,353	888,861
44	4400	LABORATORY	1,596,992	2,693,406	4,290,398	-32,107	4,258,291
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.		169,959	169,959		169,959
48	4800	INTRAVENOUS THERAPY		3,275	3,275		3,275
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY	800,532	262,417	1,062,949	-1,613	1,061,336
51	5100	OCCUPATIONAL THERAPY	266,156	288,235	554,391	690	555,081
51.01	3040	AUDIOLOGY	82,434	107,995	190,429	-9,304	181,125
52	5200	SPEECH PATHOLOGY	51,133	34,506	85,639	319	85,958
53	5300	ELECTROCARDIOLOGY					
53.01	3140	CARDIOLOGY	669,943	218,231	888,174	-27,698	860,476
53.02	3120	CARDIAC CATHETERIZATION LABORATORY	201,753	672,343	874,096	-39,170	834,926
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		44,904	44,904	-913	43,991
56	5600	DRUGS CHARGED TO PATIENTS				1,017,018	1,017,018
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	4950	OTHER OUTPATIENT SERVICE COST CENTER	215,279	154,032	369,311	-381	368,930
60.02	6001	CLINIC	770,326	338,599	1,108,925	-6,375	1,102,550
60.03	6002	DERMATOLOGY CLINIC		1,234	1,234		1,234
60.04	6003	ENT CLINIC		13,899	13,899	-1,482	12,417
60.05	6004	SURGERY CLINIC		1,265	1,265	-883	382
60.06	6005	CARDIOLOGY CLINIC		353	353	-183	170
60.07	6006	UROLOGY CLINIC		2,282	2,282		2,282
60.08	6007	PODIATRY CLINIC					
60.09	6008	GASTROENTEROLOGY CLINIC		113	113		113
60.10	6009	PULMONARY CLINIC					
60.11	6010	NEUROLOGY CLINIC		4,172	4,172	-3,323	849
60.12	6011	OPTHAMOLOGY CLINIC					
60.13	6012	ALLERGY CLINIC	78,738	40,264	119,002	145	119,147
60.14	6013	WOUND CARE	82,789	31,531	114,320	357	114,677
61	6100	EMERGENCY	1,222,674	638,517	1,861,191	-1,965	1,859,226
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	1,054,160	297,199	1,351,359	-68,896	1,282,463
		SPEC PURPOSE COST CENTERS					
85	8500	HEART ACQUISITION					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	21,480,028	37,076,728	58,556,756	-10,488	58,546,268
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601	EYE INSTITUTE					
98	9800	PHYSICIANS' PRIVATE OFFICES	7,099,938	2,778,989	9,878,927	10,488	9,889,415
99	9900	NONPAID WORKERS					
100	7950	THORNTOWN OFFICE BUILDING					
101		TOTAL	28,579,966	39,855,717	68,435,683	-0-	68,435,683

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-1,055,257	2,425,677
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,925,123
5	0500	EMPLOYEE BENEFITS		7,374,872
6	0600	ADMINISTRATIVE & GENERAL	-999,465	8,899,781
8	0800	OPERATION OF PLANT	-91,585	1,835,180
9	0900	LAUNDRY & LINEN SERVICE		284,568
10	1000	HOUSEKEEPING		418,803
11	1100	DIETARY	-34,187	385,056
12	1200	CAFETERIA	-305,284	178,387
14	1400	NURSING ADMINISTRATION		518,276
16	1600	PHARMACY	53,952	733,800
17	1700	MEDICAL RECORDS & LIBRARY	-1,220	1,030,373
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-901,335	3,379,944
26	2600	INTENSIVE CARE UNIT		1,486,388
31	3100	SUBPROVIDER	-40,404	1,222,345
33	3300	NURSERY		39,858
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-50,000	4,148,765
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		
41	4100	RADIOLOGY-DIAGNOSTIC	-1,336	3,154,347
41.01	3230	CAT SCAN		593,796
42	4200	RADIOLOGY-THERAPEUTIC		
42.01	3630	ULTRA SOUND		260,071
43	4300	RADIOISOTOPE		
43.01	3430	MAGNETIC RESONANCE IMAGING (MRI)		888,861
44	4400	LABORATORY	-238,035	4,020,256
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		169,959
48	4800	INTRAVENOUS THERAPY		3,275
49	4900	RESPIRATORY THERAPY		
50	5000	PHYSICAL THERAPY		1,061,336
51	5100	OCCUPATIONAL THERAPY	-6,482	548,599
51.01	3040	AUDIOLOGY	-56,518	124,607
52	5200	SPEECH PATHOLOGY		85,958
53	5300	ELECTROCARDIOLOGY		
53.01	3140	CARDIOLOGY	-353	860,123
53.02	3120	CARDIAC CATHETERIZATION LABORATORY		834,926
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-44,904	-913
56	5600	DRUGS CHARGED TO PATIENTS		1,017,018
57	5700	RENAL DIALYSIS		
58	5800	ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
60.01	4950	OTHER OUTPATIENT SERVICE COST CENTER		368,930
60.02	6001	CLINIC		1,102,550
60.03	6002	DERMATOLOGY CLINIC	-1,234	
60.04	6003	ENT CLINIC	-3,588	8,829
60.05	6004	SURGERY CLINIC	-1,265	-883
60.06	6005	CARDIOLOGY CLINIC		170
60.07	6006	UROLOGY CLINIC	-2,282	
60.08	6007	PODIATRY CLINIC		
60.09	6008	GASTROENTEROLOGY CLINIC	-113	
60.10	6009	PULMONARY CLINIC		
60.11	6010	NEUROLOGY CLINIC	-4,172	-3,323
60.12	6011	OPTHAMOLOGY CLINIC		
60.13	6012	ALLERGY CLINIC	-10,764	108,383
60.14	6013	WOUND CARE		114,677
61	6100	EMERGENCY	-300,000	1,559,226
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES	-4,592	1,277,871
		SPEC PURPOSE COST CENTERS		
85	8500	HEART ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-4,100,423	54,445,845
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601	EYE INSTITUTE		
98	9800	PHYSICIANS' PRIVATE OFFICES		9,889,415
99	9900	NONPAID WORKERS		
100	7950	THORNTOWN OFFICE BUILDING		
101		TOTAL	-4,100,423	64,335,260

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-0104 I PERIOD: FROM 1/ 1/2008 TO 12/31/2008 I PREPARED 5/22/2009 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	ULTRA SOUND	3630	ULTRA SOUND
43	RADIOISOTOPE	4300	
43.01	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
51.01	AUDIOLOGY	3040	AUDIOLOGY
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOLOGY	3140	CARDIOLOGY
53.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.02	CLINIC	6001	CLINIC
60.03	DERMATOLOGY CLINIC	6002	CLINIC
60.04	ENT CLINIC	6003	CLINIC
60.05	SURGERY CLINIC	6004	CLINIC
60.06	CARDIOLOGY CLINIC	6005	CLINIC
60.07	UROLOGY CLINIC	6006	CLINIC
60.08	PODIATRY CLINIC	6007	CLINIC
60.09	GASTROENTEROLOGY CLINIC	6008	CLINIC
60.10	PULMONARY CLINIC	6009	CLINIC
60.11	NEUROLOGY CLINIC	6010	CLINIC
60.12	OPTHAMOLOGY CLINIC	6011	CLINIC
60.13	ALLERGY CLINIC	6012	CLINIC
60.14	WOUND CARE	6013	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	EYE INSTITUTE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	THORNTOWN OFFICE BUILDING	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	INCREASE SALARY 4	INCREASE OTHER 5
1	EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		155,506
2	INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		13,058
3			NEW CAP REL COSTS-BLDG & FIXT	3		138,483
4	CAFETERIA	C	CAFETERIA	12	236,763	246,908
5	MME DEPRECIATION	D	NEW CAP REL COSTS-MVBLE EQUIP	4		1,925,123
6						
7						
8						
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1	MME DEPRECIATION	D			
2					
3					
4					
5					
6	DRUGS	E	DRUGS CHARGED TO PATIENTS	56	1,017,018
7	PTO ACCRUAL	F	ADMINISTRATIVE & GENERAL	6	38,754
8			OPERATION OF PLANT	8	3,594
9			LAUNDRY & LINEN SERVICE	9	227
10			HOUSEKEEPING	10	2,810
11			DIETARY	11	4,489
12			NURSING ADMINISTRATION	14	4,388
13			PHARMACY	16	3,477
14			MEDICAL RECORDS & LIBRARY	17	7,714
15			ADULTS & PEDIATRICS	25	23,941
16			INTENSIVE CARE UNIT	26	7,442
17			SUBPROVIDER	31	9,910
18			OPERATING ROOM	37	13,519
19			RADIOLOGY-DIAGNOSTIC	41	8,740
20			CAT SCAN	41.01	654
21			ULTRA SOUND	42.01	1,749
22			MAGNETIC RESONANCE IMAGING (MRI)	43.01	2,414
23			LABORATORY	44	15,247
24			PHYSICAL THERAPY	50	7,643
25			OCCUPATIONAL THERAPY	51	2,541
26			AUDIOLOGY	51.01	787
27			SPEECH PATHOLOGY	52	488
28			CARDIOLOGY	53.01	6,396
29			CARDIAC CATHETERIZATION LABORATORY	53.02	1,926
30			OTHER OUTPATIENT SERVICE COST CENTER	60.01	2,055
31			CLINIC	60.02	7,355
32			ALLERGY CLINIC	60.13	752
33			WOUND CARE	60.14	790
34			EMERGENCY	61	11,673
35			AMBULANCE SERVICES	65	10,064

	EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER		LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	PTO ACCRUAL	F	PHYSICIANS' PRIVATE OFFICES	98		67,786
36	TOTAL RECLASSIFICATIONS				236,763	3,765,421

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

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

RECLASSIFICATIONS | PROVIDER NO: 150104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	LINE NO 7	DECREASE SALARY 8	DECREASE OTHER 9	A-7 REF 10
1	EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		155,506	
2	INSURANCE	B	ADMINISTRATIVE & GENERAL	6		151,541	11
3							11
4	CAFETERIA	C	DIETARY	11	236,763	246,908	
5	MME DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		575,003	9
6			EMPLOYEE BENEFITS	5		1,236	
7			ADMINISTRATIVE & GENERAL	6		343,469	
8			OPERATION OF PLANT	8		13,627	
9			LAUNDRY & LINEN SERVICE	9		543	
10			HOUSEKEEPING	10		1,668	
11			DIETARY	11		3,091	
12			NURSING ADMINISTRATION	14		3,159	
13			PHARMACY	16		1,798	
14			MEDICAL RECORDS & LIBRARY	17		53,773	
15			ADULTS & PEDIATRICS	25		24,065	
16			SUBPROVIDER	31		13,634	
17			OPERATING ROOM	37		130,277	
18			RADIOLOGY-DIAGNOSTIC	41		391,850	
19			CAT SCAN	41.01		652	
20			ULTRA SOUND	42.01		15,714	
21			MAGNETIC RESONANCE IMAGING (MRI)	43.01		33,767	
22			LABORATORY	44		47,354	
23			PHYSICAL THERAPY	50		9,256	
24			OCCUPATIONAL THERAPY	51		1,851	
25			AUDIOLOGY	51.01		10,091	
26			SPEECH PATHOLOGY	52		169	
27			CARDIOLOGY	53.01		34,094	
28			CARDIAC CATHETERIZATION LABORATORY	53.02		41,096	
29			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		913	
30			OTHER OUTPATIENT SERVICE COST CENTER	60.01		2,436	
31			CLINIC	60.02		13,730	
32			ENT CLINIC	60.04		1,482	
33			SURGERY CLINIC	60.05		883	
34			CARDIOLOGY CLINIC	60.06		183	
35			NEUROLOGY CLINIC	60.11		3,323	
1	MME DEPRECIATION	D	ALLERGY CLINIC	60.13		607	
2			WOUND CARE	60.14		433	
3			EMERGENCY	61		13,638	
4			AMBULANCE SERVICES	65		78,960	
5			PHYSICIANS' PRIVATE OFFICES	98		57,298	
6	DRUGS	E	PHARMACY	16		1,017,018	
7	PTO ACCRUAL	F	EMPLOYEE BENEFITS	5	269,325		
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EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER		DECREASE LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 PTO ACCRUAL	F					
36 TOTAL RECLASSIFICATIONS				506,088	3,496,096	

(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.

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	155,506	ADMINISTRATIVE & GENERAL	6	155,506
TOTAL RECLASSIFICATIONS FOR CODE A			155,506			155,506

RECLASS CODE: B
EXPLANATION : INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	13,058	ADMINISTRATIVE & GENERAL	6	151,541
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	138,483			0
TOTAL RECLASSIFICATIONS FOR CODE B			151,541			151,541

RECLASS CODE: C
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	483,671	DIETARY	11	483,671
TOTAL RECLASSIFICATIONS FOR CODE C			483,671			483,671

RECLASS CODE: D
EXPLANATION : MME DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,925,123	NEW CAP REL COSTS-BLDG & FIXT	3	575,003
2.00			0	EMPLOYEE BENEFITS	5	1,236
3.00			0	ADMINISTRATIVE & GENERAL	6	343,469
4.00			0	OPERATION OF PLANT	8	13,627
5.00			0	LAUNDRY & LINEN SERVICE	9	543
6.00			0	HOUSEKEEPING	10	1,668
7.00			0	DIETARY	11	3,091
8.00			0	NURSING ADMINISTRATION	14	3,159
9.00			0	PHARMACY	16	1,798
10.00			0	MEDICAL RECORDS & LIBRARY	17	53,773
11.00			0	ADULTS & PEDIATRICS	25	24,065
12.00			0	SUBPROVIDER	31	13,634
13.00			0	OPERATING ROOM	37	130,277
14.00			0	RADIOLOGY-DIAGNOSTIC	41	391,850
15.00			0	CAT SCAN	41.01	652
16.00			0	ULTRA SOUND	42.01	15,714
17.00			0	MAGNETIC RESONANCE IMAGING (MR	43.01	33,767
18.00			0	LABORATORY	44	47,354
19.00			0	PHYSICAL THERAPY	50	9,256
20.00			0	OCCUPATIONAL THERAPY	51	1,851
21.00			0	AUDIOLOGY	51.01	10,091
22.00			0	SPEECH PATHOLOGY	52	169
23.00			0	CARDIOLOGY	53.01	34,094
24.00			0	CARDIAC CATHETERIZATION LABORA	53.02	41,096
25.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	913
26.00			0	OTHER OUTPATIENT SERVICE COST	60.01	2,436
27.00			0	CLINIC	60.02	13,730
28.00			0	ENT CLINIC	60.04	1,482
29.00			0	SURGERY CLINIC	60.05	883
30.00			0	CARDIOLOGY CLINIC	60.06	183
31.00			0	NEUROLOGY CLINIC	60.11	3,323
32.00			0	ALLERGY CLINIC	60.13	607
33.00			0	WOUND CARE	60.14	433
34.00			0	EMERGENCY	61	13,638
35.00			0	AMBULANCE SERVICES	65	78,960
36.00			0	PHYSICIANS' PRIVATE OFFICES	98	57,298
TOTAL RECLASSIFICATIONS FOR CODE D			1,925,123			1,925,123

RECLASS CODE: E
EXPLANATION : DRUGS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,017,018	PHARMACY	16	1,017,018
TOTAL RECLASSIFICATIONS FOR CODE E			1,017,018			1,017,018

RECLASS CODE: F
EXPLANATION : PTO ACCRUAL

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	38,754	EMPLOYEE BENEFITS	5	269,325
2.00	OPERATION OF PLANT	8	3,594			0
3.00	LAUNDRY & LINEN SERVICE	9	227			0
4.00	HOUSEKEEPING	10	2,810			0
5.00	DIETARY	11	4,489			0
6.00	NURSING ADMINISTRATION	14	4,388			0
7.00	PHARMACY	16	3,477			0
8.00	MEDICAL RECORDS & LIBRARY	17	7,714			0
9.00	ADULTS & PEDIATRICS	25	23,941			0
10.00	INTENSIVE CARE UNIT	26	7,442			0
11.00	SUBPROVIDER	31	9,910			0
12.00	OPERATING ROOM	37	13,519			0
13.00	RADIOLOGY-DIAGNOSTIC	41	8,740			0
14.00	CAT SCAN	41.01	654			0
15.00	ULTRA SOUND	42.01	1,749			0
16.00	MAGNETIC RESONANCE IMAGING (MR	43.01	2,414			0
17.00	LABORATORY	44	15,247			0
18.00	PHYSICAL THERAPY	50	7,643			0
19.00	OCCUPATIONAL THERAPY	51	2,541			0
20.00	AUDIOLOGY	51.01	787			0
21.00	SPEECH PATHOLOGY	52	488			0
22.00	CARDIOLOGY	53.01	6,396			0
23.00	CARDIAC CATHETERIZATION LABORA	53.02	1,926			0
24.00	OTHER OUTPATIENT SERVICE COST	60.01	2,055			0
25.00	CLINIC	60.02	7,355			0
26.00	ALLERGY CLINIC	60.13	752			0
27.00	WOUND CARE	60.14	790			0
28.00	EMERGENCY	61	11,673			0
29.00	AMBULANCE SERVICES	65	10,064			0
30.00	PHYSICIANS' PRIVATE OFFICES	98	67,786			0
TOTAL RECLASSIFICATIONS FOR CODE F			269,325			269,325

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

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009

ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0104 I FROM 1/ 1/2008 I WORKSHEET A-7

COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 12/31/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		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 BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	2,720,016	317,113		317,113		3,037,129	
2	LAND IMPROVEMENTS	1,120,681	492,487		492,487		1,613,168	
3	BUILDINGS & FIXTURE	36,674,075	1,123,757		1,123,757		37,797,832	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	832,884	407,909		407,909		1,240,793	
6	MOVABLE EQUIPMENT	21,596,466	1,932,185		1,932,185	33,317	23,495,334	
7	SUBTOTAL	62,944,122	4,273,451		4,273,451	33,317	67,184,256	
8	RECONCILING ITEMS							
9	TOTAL	62,944,122	4,273,451		4,273,451	33,317	67,184,256	

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
RECONCILIATION OF CAPITAL COSTS CENTERS

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET A-7 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,163,909		1,361,471			-99,703	2,425,677
4	NEW CAP REL COSTS-MV	1,925,123						1,925,123
5	TOTAL	3,089,032		1,361,471			-99,703	4,350,800

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,752,204		2,117,637			34,555	3,904,396
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,752,204		2,117,637			34,555	3,904,396

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-4,934	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,538,251			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-225,831	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-13,239	ADMINISTRATIVE & GENERAL	6	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST		-	**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	PREMIUM AMORTIZATION	B	-134,258	NEW CAP REL COSTS-BLDG &	3	14
38	INTEREST INCOME - UNNECESSARY BORROW	B	-766,687	NEW CAP REL COSTS-BLDG &	3	11
39	GAIN ON INVESTMENT	B	-141,020	NEW CAP REL COSTS-BLDG &	3	11
40	MEDICAL STAFF FEES	B	-5,140	ADMINISTRATIVE & GENERAL	6	
41	CROP RENT INCOME	B	-28,942	ADMINISTRATIVE & GENERAL	6	
42	EDUCATION PROGRAMS	B	-4,861	ADMINISTRATIVE & GENERAL	6	
43	PATIENT ACCOUNTS	B	10,220	ADMINISTRATIVE & GENERAL	6	
44	MEALS ON WHEELS	B	-34,187	DIETARY	11	
45	PHARMACY OTHER MISC INCOME	B	53,952	PHARMACY	16	
46	MEDICAL RECORDS	B	-1,220	MEDICAL RECORDS & LIBRARY	17	
47	OB CLASS	B	-1,335	ADULTS & PEDIATRICS	25	
48	X-RAY FEES	B	-1,336	RADIOLOGY-DIAGNOSTIC	41	
49	CARDIOLOGY	A	-353	CARDIOLOGY	53.01	
49.01	CENTRAL SUPPLY INCOME	A	-44,904	MEDICAL SUPPLIES CHARGED	55	
49.02	DERMATOLOGY CLINIC RENT	A	-1,234	DERMATOLOGY CLINIC	60.03	
49.03	EAR, NOSE & THROAT CLINIC RENT	B	-3,588	ENT CLINIC	60.04	
49.04	SURGERY CLINIC RENT	A	-1,265	SURGERY CLINIC	60.05	
49.05	UROLOGY CLINIC RENT	A	-2,282	UROLOGY CLINIC	60.07	
49.06	GASTROENTEROLOGY CLINIC RENT	A	-113	GASTROENTEROLOGY CLINIC	60.09	
49.07	NEUROLOGY CLINIC RENT	A	-4,172	NEUROLOGY CLINIC	60.11	
49.08	ALLERGY CLINIC	B	-10,764	ALLERGY CLINIC	60.13	
49.09	AMBULANCE	B	-4,592	AMBULANCE SERVICES	65	
49.10	CAFETERIA GUEST MEALS	A	-79,453	CAFETERIA	12	
49.11	GIFT SHOP-DEPR OLD BLDGS & FIXT.	A	-11,794	NEW CAP REL COSTS-BLDG &	3	9
49.12	GIFT SHOP-MAINTENANCE & REPAIRS	A	-2,908	OPERATION OF PLANT	8	
49.13	GIFT SHOP-OPERATION OF PLANT	A	-3,461	OPERATION OF PLANT	8	
49.14	DR.'S OFFICE RENTAL -DEPR OLD BLDG	A	-1,498	NEW CAP REL COSTS-BLDG &	3	9
49.15	DR.'S OFFICE RENTAL -MAINT. & REPAIR	A	-8,835	OPERATION OF PLANT	8	
49.16	DR.'S OFFICE RENTAL -OPER OF PLANT	A	-21,031	OPERATION OF PLANT	8	
49.17	HEARING AID COSTS	A	-53,188	AUDIOLOGY	51.01	
49.18	PHYS. RECRUITMENT	A	-135,294	ADMINISTRATIVE & GENERAL	6	
49.19	BANK FEES	A	-68,620	ADMINISTRATIVE & GENERAL	6	
49.20	LOBBYING EXPENSE - IHHA DUES	A	-1,395	ADMINISTRATIVE & GENERAL	6	
49.21	LOBBYING EXPENSE - AHA DUES	A	-4,130	ADMINISTRATIVE & GENERAL	6	
49.22	NON-REIMBURSABLE ADVERTISING COSTS	A	-244,320	ADMINISTRATIVE & GENERAL	6	
49.23	DIALYSIS CENTER RENT	B	-55,350	OPERATION OF PLANT	8	
49.24	GAIN/(LOSS) SHO INV	B	-165,369	ADMINISTRATIVE & GENERAL	6	
49.25	GAIN/(LOSS) CIHA	B	-229,823	ADMINISTRATIVE & GENERAL	6	
49.26	GAIN/(LOSS) SHO RRG	B	-103,618	ADMINISTRATIVE & GENERAL	6	
49.27						
49.28						
49.29						
49.30						
50	TOTAL (SUM OF LINES 1 THRU 49)		-4,100,423			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0104 I
I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I
I PREPARED 5/22/2009 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
50	TOTAL (SUM OF LINES 1 THRU 49)		-4,100,423			

(1) Description - all chapter references in this columnpertain 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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	31	PSYCH	74,336		74,336	154,100	458	33,932	1,697
2	25	BIRTHING CENTER	900,000	900,000					
3	61	ER	300,000	300,000					
4	37	ANESTHESIOLOGY	50,000	50,000					
5	44	LAB	238,035	238,035					
6	51	OCCUPATIONAL THERAPY	6,482	6,482					
7	51 1	AUDIOLOGY	3,330	3,330					
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,572,183	1,497,847	74,336		458	33,932	1,697

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	31	PSYCH					33,932	40,404	40,404
2	25	BIRTHING CENTER							900,000
3	61	ER							300,000
4	37	ANESTHESIOLOGY							50,000
5	44	LAB							238,035
6	51	OCCUPATIONAL THERAPY							6,482
7	51 1	AUDIOLOGY							3,330
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					33,932	40,404	1,538,251

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		0	3	4	5	5a.00	6	8
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &	2,425,677	2,425,677					
004	NEW CAP REL COSTS-MVBLE E	1,925,123		1,925,123				
005	EMPLOYEE BENEFITS	7,374,872	12,233	9,708	7,396,813			
006	ADMINISTRATIVE & GENERAL	8,899,781	225,356	178,852	1,064,334	10,368,323	10,368,323	
008	OPERATION OF PLANT	1,835,180	659,693	523,561	98,714	3,117,148	598,820	3,715,968
009	LAUNDRY & LINEN SERVICE	284,568	44,222	35,097	6,226	370,113	71,101	107,517
010	HOUSEKEEPING	418,803	44,222	35,097	77,177	575,299	110,518	107,517
011	DIETARY	385,056	132,015	104,773	61,202	683,046	131,217	320,966
012	CAFETERIA	178,387			62,082	240,469	46,195	
014	NURSING ADMINISTRATION	518,276			120,508	638,784	122,714	
016	PHARMACY	733,800	23,750	18,849	95,456	871,855	167,488	57,744
017	MEDICAL RECORDS & LIBRARY	1,030,373	49,876	39,584	211,871	1,331,704	255,827	121,263
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,379,944	373,765	296,636	657,527	4,707,872	904,406	908,731
026	INTENSIVE CARE UNIT	1,486,388	117,596	93,329	204,396	1,901,709	365,328	285,911
031	SUBPROVIDER	1,222,345	128,568	102,037	272,162	1,725,112	331,403	312,585
033	NURSERY	39,858				39,858	7,657	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,148,765			371,284	4,520,049	868,324	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
041	RADIOLOGY-DIAGNOSTIC	3,154,347	73,248	58,133	240,047	3,525,775	677,319	178,087
041 01	CAT SCAN	593,796			17,972	611,768	117,524	
042	RADIOLOGY-THERAPEUTIC							
042 01	ULTRA SOUND	260,071			48,022	308,093	59,186	
043	RADIOISOTOPE							
043 01	MAGNETIC RESONANCE IMAGIN	888,861	35,857	28,458	66,289	1,019,465	195,844	87,178
044	LABORATORY	4,020,256	61,856	49,092	418,750	4,549,954	874,069	150,390
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	169,959				169,959	32,650	
048	INTRAVENOUS THERAPY	3,275				3,275	629	
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	1,061,336			209,909	1,271,245	244,213	
051	OCCUPATIONAL THERAPY	548,599			69,789	618,388	118,795	
051 01	AUDIOLOGY	124,607			21,615	146,222	28,090	
052	SPEECH PATHOLOGY	85,958			13,408	99,366	19,089	
053	ELECTROCARDIOLOGY							
053 01	CARDIOLOGY	860,123	92,690	73,563	175,667	1,202,043	230,918	225,356
053 02	CARDIAC CATHETERIZATION L	834,926	30,224	23,987	52,902	942,039	180,970	73,483
055	MEDICAL SUPPLIES CHARGED	-913				-913		
056	DRUGS CHARGED TO PATIENTS	1,017,018	44,222	35,097		1,096,337	210,612	107,517
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	OTHER OUTPATIENT SERVICE	368,930			56,449	425,379	81,717	
060 02	CLINIC	1,102,550			201,989	1,304,539	250,608	
060 03	DERMATOLOGY CLINIC							
060 04	ENT CLINIC	8,829				8,829	1,696	
060 05	SURGERY CLINIC	-883				-883		
060 06	CARDIOLOGY CLINIC	170				170	33	
060 07	UROLOGY CLINIC							
060 08	PODIATRY CLINIC							
060 09	GASTROENTEROLOGY CLINIC							
060 10	PULMONARY CLINIC							
060 11	NEUROLOGY CLINIC	-3,323				-3,323		
060 12	OPTHAMOLOGY CLINIC							
060 13	ALLERGY CLINIC	108,383			20,646	129,029	24,787	
060 14	WOUND CARE	114,677			21,708	136,385	26,200	
061	EMERGENCY	1,559,226	128,547	102,020	320,600	2,110,393	405,417	312,534
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	1,277,871	128,547	102,020	276,413	1,784,851	342,879	312,534
	SPEC PURPOSE COST CENTERS							
085	HEART ACQUISITION							
095	SUBTOTALS	54,445,845	2,406,487	1,909,893	5,535,114	52,549,726	8,104,243	3,669,313
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		19,190	15,230		34,420	6,612	46,655
096 01	EYE INSTITUTE							
098	PHYSICIANS' PRIVATE OFFIC	9,889,415			1,861,699	11,751,114	2,257,468	
099	NONPAID WORKERS							
100	THORNTOWN OFFICE BUILDING							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	64,335,260	2,425,677	1,925,123	7,396,813	64,335,260	10,368,323	3,715,968

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
		9	10	11	12	14	16	17
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	548,731						
010	HOUSEKEEPING		793,334					
011	DIETARY		49,189	1,184,418				
012	CAFETERIA		16,400		303,064			
014	NURSING ADMINISTRATION		7,416		5,864	774,778		
016	PHARMACY		14,974		11,728		1,123,789	
017	MEDICAL RECORDS & LIBRARY		32,801		23,764			1,765,359
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	33,958	249,176	678,457	79,933	208,417	3,673	433,823
026	INTENSIVE CARE UNIT	7,580	66,172	168,485	6,481	56,925	1,471	90,201
031	SUBPROVIDER	7,370	78,687	319,595	10,184	101,893	269	107,382
033	NURSERY	2,278						
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	98,825	14,689	17,881	7,098	122,290	72,656	155,704
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
041	RADIOLOGY-DIAGNOSTIC	48,154	66,457		8,641		2,442	416,642
041 01	CAT SCAN	54,223	6,560		1,234		376	51,543
042	RADIOLOGY-THERAPEUTIC							
042 01	ULTRA SOUND	12,735	4,278		926			45,100
043	RADIOISOTOPE							
043 01	MAGNETIC RESONANCE IMAGIN	34,295	6,275		3,086		21,059	27,919
044	LABORATORY	92,574	28,094		25,307		233	42,953
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	1,662						
048	INTRAVENOUS THERAPY	2,782						
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	14,586	10,125		12,653	59,064	1,388	83,758
051	OCCUPATIONAL THERAPY	2,995	4,849		5,247	17,622	54,064	36,510
051 01	AUDIOLOGY	1,371	3,565		5,555	9,377		
052	SPEECH PATHOLOGY	1,025	2,139		5,864	4,035		
053	ELECTROCARDIOLOGY							
053 01	CARDIOLOGY	24,934	21,534		12,653	53,311	2,490	80,536
053 02	CARDIAC CATHETERIZATION L	16,553				15,363	1,621	
055	MEDICAL SUPPLIES CHARGED	7,156			6,481			
056	DRUGS CHARGED TO PATIENTS	28,587	15,545					
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	OTHER OUTPATIENT SERVICE		38,220		10,493	23,553	14	180,402
060 02	CLINIC	7,579	56,189				70,162	
060 03	DERMATOLOGY CLINIC							
060 04	ENT CLINIC						2,904	
060 05	SURGERY CLINIC						259	
060 06	CARDIOLOGY CLINIC							
060 07	UROLOGY CLINIC	276					281	
060 08	PODIATRY CLINIC							
060 09	GASTROENTEROLOGY CLINIC						26	
060 10	PULMONARY CLINIC							
060 11	NEUROLOGY CLINIC	1,774					81	
060 12	OPTHAMOLOGY CLINIC							
060 13	ALLERGY CLINIC	701				8,681	636	
060 14	WOUND CARE	767				5,796		
061	EMERGENCY	32,082			19,752	88,451	22,539	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	11,909			40,120		18,090	
	SPEC PURPOSE COST CENTERS							
085	HEART ACQUISITION							
095	SUBTOTALS	548,731	793,334	1,184,418	303,064	774,778	276,734	1,752,473
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	EYE INSTITUTE							
098	PHYSICIANS' PRIVATE OFFIC						847,055	12,886
099	NONPAID WORKERS							
100	THORNTOWN OFFICE BUILDING							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	548,731	793,334	1,184,418	303,064	774,778	1,123,789	1,765,359

		COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
		GENERAL SERVICE COST CNTR			
003		NEW CAP REL COSTS-BLDG &			
004		NEW CAP REL COSTS-MVBLE E			
005		EMPLOYEE BENEFITS			
006		ADMINISTRATIVE & GENERAL			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
014		NURSING ADMINISTRATION			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	8,208,446		8,208,446
026		INTENSIVE CARE UNIT	2,950,263		2,950,263
031		SUBPROVIDER	2,994,480		2,994,480
033		NURSERY	49,793		49,793
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	5,877,516		5,877,516
038		RECOVERY ROOM			
039		DELIVERY ROOM & LABOR ROO			
041		RADIOLOGY-DIAGNOSTIC	4,923,517		4,923,517
041	01	CAT SCAN	843,228		843,228
042		RADIOLOGY-THERAPEUTIC			
042	01	ULTRA SOUND	430,318		430,318
043		RADIOISOTOPE			
043	01	MAGNETIC RESONANCE IMAGIN	1,395,121		1,395,121
044		LABORATORY	5,763,574		5,763,574
045		PBP CLINICAL LAB SERVICES			
046		WHOLE BLOOD & PACKED RED			
047		BLOOD STORING, PROCESSING	204,271		204,271
048		INTRAVENOUS THERAPY	6,686		6,686
049		RESPIRATORY THERAPY			
050		PHYSICAL THERAPY	1,697,032		1,697,032
051		OCCUPATIONAL THERAPY	858,470		858,470
051	01	AUDIOLOGY	194,180		194,180
052		SPEECH PATHOLOGY	131,518		131,518
053		ELECTROCARDIOLOGY			
053	01	CARDIOLOGY	1,853,775		1,853,775
053	02	CARDIAC CATHETERIZATION L	1,230,029		1,230,029
055		MEDICAL SUPPLIES CHARGED	12,724		12,724
056		DRUGS CHARGED TO PATIENTS	1,458,598		1,458,598
057		RENAL DIALYSIS			
058		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
060	01	OTHER OUTPATIENT SERVICE	759,778		759,778
060	02	CLINIC	1,689,077		1,689,077
060	03	DERMATOLOGY CLINIC			
060	04	ENT CLINIC	13,429		13,429
060	05	SURGERY CLINIC	-624		-624
060	06	CARDIOLOGY CLINIC	203		203
060	07	UROLOGY CLINIC	557		557
060	08	PODIATRY CLINIC			
060	09	GASTROENTEROLOGY CLINIC	26		26
060	10	PULMONARY CLINIC			
060	11	NEUROLOGY CLINIC	-1,468		-1,468
060	12	OPTHAMOLOGY CLINIC			
060	13	ALLERGY CLINIC	163,834		163,834
060	14	WOUND CARE	169,148		169,148
061		EMERGENCY	2,991,168		2,991,168
062		OBSERVATION BEDS (NON-DIS			
		OTHER REIMBURS COST CNTRS			
065		AMBULANCE SERVICES	2,510,383		2,510,383
		SPEC PURPOSE COST CENTERS			
085		HEART ACQUISITION			
095		SUBTOTALS	49,379,050		49,379,050
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	87,687		87,687
096	01	EYE INSTITUTE			
098		PHYSICIANS' PRIVATE OFFIC	14,868,523		14,868,523
099		NONPAID WORKERS			
100		THORNTOWN OFFICE BUILDING			
101		CROSS FOOT ADJUSTMENT			
102		NEGATIVE COST CENTER			
103		TOTAL	64,335,260		64,335,260

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		0	3	4	4a	5	6	8
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		12,233	9,708	21,941	21,941		
006	ADMINISTRATIVE & GENERAL		225,356	178,852	404,208	3,158	407,366	
008	OPERATION OF PLANT		659,693	523,561	1,183,254	293	23,528	1,207,075
009	LAUNDRY & LINEN SERVICE		44,222	35,097	79,319	18	2,794	34,925
010	HOUSEKEEPING		44,222	35,097	79,319	229	4,342	34,925
011	DIETARY		132,015	104,773	236,788	182	5,156	104,261
012	CAFETERIA					184	1,815	
014	NURSING ADMINISTRATION					358	4,822	
016	PHARMACY		23,750	18,849	42,599	283	6,581	18,757
017	MEDICAL RECORDS & LIBRARY		49,876	39,584	89,460	629	10,052	39,390
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		373,765	296,636	670,401	1,951	35,535	295,187
026	INTENSIVE CARE UNIT		117,596	93,329	210,925	606	14,354	92,874
031	SUBPROVIDER		128,568	102,037	230,605	808	13,021	101,539
033	NURSERY						301	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM					1,102	34,117	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
041	RADIOLOGY-DIAGNOSTIC		73,248	58,133	131,381	712	26,613	57,849
041 01	CAT SCAN					53	4,618	
042	RADIOLOGY-THERAPEUTIC							
042 01	ULTRA SOUND					142	2,325	
043	RADIOISOTOPE							
043 01	MAGNETIC RESONANCE IMAGIN		35,857	28,458	64,315	197	7,695	28,319
044	LABORATORY		61,856	49,092	110,948	1,242	34,343	48,852
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING						1,283	
048	INTRAVENOUS THERAPY						25	
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY					623	9,595	
051	OCCUPATIONAL THERAPY					207	4,668	
051 01	AUDIOLOGY					64	1,104	
052	SPEECH PATHOLOGY					40	750	
053	ELECTROCARDIOLOGY							
053 01	CARDIOLOGY		92,690	73,563	166,253	521	9,073	73,203
053 02	CARDIAC CATHETERIZATION L		30,224	23,987	54,211	157	7,111	23,870
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS		44,222	35,097	79,319		8,275	34,925
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	OTHER OUTPATIENT SERVICE					167	3,211	
060 02	CLINIC					599	9,847	
060 03	DERMATOLOGY CLINIC							
060 04	ENT CLINIC						67	
060 05	SURGERY CLINIC							
060 06	CARDIOLOGY CLINIC						1	
060 07	UROLOGY CLINIC							
060 08	PODIATRY CLINIC							
060 09	GASTROENTEROLOGY CLINIC							
060 10	PULMONARY CLINIC							
060 11	NEUROLOGY CLINIC							
060 12	OPTHAMOLOGY CLINIC							
060 13	ALLERGY CLINIC					61	974	
060 14	WOUND CARE					64	1,029	
061	EMERGENCY		128,547	102,020	230,567	951	15,929	101,522
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES		128,547	102,020	230,567	820	13,472	101,522
	SPEC PURPOSE COST CENTERS							
085	HEART ACQUISITION							
095	SUBTOTALS		2,406,487	1,909,893	4,316,380	16,421	318,426	1,191,920
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		19,190	15,230	34,420		260	15,155
096 01	EYE INSTITUTE							
098	PHYSICIANS' PRIVATE OFFIC					5,520	88,680	
099	NONPAID WORKERS							
100	THORNTOWN OFFICE BUILDING							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		2,425,677	1,925,123	4,350,800	21,941	407,366	1,207,075

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
		9	10	11	12	14	16	17
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	117,056						
010	HOUSEKEEPING		118,815					
011	DIETARY		7,367	353,754				
012	CAFETERIA		2,456		4,455			
014	NURSING ADMINISTRATION		1,111		86	6,377		
016	PHARMACY		2,243		172		70,635	
017	MEDICAL RECORDS & LIBRARY		4,912		349			144,792
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	7,244	37,319	202,637	1,177	1,715	231	35,582
026	INTENSIVE CARE UNIT	1,617	9,910	50,322	95	469	92	7,398
031	SUBPROVIDER	1,572	11,785	95,454	150	839	17	8,807
033	NURSERY	486						
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	21,080	2,200	5,341	104	1,007	4,567	12,771
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
041	RADIOLOGY-DIAGNOSTIC	10,272	9,953		127		154	34,172
041 01	CAT SCAN	11,567	982		18		24	4,228
042	RADIOLOGY-THERAPEUTIC							
042 01	ULTRA SOUND	2,717	641		14			3,699
043	RADIOISOTOPE							
043 01	MAGNETIC RESONANCE IMAGIN	7,316	940		45		1,324	2,290
044	LABORATORY	19,748	4,208		372		15	3,523
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING	355						
048	INTRAVENOUS THERAPY	593						
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	3,111	1,516		186	486	87	6,870
051	OCCUPATIONAL THERAPY	639	726		77	145	3,398	2,994
051 01	AUDIOLOGY	293	534		82	77		
052	SPEECH PATHOLOGY	219	320		86	33		
053	ELECTROCARDIOLOGY							
053 01	CARDIOLOGY	5,319	3,225		186	439	156	6,605
053 02	CARDIAC CATHETERIZATION L	3,531				126	102	
055	MEDICAL SUPPLIES CHARGED	1,527			95			
056	DRUGS CHARGED TO PATIENTS	6,098	2,328					
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	OTHER OUTPATIENT SERVICE		5,724		154	194	1	14,796
060 02	CLINIC	1,617	8,415				4,410	
060 03	DERMATOLOGY CLINIC							
060 04	ENT CLINIC						183	
060 05	SURGERY CLINIC						16	
060 06	CARDIOLOGY CLINIC							
060 07	UROLOGY CLINIC	59					18	
060 08	PODIATRY CLINIC							
060 09	GASTROENTEROLOGY CLINIC						2	
060 10	PULMONARY CLINIC							
060 11	NEUROLOGY CLINIC	378					5	
060 12	OPTHAMOLOGY CLINIC							
060 13	ALLERGY CLINIC	149				71	40	
060 14	WOUND CARE	164				48		
061	EMERGENCY	6,844			290	728	1,417	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	2,541			590		1,137	
	SPEC PURPOSE COST CENTERS							
085	HEART ACQUISITION							
095	SUBTOTALS	117,056	118,815	353,754	4,455	6,377	17,396	143,735
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	EYE INSTITUTE							
098	PHYSICIANS' PRIVATE OFFIC						53,239	1,057
099	NONPAID WORKERS							
100	THORNTOWN OFFICE BUILDING							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	117,056	118,815	353,754	4,455	6,377	70,635	144,792

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET B PART III

		COST CENTER DESCRIPTION	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
		GENERAL SERVICE COST CNTR			
003		NEW CAP REL COSTS-BLDG &			
004		NEW CAP REL COSTS-MVBLE E			
005		EMPLOYEE BENEFITS			
006		ADMINISTRATIVE & GENERAL			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
014		NURSING ADMINISTRATION			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	1,288,979		1,288,979
026		INTENSIVE CARE UNIT	388,662		388,662
031		SUBPROVIDER	464,597		464,597
033		NURSERY	787		787
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	82,289		82,289
038		RECOVERY ROOM			
039		DELIVERY ROOM & LABOR ROO			
041		RADIOLOGY-DIAGNOSTIC	271,233		271,233
041	01	CAT SCAN	21,490		21,490
042		RADIOLOGY-THERAPEUTIC			
042	01	ULTRA SOUND	9,538		9,538
043		RADIOISOTOPE			
043	01	MAGNETIC RESONANCE IMAGIN	112,441		112,441
044		LABORATORY	223,251		223,251
045		PBP CLINICAL LAB SERVICES			
046		WHOLE BLOOD & PACKED RED			
047		BLOOD STORING, PROCESSING	1,638		1,638
048		INTRAVENOUS THERAPY	618		618
049		RESPIRATORY THERAPY			
050		PHYSICAL THERAPY	22,474		22,474
051		OCCUPATIONAL THERAPY	12,854		12,854
051	01	AUDIOLOGY	2,154		2,154
052		SPEECH PATHOLOGY	1,448		1,448
053		ELECTROCARDIOLOGY			
053	01	CARDIOLOGY	264,980		264,980
053	02	CARDIAC CATHETERIZATION L	89,108		89,108
055		MEDICAL SUPPLIES CHARGED	1,622		1,622
056		DRUGS CHARGED TO PATIENTS	130,945		130,945
057		RENAL DIALYSIS			
058		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
060	01	OTHER OUTPATIENT SERVICE	24,247		24,247
060	02	CLINIC	24,888		24,888
060	03	DERMATOLOGY CLINIC			
060	04	ENT CLINIC	250		250
060	05	SURGERY CLINIC	16		16
060	06	CARDIOLOGY CLINIC	1		1
060	07	UROLOGY CLINIC	77		77
060	08	PODIATRY CLINIC			
060	09	GASTROENTEROLOGY CLINIC	2		2
060	10	PULMONARY CLINIC			
060	11	NEUROLOGY CLINIC	383		383
060	12	OPTHAMOLOGY CLINIC			
060	13	ALLERGY CLINIC	1,295		1,295
060	14	WOUND CARE	1,305		1,305
061		EMERGENCY	358,248		358,248
062		OBSERVATION BEDS (NON-DIS			
		OTHER REIMBURS COST CNTRS			
065		AMBULANCE SERVICES	350,649		350,649
		SPEC PURPOSE COST CENTERS			
085		HEART ACQUISITION			
095		SUBTOTALS	4,152,469		4,152,469
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	49,835		49,835
096	01	EYE INSTITUTE			
098		PHYSICIANS' PRIVATE OFFIC	148,496		148,496
099		NONPAID WORKERS			
100		THORNTOWN OFFICE BUILDING			
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	4,350,800		4,350,800

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
			(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	RECONCIL-IATION	(ACCUM. COST)	(SQUARE FEET)
			3	4	5	6a.00	6	8
		GENERAL SERVICE COST						
003		NEW CAP REL COSTS-BLD	115,409					
004		NEW CAP REL COSTS-MVB		115,409				
005		EMPLOYEE BENEFITS	582	582	28,209,254			
006		ADMINISTRATIVE & GENE	10,722	10,722	4,059,060	-10,368,323	53,972,056	
008		OPERATION OF PLANT	31,387	31,387	376,467		3,117,148	72,718
009		LAUNDRY & LINEN SERVI	2,104	2,104	23,743		370,113	2,104
010		HOUSEKEEPING	2,104	2,104	294,331		575,299	2,104
011		DIETARY	6,281	6,281	233,405		683,046	6,281
012		CAFETERIA			236,763		240,469	
014		NURSING ADMINISTRATIO			459,583		638,784	
016		PHARMACY	1,130	1,130	364,043		871,855	1,130
017		MEDICAL RECORDS & LIB	2,373	2,373	808,016		1,331,704	2,373
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	17,783	17,783	2,507,617		4,707,872	17,783
026		INTENSIVE CARE UNIT	5,595	5,595	779,506		1,901,709	5,595
031		SUBPROVIDER	6,117	6,117	1,037,947		1,725,112	6,117
033		NURSERY					39,858	
		ANCILLARY SRVC COST C						
037		OPERATING ROOM			1,415,970		4,520,049	
038		RECOVERY ROOM						
039		DELIVERY ROOM & LABOR						
041		RADIOLOGY-DIAGNOSTIC	3,485	3,485	915,469		3,525,775	3,485
041	01	CAT SCAN			68,541		611,768	
042		RADIOLOGY-THERAPEUTIC						
042	01	ULTRA SOUND			183,141		308,093	
043		RADIOISOTOPE						
043	01	MAGNETIC RESONANCE IM	1,706	1,706	252,805		1,019,465	1,706
044		LABORATORY	2,943	2,943	1,596,992		4,549,954	2,943
045		PBP CLINICAL LAB SERV						
046		WHOLE BLOOD & PACKED						
047		BLOOD STORING, PROCES					169,959	
048		INTRAVENOUS THERAPY					3,275	
049		RESPIRATORY THERAPY						
050		PHYSICAL THERAPY			800,532		1,271,245	
051		OCCUPATIONAL THERAPY			266,156		618,388	
051	01	AUDIOLOGY			82,434		146,222	
052		SPEECH PATHOLOGY			51,133		99,366	
053		ELECTROCARDIOLOGY						
053	01	CARDIOLOGY	4,410	4,410	669,943		1,202,043	4,410
053	02	CARDIAC CATHETERIZATI	1,438	1,438	201,753		942,039	1,438
055		MEDICAL SUPPLIES CHAR				913		
056		DRUGS CHARGED TO PATI	2,104	2,104			1,096,337	2,104
057		RENAL DIALYSIS						
058		ASC (NON-DISTINCT PAR						
		OUTPAT SERVICE COST C						
060		CLINIC						
060	01	OTHER OUTPATIENT SERV			215,279		425,379	
060	02	CLINIC			770,326		1,304,539	
060	03	DERMATOLOGY CLINIC						
060	04	ENT CLINIC					8,829	
060	05	SURGERY CLINIC				883		
060	06	CARDIOLOGY CLINIC					170	
060	07	UROLOGY CLINIC						
060	08	PODIATRY CLINIC						
060	09	GASTROENTEROLOGY CLIN						
060	10	PULMONARY CLINIC						
060	11	NEUROLOGY CLINIC				3,323		
060	12	OPTHAMOLOGY CLINIC						
060	13	ALLERGY CLINIC			78,738		129,029	
060	14	WOUND CARE			82,789		136,385	
061		EMERGENCY	6,116	6,116	1,222,674		2,110,393	6,116
062		OBSERVATION BEDS (NON						
		OTHER REIMBURS COST C						
065		AMBULANCE SERVICES	6,116	6,116	1,054,160		1,784,851	6,116
		SPEC PURPOSE COST CEN						
085		HEART ACQUISITION						
095		SUBTOTALS	114,496	114,496	21,109,316	-10,363,204	42,186,522	71,805
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE	913	913			34,420	913
096	01	EYE INSTITUTE						
098		PHYSICIANS' PRIVATE O			7,099,938		11,751,114	
099		NONPAID WORKERS						
100		THORNTOWN OFFICE BUIL						
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	2,425,677	1,925,123	7,396,813		10,368,323	3,715,968
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	21.018092	16.680874	.262212		.192105	51.101075

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
		3	4	5	6a.00	6	8
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III			21,941		407,366	1,207,075
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000778		.007548	16.599398

		COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECOR DS & LIBRARY
			(GROSS CHARGES)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(TIME SPENT)
			9	10	11	12	14	16	17
		GENERAL SERVICE COST							
003		NEW CAP REL COSTS-BLD							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENE							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVI	145,056,991						
010		HOUSEKEEPING		139,073					
011		DIETARY		8,623	30,404				
012		CAFETERIA		2,875		982			
014		NURSING ADMINISTRATIO		1,300		19	309,340		
016		PHARMACY		2,625		38		472,121	
017		MEDICAL RECORDS & LIB		5,750		77			41,100
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	8,976,416	43,681	17,416	259	83,213	1,543	10,100
026		INTENSIVE CARE UNIT	2,003,679	11,600	4,325	21	22,728	618	2,100
031		SUBPROVIDER	1,948,180	13,794	8,204	33	40,682	113	2,500
033		NURSERY	602,288						
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	26,128,627	2,575	459	23	48,826	30,524	3,625
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR							
041		RADIOLOGY-DIAGNOSTIC	12,729,138	11,650		28		1,026	9,700
041	01	CAT SCAN	14,333,397	1,150		4		158	1,200
042		RADIOLOGY-THERAPEUTIC							
042	01	ULTRA SOUND	3,366,398	750		3			1,050
043		RADIOISOTOPE							
043	01	MAGNETIC RESONANCE IM	9,065,649	1,100		10		8,847	650
044		LABORATORY	24,471,124	4,925		82		98	1,000
045		PBP CLINICAL LAB SERV							
046		WHOLE BLOOD & PACKED							
047		BLOOD STORING, PROCES	439,376						
048		INTRAVENOUS THERAPY	735,291						
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY	3,855,544	1,775		41	23,582	583	1,950
051		OCCUPATIONAL THERAPY	791,644	850		17	7,036	22,713	850
051	01	AUDIOLOGY	362,493	625		18	3,744		
052		SPEECH PATHOLOGY	270,894	375		19	1,611		
053		ELECTROCARDIOLOGY							
053	01	CARDIOLOGY	6,591,167	3,775		41	21,285	1,046	1,875
053	02	CARDIAC CATHETERIZATI	4,375,625				6,134	681	
055		MEDICAL SUPPLIES CHAR	1,891,600			21			
056		DRUGS CHARGED TO PATI	7,556,807	2,725					
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PAR							
		OUTPAT SERVICE COST C							
060		CLINIC							
060	01	OTHER OUTPATIENT SERV		6,700		34	9,404	6	4,200
060	02	CLINIC	2,003,374	9,850				29,476	
060	03	DERMATOLOGY CLINIC							
060	04	ENT CLINIC						1,220	
060	05	SURGERY CLINIC						109	
060	06	CARDIOLOGY CLINIC							
060	07	UROLOGY CLINIC	72,870					118	
060	08	PODIATRY CLINIC							
060	09	GASTROENTEROLOGY CLIN						11	
060	10	PULMONARY CLINIC							
060	11	NEUROLOGY CLINIC	468,908					34	
060	12	OPTHAMOLOGY CLINIC							
060	13	ALLERGY CLINIC	185,209				3,466	267	
060	14	WOUND CARE	202,733				2,314		
061		EMERGENCY	8,480,454			64	35,315	9,469	
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES	3,148,106			130		7,600	
		SPEC PURPOSE COST CEN							
085		HEART ACQUISITION							
095		SUBTOTALS	145,056,991	139,073	30,404	982	309,340	116,260	40,800
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE							
096	01	EYE INSTITUTE							
098		PHYSICIANS' PRIVATE O						355,861	300
099		NONPAID WORKERS							
100		THORNTOWN OFFICE BUIL							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	548,731	793,334	1,184,418	303,064	774,778	1,123,789	1,765,359
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.003783	5.704443	38.955993	308.619145	2.504616	2.380299	42.952774

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
		GROSS CHARGES	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	TIME SPENT
		9	10	11	12	14	16	17
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	117,056	118,815	353,754	4,455	6,377	70,635	144,792
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000807	.854335	11.635114	4.536660	.020615	.149612	3.522920

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	8,208,446		8,208,446		8,208,446
26		INTENSIVE CARE UNIT	2,950,263		2,950,263		2,950,263
31		SUBPROVIDER	2,994,480		2,994,480	40,404	3,034,884
33		NURSERY	49,793		49,793		49,793
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	5,877,516		5,877,516		5,877,516
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROO					
41		RADIOLOGY-DIAGNOSTIC	4,923,517		4,923,517		4,923,517
41	01	CAT SCAN	843,228		843,228		843,228
42		RADIOLOGY-THERAPEUTIC					
42	01	ULTRA SOUND	430,318		430,318		430,318
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGIN	1,395,121		1,395,121		1,395,121
44		LABORATORY	5,763,574		5,763,574		5,763,574
45		PBP CLINICAL LAB SERVICES					
46		WHOLE BLOOD & PACKED RED					
47		BLOOD STORING, PROCESSING	204,271		204,271		204,271
48		INTRAVENOUS THERAPY	6,686		6,686		6,686
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY	1,697,032		1,697,032		1,697,032
51		OCCUPATIONAL THERAPY	858,470		858,470		858,470
51	01	AUDIOLOGY	194,180		194,180		194,180
52		SPEECH PATHOLOGY	131,518		131,518		131,518
53		ELECTROCARDIOLOGY					
53	01	CARDIOLOGY	1,853,775		1,853,775		1,853,775
53	02	CARDIAC CATHETERIZATION L	1,230,029		1,230,029		1,230,029
55		MEDICAL SUPPLIES CHARGED	12,724		12,724		12,724
56		DRUGS CHARGED TO PATIENTS	1,458,598		1,458,598		1,458,598
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	OTHER OUTPATIENT SERVICE	759,778		759,778		759,778
60	02	CLINIC	1,689,077		1,689,077		1,689,077
60	03	DERMATOLOGY CLINIC					
60	04	ENT CLINIC	13,429		13,429		13,429
60	05	SURGERY CLINIC					
60	06	CARDIOLOGY CLINIC	203		203		203
60	07	UROLOGY CLINIC	557		557		557
60	08	PODIATRY CLINIC					
60	09	GASTROENTEROLOGY CLINIC	26		26		26
60	10	PULMONARY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	OPTHAMOLOGY CLINIC					
60	13	ALLERGY CLINIC	163,834		163,834		163,834
60	14	WOUND CARE	169,148		169,148		169,148
61		EMERGENCY	2,991,168		2,991,168		2,991,168
62		OBSERVATION BEDS (NON-DIS	2,163,209		2,163,209		2,163,209
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	2,510,383		2,510,383		2,510,383
101		SUBTOTAL	51,544,351		51,544,351	40,404	51,584,755
102		LESS OBSERVATION BEDS	2,163,209		2,163,209		2,163,209
103		TOTAL	49,381,142		49,381,142	40,404	49,421,546

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	6,701,420		6,701,420			
26		INTENSIVE CARE UNIT	2,003,679		2,003,679			
31		SUBPROVIDER	1,948,180		1,948,180			
33		NURSERY	602,288		602,288			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,324,456	21,804,171	26,128,627	.224945	.224945	.224945
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	784,602	11,944,536	12,729,138	.386791	.386791	.386791
41	01	CAT SCAN	2,008,999	12,324,398	14,333,397	.058830	.058830	.058830
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND	314,416	3,051,982	3,366,398	.127827	.127827	.127827
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN	452,058	8,613,591	9,065,649	.153891	.153891	.153891
44		LABORATORY	4,981,531	19,489,593	24,471,124	.235526	.235526	.235526
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	257,658	181,718	439,376	.464912	.464912	.464912
48		INTRAVENOUS THERAPY	276,635	458,656	735,291	.009093	.009093	.009093
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	398,169	3,457,375	3,855,544	.440154	.440154	.440154
51		OCCUPATIONAL THERAPY	92,765	698,879	791,644	1.084414	1.084414	1.084414
51	01	AUDIOLOGY	299	362,194	362,493	.535679	.535679	.535679
52		SPEECH PATHOLOGY	35,167	235,727	270,894	.485496	.485496	.485496
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY	2,460,402	4,130,765	6,591,167	.281251	.281251	.281251
53	02	CARDIAC CATHETERIZATION L	697,372	3,678,253	4,375,625	.281109	.281109	.281109
55		MEDICAL SUPPLIES CHARGED	806,082	1,085,518	1,891,600	.006727	.006727	.006727
56		DRUGS CHARGED TO PATIENTS	4,505,317	3,051,490	7,556,807	.193018	.193018	.193018
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE						
60	02	CLINIC	500	2,002,874	2,003,374	.843116	.843116	.843116
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC						
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC						
60	07	UROLOGY CLINIC		72,870	72,870	.007644	.007644	.007644
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC						
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC	1,106	467,802	468,908			
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC		185,209	185,209	.884590	.884590	.884590
60	14	WOUND CARE	9,655	193,078	202,733	.834339	.834339	.834339
61		EMERGENCY	1,104,618	7,375,836	8,480,454	.352713	.352713	.352713
62		OBSERVATION BEDS (NON-DIS		2,274,996	2,274,996	.950863	.950863	.950863
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	7,344	3,140,762	3,148,106	.797426	.797426	.797426
101		SUBTOTAL	34,774,718	110,282,273	145,056,991			
102		LESS OBSERVATION BEDS						
103		TOTAL	34,774,718	110,282,273	145,056,991			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0104
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/22/2009
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	8,208,446		8,208,446		8,208,446
26		INTENSIVE CARE UNIT	2,950,263		2,950,263		2,950,263
31		SUBPROVIDER	2,994,480		2,994,480	40,404	3,034,884
33		NURSERY	49,793		49,793		49,793
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	5,877,516		5,877,516		5,877,516
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROO					
41		RADIOLOGY-DIAGNOSTIC	4,923,517		4,923,517		4,923,517
41	01	CAT SCAN	843,228		843,228		843,228
42		RADIOLOGY-THERAPEUTIC					
42	01	ULTRA SOUND	430,318		430,318		430,318
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGIN	1,395,121		1,395,121		1,395,121
44		LABORATORY	5,763,574		5,763,574		5,763,574
45		PBP CLINICAL LAB SERVICES					
46		WHOLE BLOOD & PACKED RED					
47		BLOOD STORING, PROCESSING	204,271		204,271		204,271
48		INTRAVENOUS THERAPY	6,686		6,686		6,686
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY	1,697,032		1,697,032		1,697,032
51		OCCUPATIONAL THERAPY	858,470		858,470		858,470
51	01	AUDIOLOGY	194,180		194,180		194,180
52		SPEECH PATHOLOGY	131,518		131,518		131,518
53		ELECTROCARDIOLOGY					
53	01	CARDIOLOGY	1,853,775		1,853,775		1,853,775
53	02	CARDIAC CATHETERIZATION L	1,230,029		1,230,029		1,230,029
55		MEDICAL SUPPLIES CHARGED	12,724		12,724		12,724
56		DRUGS CHARGED TO PATIENTS	1,458,598		1,458,598		1,458,598
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	OTHER OUTPATIENT SERVICE	759,778		759,778		759,778
60	02	CLINIC	1,689,077		1,689,077		1,689,077
60	03	DERMATOLOGY CLINIC					
60	04	ENT CLINIC	13,429		13,429		13,429
60	05	SURGERY CLINIC					
60	06	CARDIOLOGY CLINIC	203		203		203
60	07	UROLOGY CLINIC	557		557		557
60	08	PODIATRY CLINIC					
60	09	GASTROENTEROLOGY CLINIC	26		26		26
60	10	PULMONARY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	OPTHAMOLOGY CLINIC					
60	13	ALLERGY CLINIC	163,834		163,834		163,834
60	14	WOUND CARE	169,148		169,148		169,148
61		EMERGENCY	2,991,168		2,991,168		2,991,168
62		OBSERVATION BEDS (NON-DIS	2,163,209		2,163,209		2,163,209
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	2,510,383		2,510,383		2,510,383
101		SUBTOTAL	51,544,351		51,544,351	40,404	51,584,755
102		LESS OBSERVATION BEDS	2,163,209		2,163,209		2,163,209
103		TOTAL	49,381,142		49,381,142	40,404	49,421,546

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0104
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/22/2009
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	6,701,420		6,701,420			
26		INTENSIVE CARE UNIT	2,003,679		2,003,679			
31		SUBPROVIDER	1,948,180		1,948,180			
33		NURSERY	602,288		602,288			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,324,456	21,804,171	26,128,627	.224945	.224945	.224945
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	784,602	11,944,536	12,729,138	.386791	.386791	.386791
41	01	CAT SCAN	2,008,999	12,324,398	14,333,397	.058830	.058830	.058830
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND	314,416	3,051,982	3,366,398	.127827	.127827	.127827
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN	452,058	8,613,591	9,065,649	.153891	.153891	.153891
44		LABORATORY	4,981,531	19,489,593	24,471,124	.235526	.235526	.235526
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	257,658	181,718	439,376	.464912	.464912	.464912
48		INTRAVENOUS THERAPY	276,635	458,656	735,291	.009093	.009093	.009093
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	398,169	3,457,375	3,855,544	.440154	.440154	.440154
51		OCCUPATIONAL THERAPY	92,765	698,879	791,644	1.084414	1.084414	1.084414
51	01	AUDIOLOGY	299	362,194	362,493	.535679	.535679	.535679
52		SPEECH PATHOLOGY	35,167	235,727	270,894	.485496	.485496	.485496
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY	2,460,402	4,130,765	6,591,167	.281251	.281251	.281251
53	02	CARDIAC CATHETERIZATION L	697,372	3,678,253	4,375,625	.281109	.281109	.281109
55		MEDICAL SUPPLIES CHARGED	806,082	1,085,518	1,891,600	.006727	.006727	.006727
56		DRUGS CHARGED TO PATIENTS	4,505,317	3,051,490	7,556,807	.193018	.193018	.193018
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE						
60	02	CLINIC	500	2,002,874	2,003,374	.843116	.843116	.843116
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC						
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC						
60	07	UROLOGY CLINIC		72,870	72,870	.007644	.007644	.007644
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC						
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC	1,106	467,802	468,908			
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC		185,209	185,209	.884590	.884590	.884590
60	14	WOUND CARE	9,655	193,078	202,733	.834339	.834339	.834339
61		EMERGENCY	1,104,618	7,375,836	8,480,454	.352713	.352713	.352713
62		OBSERVATION BEDS (NON-DIS		2,274,996	2,274,996	.950863	.950863	.950863
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	7,344	3,140,762	3,148,106	.797426	.797426	.797426
101		SUBTOTAL	34,774,718	110,282,273	145,056,991			
102		LESS OBSERVATION BEDS						
103		TOTAL	34,774,718	110,282,273	145,056,991			

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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET C 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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,877,516	82,289	5,795,227			5,877,516
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	4,923,517	271,233	4,652,284			4,923,517
41	01	CAT SCAN	843,228	21,490	821,738			843,228
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND	430,318	9,538	420,780			430,318
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN	1,395,121	112,441	1,282,680			1,395,121
44		LABORATORY	5,763,574	223,251	5,540,323			5,763,574
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	204,271	1,638	202,633			204,271
48		INTRAVENOUS THERAPY	6,686	618	6,068			6,686
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	1,697,032	22,474	1,674,558			1,697,032
51		OCCUPATIONAL THERAPY	858,470	12,854	845,616			858,470
51	01	AUDIOLOGY	194,180	2,154	192,026			194,180
52		SPEECH PATHOLOGY	131,518	1,448	130,070			131,518
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY	1,853,775	264,980	1,588,795			1,853,775
53	02	CARDIAC CATHETERIZATION L	1,230,029	89,108	1,140,921			1,230,029
55		MEDICAL SUPPLIES CHARGED	12,724	1,622	11,102			12,724
56		DRUGS CHARGED TO PATIENTS	1,458,598	130,945	1,327,653			1,458,598
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE	759,778	24,247	735,531			759,778
60	02	CLINIC	1,689,077	24,888	1,664,189			1,689,077
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC	13,429	250	13,179			13,429
60	05	SURGERY CLINIC		16	-16			
60	06	CARDIOLOGY CLINIC	203	1	202			203
60	07	UROLOGY CLINIC	557	77	480			557
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC	26	2	24			26
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC		383	-383			
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC	163,834	1,295	162,539			163,834
60	14	WOUND CARE	169,148	1,305	167,843			169,148
61		EMERGENCY	2,991,168	358,248	2,632,920			2,991,168
62		OBSERVATION BEDS (NON-DIS	2,163,209	339,691	1,823,518			2,163,209
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	2,510,383	350,649	2,159,734			2,510,383
101		SUBTOTAL	37,341,369	2,349,135	34,992,234			37,341,369
102		LESS OBSERVATION BEDS	2,163,209	339,691	1,823,518			2,163,209
103		TOTAL	35,178,160	2,009,444	33,168,716			35,178,160

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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET C 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
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	26,128,627	.224945	.224945
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO			
41		RADIOLOGY-DIAGNOSTIC	12,729,138	.386791	.386791
41	01	CAT SCAN	14,333,397	.058830	.058830
42		RADIOLOGY-THERAPEUTIC			
42	01	ULTRA SOUND	3,366,398	.127827	.127827
43		RADIOISOTOPE			
43	01	MAGNETIC RESONANCE IMAGIN	9,065,649	.153891	.153891
44		LABORATORY	24,471,124	.235526	.235526
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	439,376	.464912	.464912
48		INTRAVENOUS THERAPY	735,291	.009093	.009093
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	3,855,544	.440154	.440154
51		OCCUPATIONAL THERAPY	791,644	1.084414	1.084414
51	01	AUDIOLOGY	362,493	.535679	.535679
52		SPEECH PATHOLOGY	270,894	.485496	.485496
53		ELECTROCARDIOLOGY			
53	01	CARDIOLOGY	6,591,167	.281251	.281251
53	02	CARDIAC CATHETERIZATION L	4,375,625	.281109	.281109
55		MEDICAL SUPPLIES CHARGED	1,891,600	.006727	.006727
56		DRUGS CHARGED TO PATIENTS	7,556,807	.193018	.193018
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	OTHER OUTPATIENT SERVICE			
60	02	CLINIC	2,003,374	.843116	.843116
60	03	DERMATOLOGY CLINIC			
60	04	ENT CLINIC			
60	05	SURGERY CLINIC			
60	06	CARDIOLOGY CLINIC			
60	07	UROLOGY CLINIC	72,870	.007644	.007644
60	08	PODIATRY CLINIC			
60	09	GASTROENTEROLOGY CLINIC			
60	10	PULMONARY CLINIC			
60	11	NEUROLOGY CLINIC	468,908		
60	12	OPTHAMOLOGY CLINIC			
60	13	ALLERGY CLINIC	185,209	.884590	.884590
60	14	WOUND CARE	202,733	.834339	.834339
61		EMERGENCY	8,480,454	.352713	.352713
62		OBSERVATION BEDS (NON-DIS	2,274,996	.950863	.950863
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	3,148,106	.797426	.797426
101		SUBTOTAL	133,801,424		
102		LESS OBSERVATION BEDS	2,274,996		
103		TOTAL	131,526,428		

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO I PROVIDER NO: I PERIOD: I PREPARED 5/22/2009
CHARGE RATIOS NET OF REDUCTIONS I 15-0104 I FROM 1/ 1/2008 I WORKSHEET C
SPECIAL TITLE XIX WORKSHEET 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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,877,516	82,289	5,795,227	8,229	336,123	5,533,164
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	4,923,517	271,233	4,652,284	27,123	269,832	4,626,562
41	01	CAT SCAN	843,228	21,490	821,738	2,149	47,661	793,418
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND	430,318	9,538	420,780	954	24,405	404,959
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN	1,395,121	112,441	1,282,680	11,244	74,395	1,309,482
44		LABORATORY	5,763,574	223,251	5,540,323	22,325	321,339	5,419,910
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	204,271	1,638	202,633	164	11,753	192,354
48		INTRAVENOUS THERAPY	6,686	618	6,068	62	352	6,272
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	1,697,032	22,474	1,674,558	2,247	97,124	1,597,661
51		OCCUPATIONAL THERAPY	858,470	12,854	845,616	1,285	49,046	808,139
51	01	AUDIOLOGY	194,180	2,154	192,026	215	11,138	182,827
52		SPEECH PATHOLOGY	131,518	1,448	130,070	145	7,544	123,829
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY	1,853,775	264,980	1,588,795	26,498	92,150	1,735,127
53	02	CARDIAC CATHETERIZATION L	1,230,029	89,108	1,140,921	8,911	66,173	1,154,945
55		MEDICAL SUPPLIES CHARGED	12,724	1,622	11,102	162	644	11,918
56		DRUGS CHARGED TO PATIENTS	1,458,598	130,945	1,327,653	13,095	77,004	1,368,499
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE	759,778	24,247	735,531	2,425	42,661	714,692
60	02	CLINIC	1,689,077	24,888	1,664,189	2,489	96,523	1,590,065
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC	13,429	250	13,179	25	764	12,640
60	05	SURGERY CLINIC		16	-16	2	-1	-1
60	06	CARDIOLOGY CLINIC	203	1	202		12	191
60	07	UROLOGY CLINIC	557	77	480	8	28	521
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC	26	2	24		1	25
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC		383	-383	38	-22	-16
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC	163,834	1,295	162,539	130	9,427	154,277
60	14	WOUND CARE	169,148	1,305	167,843	131	9,735	159,282
61		EMERGENCY	2,991,168	358,248	2,632,920	35,825	152,709	2,802,634
62		OBSERVATION BEDS (NON-DIS	2,163,209	339,691	1,823,518	33,969	105,764	2,023,476
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	2,510,383	350,649	2,159,734	35,065	125,265	2,350,053
101		SUBTOTAL	37,341,369	2,349,135	34,992,234	234,915	2,029,549	35,076,905
102		LESS OBSERVATION BEDS	2,163,209	339,691	1,823,518	33,969	105,764	2,023,476
103		TOTAL	35,178,160	2,009,444	33,168,716	200,946	1,923,785	33,053,429

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
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	26,128,627	.211766	.224631
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO			
41		RADIOLOGY-DIAGNOSTIC	12,729,138	.363462	.384660
41	01	CAT SCAN	14,333,397	.055354	.058680
42		RADIOLOGY-THERAPEUTIC			
42	01	ULTRA SOUND	3,366,398	.120294	.127544
43		RADIOISOTOPE			
43	01	MAGNETIC RESONANCE IMAGIN	9,065,649	.144444	.152651
44		LABORATORY	24,471,124	.221482	.234613
45		PBP CLINICAL LAB SERVICES			
46		WHOLE BLOOD & PACKED RED			
47		BLOOD STORING, PROCESSING	439,376	.437789	.464538
48		INTRAVENOUS THERAPY	735,291	.008530	.009009
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	3,855,544	.414380	.439571
51		OCCUPATIONAL THERAPY	791,644	1.020836	1.082791
51	01	AUDIOLOGY	362,493	.504360	.535086
52		SPEECH PATHOLOGY	270,894	.457112	.484961
53		ELECTROCARDIOLOGY			
53	01	CARDIOLOGY	6,591,167	.263250	.277231
53	02	CARDIAC CATHETERIZATION L	4,375,625	.263950	.279073
55		MEDICAL SUPPLIES CHARGED	1,891,600	.006300	.006641
56		DRUGS CHARGED TO PATIENTS	7,556,807	.181095	.191285
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	OTHER OUTPATIENT SERVICE			
60	02	CLINIC	2,003,374	.793694	.841874
60	03	DERMATOLOGY CLINIC			
60	04	ENT CLINIC			
60	05	SURGERY CLINIC			
60	06	CARDIOLOGY CLINIC			
60	07	UROLOGY CLINIC	72,870	.007150	.007534
60	08	PODIATRY CLINIC			
60	09	GASTROENTEROLOGY CLINIC			
60	10	PULMONARY CLINIC			
60	11	NEUROLOGY CLINIC	468,908	-.000034	-.000081
60	12	OPTHAMOLOGY CLINIC			
60	13	ALLERGY CLINIC	185,209	.832989	.883888
60	14	WOUND CARE	202,733	.785674	.833693
61		EMERGENCY	8,480,454	.330482	.348489
62		OBSERVATION BEDS (NON-DIS	2,274,996	.889442	.935931
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	3,148,106	.746497	.786288
101		SUBTOTAL	133,801,424		
102		LESS OBSERVATION BEDS	2,274,996		
103		TOTAL	131,526,428		

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0104 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/22/2009

WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,288,979		1,288,979
26	INTENSIVE CARE UNIT				388,662		388,662
31	SUBPROVIDER				464,597		464,597
33	NURSERY				787		787
101	TOTAL				2,143,025		2,143,025

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET D PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,853	2,478			188.09	466,087
26	INTENSIVE CARE UNIT	1,434	965			271.03	261,544
31	SUBPROVIDER	2,717	2,416			171.00	413,136
33	NURSERY	799				.98	
101	TOTAL	11,803	5,859				1,140,767

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET D PART II

COMPONENT NO: 15-0104

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		82,289	26,128,627	1,987,771		
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC		271,233	12,729,138	594,636		
41	01	CAT SCAN		21,490	14,333,397	1,074,843		
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND		9,538	3,366,398	77,760		
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN		112,441	9,065,649	276,849		
44		LABORATORY		223,251	24,471,124	2,735,490		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		1,638	439,376	145,201		
48		INTRAVENOUS THERAPY		618	735,291	150,602		
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY		22,474	3,855,544	215,484		
51		OCCUPATIONAL THERAPY		12,854	791,644	62,536		
51	01	AUDIOLOGY		2,154	362,493			
52		SPEECH PATHOLOGY		1,448	270,894	20,884		
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY		264,980	6,591,167	1,877,796		
53	02	CARDIAC CATHETERIZATION L		89,108	4,375,625	450,190		
55		MEDICAL SUPPLIES CHARGED		1,622	1,891,600	285,842		
56		DRUGS CHARGED TO PATIENTS		130,945	7,556,807	2,549,358		
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE		24,247				
60	02	CLINIC		24,888	2,003,374	437		
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC		250				
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC		1				
60	07	UROLOGY CLINIC		77	72,870			
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC		2				
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC		1,295	185,209			
60	14	WOUND CARE		1,305	202,733	9,444		
61		EMERGENCY		358,248	8,480,454	508,206		
62		OBSERVATION BEDS (NON-DIS		339,691	2,274,996			
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL		1,998,087	130,184,410	13,023,329		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
15-0104		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.003149	6,259
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO		
41		RADIOLOGY-DIAGNOSTIC	.021308	12,671
41	01	CAT SCAN	.001499	1,611
42		RADIOLOGY-THERAPEUTIC		
42	01	ULTRA SOUND	.002833	220
43		RADIOISOTOPE		
43	01	MAGNETIC RESONANCE IMAGIN	.012403	3,434
44		LABORATORY	.009123	24,956
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.003728	541
48		INTRAVENOUS THERAPY	.000840	127
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY	.005829	1,256
51		OCCUPATIONAL THERAPY	.016237	1,015
51	01	AUDIOLOGY	.005942	
52		SPEECH PATHOLOGY	.005345	112
53		ELECTROCARDIOLOGY		
53	01	CARDIOLOGY	.040202	75,491
53	02	CARDIAC CATHETERIZATION L	.020365	9,168
55		MEDICAL SUPPLIES CHARGED	.000857	245
56		DRUGS CHARGED TO PATIENTS	.017328	44,175
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	OTHER OUTPATIENT SERVICE		
60	02	CLINIC	.012423	5
60	03	DERMATOLOGY CLINIC		
60	04	ENT CLINIC		
60	05	SURGERY CLINIC		
60	06	CARDIOLOGY CLINIC		
60	07	UROLOGY CLINIC	.001057	
60	08	PODIATRY CLINIC		
60	09	GASTROENTEROLOGY CLINIC		
60	10	PULMONARY CLINIC		
60	11	NEUROLOGY CLINIC		
60	12	OPTHAMOLOGY CLINIC		
60	13	ALLERGY CLINIC	.006992	
60	14	WOUND CARE	.006437	61
61		EMERGENCY	.042244	21,469
62		OBSERVATION BEDS (NON-DIS	.149315	
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		202,816

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

PROVIDER NO: 15-0104
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/22/2009
WORKSHEET D PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					6,853	
26	INTENSIVE CARE UNIT					1,434	
31	SUBPROVIDER					2,717	
33	NURSERY					799	
101	TOTAL					11,803	

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

PROVIDER NO: 15-0104
PERIOD: FROM 1/ 1/2008 TO 12/31/2008
PREPARED 5/22/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	2,478	
26	INTENSIVE CARE UNIT	965	
31	SUBPROVIDER	2,416	
33	NURSERY		
101	TOTAL	5,859	

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0104 I COMPONENT NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND						
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
51	01	AUDIOLOGY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY						
53	02	CARDIAC CATHETERIZATION L						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE						
60	02	CLINIC						
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC						
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC						
60	07	UROLOGY CLINIC						
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC						
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC						
60	14	WOUND CARE						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL						

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/22/2009
I COMPONENT NO: 15-0104 I WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			26,128,627			1,987,771	
38		RECOVERY ROOM							
39		DELIVERY ROOM & LABOR ROO							
41		RADIOLOGY-DIAGNOSTIC			12,729,138			594,636	
41	01	CAT SCAN			14,333,397			1,074,843	
42		RADIOLOGY-THERAPEUTIC							
42	01	ULTRA SOUND			3,366,398			77,760	
43		RADIOISOTOPE							
43	01	MAGNETIC RESONANCE IMAGIN			9,065,649			276,849	
44		LABORATORY			24,471,124			2,735,490	
45		PBP CLINICAL LAB SERVICES							
46		WHOLE BLOOD & PACKED RED							
47		BLOOD STORING, PROCESSING			439,376			145,201	
48		INTRAVENOUS THERAPY			735,291			150,602	
49		RESPIRATORY THERAPY							
50		PHYSICAL THERAPY			3,855,544			215,484	
51		OCCUPATIONAL THERAPY			791,644			62,536	
51	01	AUDIOLOGY			362,493				
52		SPEECH PATHOLOGY			270,894			20,884	
53		ELECTROCARDIOLOGY							
53	01	CARDIOLOGY			6,591,167			1,877,796	
53	02	CARDIAC CATHETERIZATION L			4,375,625			450,190	
55		MEDICAL SUPPLIES CHARGED			1,891,600			285,842	
56		DRUGS CHARGED TO PATIENTS			7,556,807			2,549,358	
57		RENAL DIALYSIS							
58		ASC (NON-DISTINCT PART)							
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	OTHER OUTPATIENT SERVICE							
60	02	CLINIC			2,003,374			437	
60	03	DERMATOLOGY CLINIC							
60	04	ENT CLINIC							
60	05	SURGERY CLINIC							
60	06	CARDIOLOGY CLINIC							
60	07	UROLOGY CLINIC			72,870				
60	08	PODIATRY CLINIC							
60	09	GASTROENTEROLOGY CLINIC							
60	10	PULMONARY CLINIC							
60	11	NEUROLOGY CLINIC							
60	12	OPTHAMOLOGY CLINIC							
60	13	ALLERGY CLINIC			185,209				
60	14	WOUND CARE			202,733			9,444	
61		EMERGENCY			8,480,454			508,206	
62		OBSERVATION BEDS (NON-DIS			2,274,996				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL			130,184,410			13,023,329	

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009

COMPONENT NO: 15-0104 | WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,983,865					
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	4,768,738					
41	01	CAT SCAN	3,077,536					
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND	337,439					
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN	2,543,270					
44		LABORATORY	214,064					
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING	102,676					
48		INTRAVENOUS THERAPY	191,120					
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	2,184					
51		OCCUPATIONAL THERAPY	120					
51	01	AUDIOLOGY						
52		SPEECH PATHOLOGY	72,365					
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY	1,608,926					
53	02	CARDIAC CATHETERIZATION L	1,298,237					
55		MEDICAL SUPPLIES CHARGED	335,053					
56		DRUGS CHARGED TO PATIENTS	1,913,283					
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE						
60	02	CLINIC	45,677					
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC						
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC						
60	07	UROLOGY CLINIC						
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC						
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC						
60	14	WOUND CARE	20,706					
61		EMERGENCY	841,449					
62		OBSERVATION BEDS (NON-DIS	916,703					
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	24,273,411					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009
COMPONENT NO: 15-0104 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.224945	.224945			
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
41		RADIOLOGY-DIAGNOSTIC	.386791	.386791			
41	01	CAT SCAN	.058830	.058830			
42		RADIOLOGY-THERAPEUTIC					
42	01	ULTRA SOUND	.127827	.127827			
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGING (MRI)	.153891	.153891			
44		LABORATORY	.235526	.235526			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.	.464912	.464912			
48		INTRAVENOUS THERAPY	.009093	.009093			
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY	.440154	.440154			
51		OCCUPATIONAL THERAPY	1.084414	1.084414			
51	01	AUDIOLOGY	.535679	.535679			
52		SPEECH PATHOLOGY	.485496	.485496			
53		ELECTROCARDIOLOGY					
53	01	CARDIOLOGY	.281251	.281251			
53	02	CARDIAC CATHETERIZATION LABORATORY	.281109	.281109			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.006727	.006727			
56		DRUGS CHARGED TO PATIENTS	.193018	.193018			
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	OTHER OUTPATIENT SERVICE COST CENTER					
60	02	CLINIC	.843116	.843116			
60	03	DERMATOLOGY CLINIC					
60	04	ENT CLINIC					
60	05	SURGERY CLINIC					
60	06	CARDIOLOGY CLINIC					
60	07	UROLOGY CLINIC	.007644	.007644			
60	08	PODIATRY CLINIC					
60	09	GASTROENTEROLOGY CLINIC					
60	10	PULMONARY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	OPTHAMOLOGY CLINIC					
60	13	ALLERGY CLINIC	.884590	.884590			
60	14	WOUND CARE	.834339	.834339			
61		EMERGENCY	.352713	.352713			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.950863	.950863			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	.797426	.797426			
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

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET D PART V

COMPONENT NO: 15-0104

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		5,983,865	11,458		
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
41		RADIOLOGY-DIAGNOSTIC		4,768,738	380		
41	01	CAT SCAN		3,077,536			
42		RADIOLOGY-THERAPEUTIC					
42	01	ULTRA SOUND		337,439			
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGING (MRI)		2,543,270	36		
44		LABORATORY		214,064			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.		102,676			
48		INTRAVENOUS THERAPY		191,120			
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY		2,184			
51		OCCUPATIONAL THERAPY		120			
51	01	AUDIOLOGY					
52		SPEECH PATHOLOGY		72,365			
53		ELECTROCARDIOLOGY					
53	01	CARDIOLOGY		1,608,926	260		
53	02	CARDIAC CATHETERIZATION LABORATORY		1,298,237	4,376		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		335,053	5,298		
56		DRUGS CHARGED TO PATIENTS		1,913,283			
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	OTHER OUTPATIENT SERVICE COST CENTER					
60	02	CLINIC		45,677			
60	03	DERMATOLOGY CLINIC					
60	04	ENT CLINIC					
60	05	SURGERY CLINIC					
60	06	CARDIOLOGY CLINIC					
60	07	UROLOGY CLINIC					
60	08	PODIATRY CLINIC					
60	09	GASTROENTEROLOGY CLINIC					
60	10	PULMONARY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	OPTHAMOLOGY CLINIC					
60	13	ALLERGY CLINIC					
60	14	WOUND CARE		20,706	465		
61		EMERGENCY		841,449	1		
62		OBSERVATION BEDS (NON-DISTINCT PART)		916,703			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL		24,273,411	22,274		
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES		24,273,411	22,274		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
			7	8	9	9.01	9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				1,346,041	2,577
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
41		RADIOLOGY-DIAGNOSTIC				1,844,505	147
41	01	CAT SCAN				181,051	
42		RADIOLOGY-THERAPEUTIC					
42	01	ULTRA SOUND				43,134	
43		RADIOISOTOPE					
43	01	MAGNETIC RESONANCE IMAGING (MRI)				391,386	6
44		LABORATORY				50,418	
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.				47,735	
48		INTRAVENOUS THERAPY				1,738	
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY				961	
51		OCCUPATIONAL THERAPY				130	
51	01	AUDIOLOGY					
52		SPEECH PATHOLOGY				35,133	
53		ELECTROCARDIOLOGY					
53	01	CARDIOLOGY				452,512	73
53	02	CARDIAC CATHETERIZATION LABORATORY				364,946	1,230
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				2,254	36
56		DRUGS CHARGED TO PATIENTS				369,298	
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	OTHER OUTPATIENT SERVICE COST CENTER					
60	02	CLINIC				38,511	
60	03	DERMATOLOGY CLINIC					
60	04	ENT CLINIC					
60	05	SURGERY CLINIC					
60	06	CARDIOLOGY CLINIC					
60	07	UROLOGY CLINIC					
60	08	PODIATRY CLINIC					
60	09	GASTROENTEROLOGY CLINIC					
60	10	PULMONARY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	OPTHAMOLOGY CLINIC					
60	13	ALLERGY CLINIC					
60	14	WOUND CARE				17,276	388
61		EMERGENCY				296,790	
62		OBSERVATION BEDS (NON-DISTINCT PART)				871,659	
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL				6,355,478	4,457
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
		PROGRAM ONLY CHARGES					
104		NET CHARGES				6,355,478	4,457

(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

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART V
15-0104		

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
			9.03	10	11
(A)		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC			
41	01	CAT SCAN			
42		RADIOLOGY-THERAPEUTIC			
42	01	ULTRA SOUND			
43		RADIOISOTOPE			
43	01	MAGNETIC RESONANCE IMAGING (MRI)			
44		LABORATORY			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
47		BLOOD STORING, PROCESSING & TRANS.			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY			
51		OCCUPATIONAL THERAPY			
51	01	AUDIOLOGY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY			
53	01	CARDIOLOGY			
53	02	CARDIAC CATHETERIZATION LABORATORY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS			
56		DRUGS CHARGED TO PATIENTS			
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	OTHER OUTPATIENT SERVICE COST CENTER			
60	02	CLINIC			
60	03	DERMATOLOGY CLINIC			
60	04	ENT CLINIC			
60	05	SURGERY CLINIC			
60	06	CARDIOLOGY CLINIC			
60	07	UROLOGY CLINIC			
60	08	PODIATRY CLINIC			
60	09	GASTROENTEROLOGY CLINIC			
60	10	PULMONARY CLINIC			
60	11	NEUROLOGY CLINIC			
60	12	OPTHAMOLOGY CLINIC			
60	13	ALLERGY CLINIC			
60	14	WOUND CARE			
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DISTINCT PART)			
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		SUBTOTAL			
102		CRNA CHARGES			
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104		NET CHARGES			

(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 COST

PROVIDER NO: 15-0104	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/22/2009	
COMPONENT NO: 15-0104		WORKSHEET D PART VI	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.193018
2	PROGRAM VACCINE CHARGES	796
3	PROGRAM COSTS	154

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | COMPONENT NO: 15-S104 | PREPARED 5/22/2009 | WORKSHEET D PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		82,289	26,128,627	11,101		
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC		271,233	12,729,138	51,012		
41	01	CAT SCAN		21,490	14,333,397	97,124		
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND		9,538	3,366,398	12,226		
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN		112,441	9,065,649	11,379		
44		LABORATORY		223,251	24,471,124	504,277		
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING		1,638	439,376	2,558		
48		INTRAVENOUS THERAPY		618	735,291	1,013		
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY		22,474	3,855,544	70,253		
51		OCCUPATIONAL THERAPY		12,854	791,644	10,333		
51	01	AUDIOLOGY		2,154	362,493			
52		SPEECH PATHOLOGY		1,448	270,894	7,070		
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY		264,980	6,591,167	91,744		
53	02	CARDIAC CATHETERIZATION L		89,108	4,375,625	1,870		
55		MEDICAL SUPPLIES CHARGED		1,622	1,891,600	14,239		
56		DRUGS CHARGED TO PATIENTS		130,945	7,556,807	473,786		
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE		24,247				
60	02	CLINIC		24,888	2,003,374			
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC		250				
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC		1				
60	07	UROLOGY CLINIC		77	72,870			
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC		2				
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC		1,295	185,209			
60	14	WOUND CARE		1,305	202,733	199		
61		EMERGENCY		358,248	8,480,454	6,352		
62		OBSERVATION BEDS (NON-DIS		339,691	2,274,996			
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL		1,998,087	130,184,410	1,366,536		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009
COMPONENT NO: 15-S104 | WORKSHEET D PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.003149	35
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO		
41		RADIOLOGY-DIAGNOSTIC	.021308	1,087
41	01	CAT SCAN	.001499	146
42		RADIOLOGY-THERAPEUTIC		
42	01	ULTRA SOUND	.002833	35
43		RADIOISOTOPE		
43	01	MAGNETIC RESONANCE IMAGIN	.012403	141
44		LABORATORY	.009123	4,601
45		PBP CLINICAL LAB SERVICES		
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	.003728	10
48		INTRAVENOUS THERAPY	.000840	1
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY	.005829	410
51		OCCUPATIONAL THERAPY	.016237	168
51	01	AUDIOLOGY	.005942	
52		SPEECH PATHOLOGY	.005345	38
53		ELECTROCARDIOLOGY		
53	01	CARDIOLOGY	.040202	3,688
53	02	CARDIAC CATHETERIZATION L	.020365	38
55		MEDICAL SUPPLIES CHARGED	.000857	12
56		DRUGS CHARGED TO PATIENTS	.017328	8,210
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	OTHER OUTPATIENT SERVICE		
60	02	CLINIC	.012423	
60	03	DERMATOLOGY CLINIC		
60	04	ENT CLINIC		
60	05	SURGERY CLINIC		
60	06	CARDIOLOGY CLINIC		
60	07	UROLOGY CLINIC	.001057	
60	08	PODIATRY CLINIC		
60	09	GASTROENTEROLOGY CLINIC		
60	10	PULMONARY CLINIC		
60	11	NEUROLOGY CLINIC		
60	12	OPTHAMOLOGY CLINIC		
60	13	ALLERGY CLINIC	.006992	
60	14	WOUND CARE	.006437	1
61		EMERGENCY	.042244	268
62		OBSERVATION BEDS (NON-DIS	.149315	
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		18,889

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009

COMPONENT NO: 15-S104 | WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND						
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
51	01	AUDIOLOGY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY						
53	02	CARDIAC CATHETERIZATION L						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE						
60	02	CLINIC						
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC						
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC						
60	07	UROLOGY CLINIC						
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC						
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC						
60	14	WOUND CARE						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009
COMPONENT NO: 15-S104 | WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			26,128,627			11,101	
38		RECOVERY ROOM							
39		DELIVERY ROOM & LABOR ROO							
41		RADIOLOGY-DIAGNOSTIC			12,729,138			51,012	
41	01	CAT SCAN			14,333,397			97,124	
42		RADIOLOGY-THERAPEUTIC							
42	01	ULTRA SOUND			3,366,398			12,226	
43		RADIOISOTOPE							
43	01	MAGNETIC RESONANCE IMAGIN			9,065,649			11,379	
44		LABORATORY			24,471,124			504,277	
45		PBP CLINICAL LAB SERVICES							
46		WHOLE BLOOD & PACKED RED							
47		BLOOD STORING, PROCESSING			439,376			2,558	
48		INTRAVENOUS THERAPY			735,291			1,013	
49		RESPIRATORY THERAPY							
50		PHYSICAL THERAPY			3,855,544			70,253	
51		OCCUPATIONAL THERAPY			791,644			10,333	
51	01	AUDIOLOGY			362,493				
52		SPEECH PATHOLOGY			270,894			7,070	
53		ELECTROCARDIOLOGY							
53	01	CARDIOLOGY			6,591,167			91,744	
53	02	CARDIAC CATHETERIZATION L			4,375,625			1,870	
55		MEDICAL SUPPLIES CHARGED			1,891,600			14,239	
56		DRUGS CHARGED TO PATIENTS			7,556,807			473,786	
57		RENAL DIALYSIS							
58		ASC (NON-DISTINCT PART)							
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	OTHER OUTPATIENT SERVICE							
60	02	CLINIC			2,003,374				
60	03	DERMATOLOGY CLINIC							
60	04	ENT CLINIC							
60	05	SURGERY CLINIC							
60	06	CARDIOLOGY CLINIC							
60	07	UROLOGY CLINIC			72,870				
60	08	PODIATRY CLINIC							
60	09	GASTROENTEROLOGY CLINIC							
60	10	PULMONARY CLINIC							
60	11	NEUROLOGY CLINIC							
60	12	OPTHAMOLOGY CLINIC							
60	13	ALLERGY CLINIC			185,209				
60	14	WOUND CARE			202,733			199	
61		EMERGENCY			8,480,454			6,352	
62		OBSERVATION BEDS (NON-DIS			2,274,996				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL			130,184,410			1,366,536	

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET D PART IV

COMPONENT NO: 15-S104

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
42		RADIOLOGY-THERAPEUTIC						
42	01	ULTRA SOUND						
43		RADIOISOTOPE						
43	01	MAGNETIC RESONANCE IMAGIN						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
51	01	AUDIOLOGY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CARDIOLOGY						
53	02	CARDIAC CATHETERIZATION L						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OTHER OUTPATIENT SERVICE						
60	02	CLINIC						
60	03	DERMATOLOGY CLINIC						
60	04	ENT CLINIC						
60	05	SURGERY CLINIC						
60	06	CARDIOLOGY CLINIC						
60	07	UROLOGY CLINIC						
60	08	PODIATRY CLINIC						
60	09	GASTROENTEROLOGY CLINIC						
60	10	PULMONARY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	OPTHAMOLOGY CLINIC						
60	13	ALLERGY CLINIC						
60	14	WOUND CARE						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,853
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,853
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,853
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,478
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	8,208,446
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,208,446
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,701,420
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,701,420
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.224882
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	977.88
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	8,208,446

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,197.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,968,124
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,968,124

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,950,263	1,434	2,057.37	965	1,985,362
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3,015,048
49	TOTAL PROGRAM INPATIENT COSTS	7,968,534
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	727,631
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	202,816
52	TOTAL PROGRAM EXCLUDABLE COST	930,447
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	7,038,087

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	1,806
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,197.79
85	OBSERVATION BED COST	2,163,209

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		8,208,446		2,163,209	
87	NEW CAPITAL-RELATED COST	1,288,979	8,208,446	.157031	2,163,209	339,691
88	NON PHYSICIAN ANESTHETIST		8,208,446		2,163,209	
89	MEDICAL EDUCATION		8,208,446		2,163,209	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,717
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,717
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,717
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,416
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	3,034,884
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,034,884
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,948,180
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,948,180
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.557805
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	717.03
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	3,034,884

TITLE XVIII PART A SUBPROVIDER I 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	1,117.00
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,698,672
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,698,672

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

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	317,063
49	TOTAL PROGRAM INPATIENT COSTS	3,015,735
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	413,136
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	18,889
52	TOTAL PROGRAM EXCLUDABLE COST	432,025
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,583,710

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,117.00
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		3,034,884			
87	NEW CAPITAL-RELATED COST	464,597	3,034,884	.153086		
88	NON PHYSICIAN ANESTHETIST		3,034,884			
89	MEDICAL EDUCATION		3,034,884			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,853
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,853
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,853
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	425
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)	799
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	8,208,446
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,208,446
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,701,420
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,701,420
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.224882
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	977.88
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	8,208,446

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,197.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	509,061
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	509,061

		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)	49,793	799	62.32		
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,950,263	1,434	2,057.37		
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	140,942
49	TOTAL PROGRAM INPATIENT COSTS	650,003

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

	TITLE XIX - I/P	HOSPITAL	OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	1,806
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,197.79
85	OBSERVATION BED COST	2,163,209

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					

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009
COMPONENT NO: 15-0104 | WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		1,458,090	
26		INTENSIVE CARE UNIT		1,217,157	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.224945	1,987,771	447,139
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.386791	594,636	230,000
41	01	CAT SCAN	.058830	1,074,843	63,233
42		RADIOLOGY-THERAPEUTIC			
42	01	ULTRA SOUND	.127827	77,760	9,940
43		RADIOISOTOPE			
43	01	MAGNETIC RESONANCE IMAGING (MRI)	.153891	276,849	42,605
44		LABORATORY	.235526	2,735,490	644,279
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
47		BLOOD STORING, PROCESSING & TRANS.	.464912	145,201	67,506
48		INTRAVENOUS THERAPY	.009093	150,602	1,369
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.440154	215,484	94,846
51		OCCUPATIONAL THERAPY	1.084414	62,536	67,815
51	01	AUDIOLOGY	.535679		
52		SPEECH PATHOLOGY	.485496	20,884	10,139
53		ELECTROCARDIOLOGY			
53	01	CARDIOLOGY	.281251	1,877,796	528,132
53	02	CARDIAC CATHETERIZATION LABORATORY	.281109	450,190	126,552
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.006727	285,842	1,923
56		DRUGS CHARGED TO PATIENTS	.193018	2,549,358	492,072
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	OTHER OUTPATIENT SERVICE COST CENTER			
60	02	CLINIC	.843116	437	368
60	03	DERMATOLOGY CLINIC			
60	04	ENT CLINIC			
60	05	SURGERY CLINIC			
60	06	CARDIOLOGY CLINIC			
60	07	UROLOGY CLINIC	.007644		
60	08	PODIATRY CLINIC			
60	09	GASTROENTEROLOGY CLINIC			
60	10	PULMONARY CLINIC			
60	11	NEUROLOGY CLINIC			
60	12	OPTHAMOLOGY CLINIC			
60	13	ALLERGY CLINIC	.884590		
60	14	WOUND CARE	.834339	9,444	7,879
61		EMERGENCY	.352713	508,206	179,251
62		OBSERVATION BEDS (NON-DISTINCT PART)	.950863		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		13,023,329	3,015,048
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		13,023,329	

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 WORKSHEET D-4

COMPONENT NO: 15-S104

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER		1,720,912	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.224945	11,101	2,497
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.386791	51,012	19,731
41	01	CAT SCAN	.058830	97,124	5,714
42		RADIOLOGY-THERAPEUTIC			
42	01	ULTRA SOUND	.127827	12,226	1,563
43		RADIOISOTOPE			
43	01	MAGNETIC RESONANCE IMAGING (MRI)	.153891	11,379	1,751
44		LABORATORY	.235526	504,277	118,770
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
47		BLOOD STORING, PROCESSING & TRANS.	.464912	2,558	1,189
48		INTRAVENOUS THERAPY	.009093	1,013	9
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.440154	70,253	30,922
51		OCCUPATIONAL THERAPY	1.084414	10,333	11,205
51	01	AUDIOLOGY	.535679		
52		SPEECH PATHOLOGY	.485496	7,070	3,432
53		ELECTROCARDIOLOGY			
53	01	CARDIOLOGY	.281251	91,744	25,803
53	02	CARDIAC CATHETERIZATION LABORATORY	.281109	1,870	526
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.006727	14,239	96
56		DRUGS CHARGED TO PATIENTS	.193018	473,786	91,449
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	OTHER OUTPATIENT SERVICE COST CENTER			
60	02	CLINIC	.843116		
60	03	DERMATOLOGY CLINIC			
60	04	ENT CLINIC			
60	05	SURGERY CLINIC			
60	06	CARDIOLOGY CLINIC			
60	07	UROLOGY CLINIC	.007644		
60	08	PODIATRY CLINIC			
60	09	GASTROENTEROLOGY CLINIC			
60	10	PULMONARY CLINIC			
60	11	NEUROLOGY CLINIC			
60	12	OPTHAMOLOGY CLINIC			
60	13	ALLERGY CLINIC	.884590		
60	14	WOUND CARE	.834339	199	166
61		EMERGENCY	.352713	6,352	2,240
62		OBSERVATION BEDS (NON-DISTINCT PART)	.950863		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		1,366,536	317,063
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		1,366,536	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009
COMPONENT NO: 15-0104 | WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		988,124	
26		INTENSIVE CARE UNIT		138,574	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.224945	113,682	25,572
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.386791	18,036	6,976
41	01	CAT SCAN	.058830	38,195	2,247
42		RADIOLOGY-THERAPEUTIC			
42	01	ULTRA SOUND	.127827	7,385	944
43		RADIOISOTOPE			
43	01	MAGNETIC RESONANCE IMAGING (MRI)	.153891	7,185	1,106
44		LABORATORY	.235526	167,063	39,348
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
47		BLOOD STORING, PROCESSING & TRANS.	.464912	12,307	5,722
48		INTRAVENOUS THERAPY	.009093	14,375	131
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.440154	7,984	3,514
51		OCCUPATIONAL THERAPY	1.084414	906	982
51	01	AUDIOLOGY	.535679		
52		SPEECH PATHOLOGY	.485496	225	109
53		ELECTROCARDIOLOGY			
53	01	CARDIOLOGY	.281251	55,199	15,525
53	02	CARDIAC CATHETERIZATION LABORATORY	.281109	4,775	1,342
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.006727	60,944	410
56		DRUGS CHARGED TO PATIENTS	.193018	146,495	28,276
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
60	01	OTHER OUTPATIENT SERVICE COST CENTER			
60	02	CLINIC	.843116		
60	03	DERMATOLOGY CLINIC			
60	04	ENT CLINIC			
60	05	SURGERY CLINIC			
60	06	CARDIOLOGY CLINIC			
60	07	UROLOGY CLINIC	.007644		
60	08	PODIATRY CLINIC			
60	09	GASTROENTEROLOGY CLINIC			
60	10	PULMONARY CLINIC			
60	11	NEUROLOGY CLINIC			
60	12	OPTHAMOLOGY CLINIC			
60	13	ALLERGY CLINIC	.884590		
60	14	WOUND CARE	.834339	12	10
61		EMERGENCY	.352713	24,744	8,728
62		OBSERVATION BEDS (NON-DISTINCT PART)	.950863		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		679,512	140,942
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		679,512	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,929,779	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,063,771	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	119,181	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	75.75	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.72	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	21.22	
4.02	SUM OF LINES 4 AND 4.01	23.94	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.97	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	447,921	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART A
15-0104		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	5,560,652	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	5,560,652	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	448,690	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16	TOTAL	6,009,342	
17	PRIMARY PAYER PAYMENTS	5,268	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,004,074	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	654,976	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	7,424	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,917	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,942	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	144,749	
22	SUBTOTAL	5,467,616	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	5,467,616	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	5,316,982	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	150,634	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	20,000	

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50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART B
15-0104		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,611
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,355,478
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,331,917
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)	4,611
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	23,070
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	23,070
	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)	23,070
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	18,459
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,611
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,331,917
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	4,465
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,233,373
19	SUBTOTAL (SEE INSTRUCTIONS)	3,098,690
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	3,098,690
24	PRIMARY PAYER PAYMENTS	138
25	SUBTOTAL	3,098,552
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	116,667
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	81,667
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	100,629
28	SUBTOTAL	3,180,219
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)	-2
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,180,221
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,198,518
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-18,297
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
15-0104		

TITLE XVIII HOSPITAL

DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				5,191,213		3,105,272
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	6/25/2008	2,571	6/25/2008	28,807
	ADJUSTMENTS TO PROVIDER	.02	12/29/2008	123,198	12/29/2008	64,439
	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		125,769		93,246
4 TOTAL INTERIM PAYMENTS				5,316,982		3,198,518
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	SETTLEMENT TO PROVIDER	.01		150,634		
AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02				18,297
7 TOTAL MEDICARE PROGRAM LIABILITY				5,467,616		3,180,221

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
15-S104		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,910,420		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,910,420		
	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)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			1,910,420		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,962,522
1.09	NET IPF PPS OUTLIER PAYMENTS	116,730
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.423497
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,079,252
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,079,252
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,079,252
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,079,252
7	DEDUCTIBLES	168,832
8	SUBTOTAL	1,910,420
9	COINSURANCE	
10	SUBTOTAL	1,910,420
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,910,420
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,910,420
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,910,420
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY ----------

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART III
-		

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

	TITLE XIX HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	650,003	
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	650,003	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	650,003	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	679,512	
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	679,512	
	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)	679,512	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	29,509	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	650,003	
	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	650,003	
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	650,003	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	650,003	
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)	650,003	
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	650,003	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	650,003	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	428,393	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/22/2009
15-0104	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART III
-		

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
58	BALANCE DUE PROVIDER/PROGRAM		221,610	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

Health Financial Systems MCRIF32 FOR WITHAM MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (06/2003)

BALANCE SHEET

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	22,458,715			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	26,314,223			
5	OTHER RECEIVABLES	784,299			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17,871,417			
7	INVENTORY	629,835			
8	PREPAID EXPENSES	498,691			
9	OTHER CURRENT ASSETS	6,064,106			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	38,878,452			
	FIXED ASSETS				
12	LAND	4,464,505			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	51,909,057			
14.01	LESS ACCUMULATED DEPRECIATION	-23,417,697			
15	LEASEHOLD IMPROVEMENTS	185,792			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	1,240,794			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	23,495,335			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	57,877,786			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	5,512,240			
26	TOTAL OTHER ASSETS	5,512,240			
27	TOTAL ASSETS	102,268,478			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	1,893,482			
29	SALARIES, WAGES & FEES PAYABLE	5,428,219			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	6,698,586			
36	TOTAL CURRENT LIABILITIES	14,020,287			
	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	43,461,780			
42	TOTAL LONG-TERM LIABILITIES	43,461,780			
43	TOTAL LIABILITIES	57,482,067			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	44,786,411			
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	44,786,411			
52	TOTAL LIABILITIES AND FUND BALANCES	102,268,478			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 WORKSHEET G-1

		GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		42,269,344		
2	NET INCOME (LOSS)		2,517,067		
3	TOTAL		44,786,411		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		44,786,411		
	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		44,786,411		

		ENDOWMENT FUND 5	6	PLANT FUND 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

PROVIDER NO: 15-0104 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/22/2009 WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00	HOSPITAL	37,213,418		37,213,418
2 00	SUBPROVIDER			
4 00	SWING BED - SNF			
5 00	SWING BED - NF			
9 00	TOTAL GENERAL INPATIENT ROUTINE CARE	37,213,418		37,213,418
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00	INTENSIVE CARE UNIT			
15 00	TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00	TOTAL INPATIENT ROUTINE CARE SERVICE	37,213,418		37,213,418
17 00	ANCILLARY SERVICES			
18 00	OUTPATIENT SERVICES		109,722,713	109,722,713
20 00	AMBULANCE SERVICES			
24 00	PHYSICIAN SERVICES		18,503,712	18,503,712
25 00	TOTAL PATIENT REVENUES	37,213,418	128,226,425	165,439,843

PART II-OPERATING EXPENSES

26 00	OPERATING EXPENSES	68,435,683
	ADD (SPECIFY)	
27 00	ADD (SPECIFY)	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00	TOTAL ADDITIONS	
	DEDUCT (SPECIFY)	
34 00	DEDUCT (SPECIFY)	
35 00		
36 00		
37 00		
38 00		
39 00	TOTAL DEDUCTIONS	
40 00	TOTAL OPERATING EXPENSES	68,435,683

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0104 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/22/2009 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	165,439,843
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	89,849,065
3	NET PATIENT REVENUES	75,590,778
4	LESS: TOTAL OPERATING EXPENSES	68,435,683
5	NET INCOME FROM SERVICE TO PATIENTS	7,155,095
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	3,529,421
25	TOTAL OTHER INCOME	3,529,421
26	TOTAL	10,684,516
	OTHER EXPENSES	
27	BAD DEBT	8,167,449
28		
29		
30	TOTAL OTHER EXPENSES	8,167,449
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,517,067

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-0104	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/22/2009
COMPONENT NO: 15-0104		WORKSHEET L PARTS I-IV

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	422,757
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	25,933
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	17.71
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
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	448,690
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
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 MINUMUM 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)	