

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET 5  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0089	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2007 TIME 17:47

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: BALL MEMORIAL HOSPITAL 15-0089 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*[Signature]*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 TITLE  
 DATE 11/30/07

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 ECR ENCRYPTION INFORMATION  
 DATE: 11/26/2007 TIME 17:47  
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 HCFv1dDziR0ekDpB  
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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	748,290	345,643	1,418,634
2	SUBPROVIDER	0	-49,655	0	0
2	.01 SUBPROVIDER II	0	269,981	0	0
5	HOSPITAL-BASED SNF	0	13,108	0	0
100	TOTAL	0	981,724	345,643	1,418,634

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-2  
 I I TO 6/30/2007 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2401 UNIVERSITY AVENUE P.O. BOX:  
 1.01 CITY: MUNCEIE STATE: IN ZIP CODE: 47303- COUNTY: DELAWARE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	BALL MEMORIAL HOSPITAL	15-0089	2.01	7/ 1/1966	V XVIII XIX
03.00 SUBPROVIDER	BMH PHYSICAL REHAB	15-T089		7/ 1/1986	4 5 6
03.01 SUBPROVIDER 2	BMH PSYCHIATRIC UNIT	15-5089		7/ 1/1988	N P O
06.00 HOSPITAL-BASED SNF	BMH SKILLED CARE CENTER	15-5296		7/ 9/1987	N T O
12.00 HOSP-BASED HOSPICE	BALL MEMORIAL HOSPICE	15-1570		10/31/2000	N P N
16.00 RENAL DIALYSIS	BALL DIALYSIS UNIT	15-3514		12/22/1999	
16.01 RENAL DIALYSIS 2	BALL MEMORIAL HOSP ESRD	15-2308		12/12/1995	
16.02 RENAL DIALYSIS 3	BALL HOSPITAL DIALYSIS	15-3517		9/30/2002	
16.03 RENAL DIALYSIS 4	BALL DIALYSIS WINCHESTER	15-3518		3/17/2003	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5  
 20.01 SUBPROVIDER II 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 RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //

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

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

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

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

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. Y

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. Y

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) Y Y

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 // //

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-2  
 I I TO 6/30/2007 I

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)  
 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

	1	2	3	4
	100	0.0000	0.0000	
	0.00	1	0	

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

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

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?  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)  
 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 ELIBLIE 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 ELIBLIE 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).  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).  
 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.  
 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  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 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)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

V XVIII XIX  
 1 2 3  
 N Y N  
 N Y N  
 N N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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 Y
- 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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 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
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	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
- 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.
 

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
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.	7/ 1/2006	N	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 ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 0

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-3  
I I TO 6/30/2007 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	259	2.01	3	4	4.01	5
2 HMO					35,150		3,474
2 01 HMO - (IRF PPS SUBPROVIDER)							8,811
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	259	94,535			35,150		3,474
6 INTENSIVE CARE UNIT	31	11,315			4,563		369
11 NURSERY							1,780
12 TOTAL	290	105,850			39,713		5,623
13 RPCH VISITS							
14 SUBPROVIDER	20	7,300			2,997		135
14 01 SUBPROVIDER 2	21	7,665			121		45
15 SKILLED NURSING FACILITY	30	10,950			7,862		
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE					7,061		
21 01 HOSPICE 2							
21 02 HOSPICE 3							
25 TOTAL	361						
26 OBSERVATION BED DAYS							1,257
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7
2 HMO			60,236			
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			60,236			
6 INTENSIVE CARE UNIT			8,527			
11 NURSERY			7,526			
12 TOTAL			76,289			61.77
13 RPCH VISITS						
14 SUBPROVIDER			3,881			.17
14 01 SUBPROVIDER 2			235			
15 SKILLED NURSING FACILITY			9,033			
20 AMBULATORY SURGICAL CENTER (						
21 HOSPICE			10,382			
21 01 HOSPICE 2						
21 02 HOSPICE 3						
25 TOTAL						61.94
26 OBSERVATION BED DAYS	70	1,187	5,316	405	4,911	
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
27 01 AMBULANCE TRIPS						
27 02 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					8,149	1,063	17,539
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	61.77	2,090.36			8,149	1,063	17,539
13 RPCH VISITS							
14 SUBPROVIDER	.17	21.93			321	13	414
14 01 SUBPROVIDER 2		1.00			15	8	602
15 SKILLED NURSING FACILITY		38.15					
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE		9.22					
21 01 HOSPICE 2							
21 02 HOSPICE 3							
25 TOTAL	61.94	2,160.66					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

## HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-3  
 I I TO 6/30/2007 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	91,245,420		91,245,420	4,236,327.00	21.54	
3 NON-PHYSICIAN ANESTHETIST PART A						
4.01 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	301,460		301,460	14,485.00	20.81	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	4,045,081		4,045,081	141,973.00	28.49	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL	7,446,460		7,446,460	260,457.00	28.59	
8 SNF	1,402,792		1,402,792	79,348.00	17.68	
8.01 EXCLUDED AREA SALARIES	1,833,713	149,011	1,982,724	82,631.00	23.99	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	1,344,121		1,344,121	16,200.00	82.97	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,029,968		7,029,968	235,747.00	29.82	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	28,858,220		28,858,220			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	1,169,873		1,169,873			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19 PART A TEACHING PHYSICIANS	104,170		104,170			CMS 339
19.01 PHYSICIAN PART B						CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)	1,397,788		1,397,788			CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS						
24 ADMINISTRATIVE & GENERAL	13,684,822	-149,011	13,535,811	606,675.00	22.31	
24.01 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS	2,337,049		2,337,049	114,245.00	20.46	
26 OPERATION OF PLANT	658,555		658,555	47,462.00	13.88	
27 LAUNDRY & LINEN SERVICE						
28 HOUSEKEEPING	2,217,708		2,217,708	215,846.00	10.27	
28.01 HOUSEKEEPING UNDER CONTRACT						
29 DIETARY	2,316,296	-1,430,296	886,000	73,185.00	12.11	
29.01 DIETARY UNDER CONTRACT						
30 CAFETERIA		1,430,296	1,430,296	118,144.00	12.11	
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATION	2,862,962		2,862,962	115,026.00	24.89	
33 CENTRAL SERVICE AND SUPPLY	835,330		835,330	77,759.00	10.74	
34 PHARMACY	2,812,276		2,812,276	96,684.00	29.09	
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,063,159		2,063,159	144,188.00	14.31	
36 SOCIAL SERVICE						
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	79,452,419		79,452,419	3,819,412.00	20.80	
2 EXCLUDED AREA SALARIES	3,236,505	149,011	3,385,516	161,979.00	20.90	
3 SUBTOTAL SALARIES	76,215,914	-149,011	76,066,903	3,657,433.00	20.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,374,089		8,374,089	251,947.00	33.24	
5 SUBTOTAL WAGE-RELATED COSTS	28,858,220		28,858,220		37.94	
6 TOTAL	113,448,223	-149,011	113,299,212	3,909,380.00	28.98	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	29,788,157	-149,011	29,639,146	1,609,214.00	18.42	

DESCRIPTION	----- OUTPATIENT -----		TRAINING	HOME		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1    NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	225					
2    NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00			7.00		
3    AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50			2.00		
4    CAPD EXCHANGES PER DAY				5.00		
5    NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6    NUMBER OF STATIONS	76					
7    TREATMENT CAPACITY PER DAY PER STATION		3				
8    UTILIZATION (SEE INSTRUCTIONS)	100.00					
9    AVERAGE TIMES DIALYZERS RE-USED						
10    PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
TRANSPLANT INFORMATION						
11    NUMBER OF PATIENTS ON TRANSPLANT LIST	20					
12    NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	3					
EPOIETIN						
13    NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1    EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14    NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1    NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15    MCP [ ]    INITIAL METHOD [ ]						

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-7  
I I TO 6/30/2007 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES RATE 3	PRIOR TO 10/1 DAYS 3.01	SERVICES RATE 4	ON/AFTER 10/1 DAYS 4.01	SRVCS RATE 4.02	4/1/01 TO 9/30/01 DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC				4		
5	RVB				7		
6	RVA						
6	.01 RVX				17		
6	.02 RVL				50		
7	RHC				113		
8	RHB				82		
9	RHA				185		
9	.01 RHX						
9	.02 RHL						
10	RMC				118		
11	RMB				293		
12	RMA				265		
12	.01 RMX				2,186		
12	.02 RML				2,734		
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3				416		
16	SE2				915		
17	SE1				9		
18	SSC						
19	SSB				35		
20	SSA				342		
21	CC2				15		
22	CC1						
23	CB2				1		
24	CB1				12		
25	CA2				13		
26	CA1				48		
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1				2		
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL				7,862		

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 0  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-7  
I I TO 6/30/2007 I

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 0  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-7  
I I TO 6/30/2007 I

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 0  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET S-7  
I I TO 6/30/2007 I

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 0  
 SNF CBSA Code : NOT SPECIFIED

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	8,323	586		
3 INPATIENT RESPITE CARE	28			
4 GENERAL INPATIENT CARE	178	19		
5 TOTAL HOSPICE DAYS	8,529	605		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,202	10,111
3 INPATIENT RESPITE CARE	2	30
4 GENERAL INPATIENT CARE	44	241
5 TOTAL HOSPICE DAYS	1,248	10,382

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	202	15		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	42.22	40.33		
9 UNDUPLICATED CENSUS COUNT	185	12		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	44	261
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	28.36	39.78
9 UNDUPLICATED CENSUS COUNT	36	233

DESCRIPTION

UNCOMPENSATED CARE INFORMATION  
1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?  
2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
LINES 2.01 THRU 2.04  
2.01 IS IT AT THE TIME OF ADMISSION?  
2.02 IS IT AT THE TIME OF FIRST BILLING?  
2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?  
2.04  
3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?  
4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
JUDGMENT WITHOUT FINANCIAL DATA?  
5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?  
6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
DATA?  
7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
WORTH DATA?  
8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
DEBT AND CHARITY CARE? IF YES ANSWER 8.01  
8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
SERVICES?  
9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04  
9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
ELIGIBILITY?  
9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
CHARITY FROM BAD DEBT?  
9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
CHARITY DETERMINATION?  
9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
DISTINCTION IMPORTANT?  
10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
BE A CHARITY WRITE OFF?  
11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
LEVEL? IF YES ANSWER 11.01 THRU 11.04  
11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
POVERTY LEVEL?  
11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
OF THE FEDERAL POVERTY LEVEL?  
11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
OF THE FEDERAL POVERTY LEVEL?  
11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
THE FEDERAL POVERTY LEVEL?  
12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
PATIENTS ON A GRADUAL SCALE?  
13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
MEDICAL EXPENSES?  
14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
IF YES ANSWER LINES 14.01 AND 14.02  
14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
COMPENSATED CARE?  
14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
GOVERNMENT FUNDING?  
15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
TO CHARITY PATIENTS?  
16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
CHARITY CARE?  
UNCOMPENSATED CARE REVENUES  
17 REVENUE FROM UNCOMPENSATED CARE  
17.01 GROSS MEDICAID REVENUES  
18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS  
19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)  
20 RESTRICTED GRANTS  
21 NON-RESTRICTED GRANTS  
22 TOTAL GROSS UNCOMPENSATED CARE REVENUES  
UNCOMPENSATED CARE COST  
23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
INDIGENT CARE PROGRAMS  
24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
DIVIDED BY COLUMN 8, LINE 103) .339133  
25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
(LINE 23 \* LINE 24)  
26 TOTAL SCHIP CHARGES FROM YOUR RECORDS  
27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)  
28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS  
29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)  
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS  
31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)  
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-0089  
II PERIOD:  
I FROM 7/ 1/2006  
I TO 6/30/2007  
I PREPARED 11/26/2007  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		16,392,975	16,392,975	217,848	16,610,823
5	0500 NEW CAP REL COSTS-MVBLE EQUIP					
6.01	0610 EMPLOYEE BENEFITS		27,195,968	27,195,968	63,659	27,259,627
6.02	0611 COMMUNICATIONS/PHONES	551,722	129,421	681,143		681,143
6.03	0612 DATA PROCESSING					
6.04	0613 PURCHASING, RECIEVING, AND GENERAL					
6.05	0614 ADMITTING	1,131,973	212,533	1,344,506		1,344,506
6.06	0660 CASHIERING/ACCOUNTS RECEIVABLE	1,510,137	427,021	1,937,158		1,937,158
7	0700 OTHER ADMINISTRATIVE AND GENERAL	10,490,990	21,964,750	32,455,740	-1,119,996	31,335,744
8	0800 MAINTENANCE & REPAIRS	2,337,049	3,966,678	6,303,727		6,303,727
9	0900 OPERATION OF PLANT	658,555	2,978,171	3,636,726		3,636,726
10	1000 LAUNDRY & LINEN SERVICE				1,656,683	1,656,683
11	1100 HOUSEKEEPING	2,217,708	1,957,480	4,175,188	-1,656,683	2,518,505
12	1200 DIETARY	2,316,296	1,468,180	3,784,476	-2,336,886	1,447,590
14	1400 CAFETERIA				2,336,886	2,336,886
15	1500 NURSING ADMINISTRATION	2,862,962	272,590	3,135,552		3,135,552
16	1600 CENTRAL SERVICES & SUPPLY	835,330	3,290,614	4,125,944	-1,353,814	2,772,130
17	1700 PHARMACY	2,812,276	12,314,738	15,127,014	-11,503,674	3,623,340
22	2200 MEDICAL RECORDS & LIBRARY	2,063,159	993,547	3,056,706		3,056,706
23	2300 I&R SERVICES-SALARY & FRINGES APPRVD	4,045,081	1,893,130	5,938,211		5,938,211
24	2400 I&R SERVICES-OTHER PRGM COSTS APPRVD	301,460	498,346	799,806		799,806
25	2500 PARAMED ED PRGM	87,036	5,236	92,272		92,272
26	2600 INPAT ROUTINE SRVC CNTRS					
31	3100 ADULTS & PEDIATRICS	18,251,404	805,238	19,056,642		19,056,642
31.01	3101 INTENSIVE CARE UNIT	5,061,018	177,384	5,238,402		5,238,402
33	3300 SUBPROVIDER	1,055,501	322,852	1,378,353		1,378,353
34	3400 SUBPROVIDER 2	167	683,803	683,970		683,970
37	3700 NURSERY	2,119,638	220,261	2,339,899		2,339,899
38	3800 SKILLED NURSING FACILITY	1,402,792	82,054	1,484,846		1,484,846
39	3900 ANCILLARY SRVC COST CNTRS					
41	4100 OPERATING ROOM	4,313,513	27,372,253	31,685,766		31,685,766
44	4400 RECOVERY ROOM	1,372,368	100,790	1,473,158		1,473,158
49	4900 DELIVERY ROOM & LABOR ROOM	1,851,720	239,126	2,090,846		2,090,846
49.01	4901 RADIOLOGY-DIAGNOSTIC	6,278,132	5,051,399	11,329,531		11,329,531
50	5000 LABORATORY		18,082,075	18,082,075		18,082,075
51	5100 RESPIRATORY THERAPY	4,010,766	464,860	4,475,626		4,475,626
52	5200 SLEEP LAB	658,616	74,090	732,706		732,706
52.01	5201 PHYSICAL THERAPY		3,073,390	3,073,390		3,073,390
53	5300 OCCUPATIONAL THERAPY		1,294,945	1,294,945		1,294,945
55	5500 SPEECH PATHOLOGY		334,224	334,224		334,224
56	5600 AUDIOLOGY	83	305,392	305,475		305,475
57	5700 ELECTROCARDIOLOGY	2,498,554	7,986,114	10,484,668		10,484,668
60	6000 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,353,814	1,353,814
60.01	6001 DRUGS CHARGED TO PATIENTS				11,503,674	11,503,674
61	6100 RENAL DIALYSIS	1,637,524	3,477,159	5,114,683		5,114,683
62	6200 OUTPAT SERVICE COST CNTRS					
88	8800 CLINIC	959,554	159,921	1,119,475		1,119,475
90	9000 CLINIC MULTI SPECIALTY	207,980	26,467	234,447		234,447
92	9200 EMERGENCY	4,653,347	738,575	5,391,922		5,391,922
93	9300 OBSERVATION BEDS (NON-DISTINCT PART)					
93.01	9301 SPEC PURPOSE COST CENTERS					
93.02	9302 INTEREST EXPENSE					
95	9500 OTHER CAPITAL RELATED COSTS					
96	9600 AMBULATORY SURGICAL CENTER (D.P.)					
97	9700 HOSPICE	512,747	580,184	1,092,931		1,092,931
99	9900 HOSPICE 2					
100	10000 HOSPICE 3					
100.01	10001 SUBTOTALS	91,067,158	167,613,934	258,681,092	-838,489	257,842,603
100.02	10002 NONREIMBURS COST CENTERS					
100.03	10003 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.04	10004 RESEARCH	171,405	37,125	208,530		208,530
100.05	10005 OTHER NONREIMBURSABLE COST CENTERS					
100.06	10006 PHYSICIAN BILLING SERVICE					
100.07	10007 PHYSICIAN ANSWERING SERVICE					
100.08	10008 VENDING					
100.09	10009 CARELINE					
100.10	10010 WELLNESS CENTER	6,857	51,020	57,877		57,877
100.11	10011 BMH FOUNDATION					
100.12	10012 MIDDLETOWN BOOKSTORE					
100.13	10013 RENTAL PROPERTY					
100.14	10014 ADVERTISING					
100.15	10015 POB DELI					
100.16	10016 POB PHARMACY					
100.17	10017 POB PHYSICIAN SERVICES					
100.18	10018 EXECUTIVE PHYSICAL					
100.19	10019 NEW CASTLE ONCOLOGY					
100.20	10020 MARKETING					
100.21	10021 RURAL SITE CLINIC				838,489	838,489
100.22	10022 CHC					
100.23	10023 CHV					
100.24	10024 HOME OFFICE - CHP					
100.25	10025 MEALS ON WHEELS					
100.26	10026 ST MARY'S SCHOOL					
100.27	10027 CARDINAL KIDS CAMP					
100.28	10028 COLLEGE AVE DAY CARE					
100.29	10029 VENDING MACHINES					
100.30	10030 PSYCHE BEHAVIORAL HEALTH					
101	10100 BLACKFORD COMMUNITY HOSPITAL					
	10101 MIDWEST HEALTH STRATEGIES					
	10102 CARDINAL SELECT RISK RETENTION GRP					
	10103 HOME OFFICE CARDINAL HEALTH INITIATI					
	10104 CARDINAL HEALTH ALLIANCE					
	10105 TOTAL	91,245,420	167,702,079	258,947,499	-0-	258,947,499

RECLASSIFICATION AND ADJUSTMENT OF  
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	2,311,350	18,922,173
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	32,852	32,852
5	0500 EMPLOYEE BENEFITS	4,328,639	31,588,266
6.01	0610 COMMUNICATIONS/PHONES	-380,835	300,308
6.02	0611 DATA PROCESSING		
6.03	0612 PURCHASING,RECIIVING,AND GENERAL	615,905	615,905
6.04	0613 ADMITTING		1,344,506
6.05	0614 CASHIERING/ACCOUNTS RECEIVABLE	-1,596	1,935,562
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-14,245,920	17,089,824
7	0700 MAINTENANCE & REPAIRS	-89,476	6,214,251
8	0800 OPERATION OF PLANT	171,987	3,808,713
9	0900 LAUNDRY & LINEN SERVICE		1,656,683
10	1000 HOUSEKEEPING	-59,581	2,458,924
11	1100 DIETARY	-225,398	1,222,192
12	1200 CAFETERIA	-1,613,424	723,462
14	1400 NURSING ADMINISTRATION	-35,466	3,100,086
15	1500 CENTRAL SERVICES & SUPPLY	-176,068	2,596,062
16	1600 PHARMACY	-67,963	3,555,377
17	1700 MEDICAL RECORDS & LIBRARY	-151,688	2,905,018
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-818,915	5,119,296
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-256,835	542,971
24	2400 PARAMED ED PRGM	-26,168	66,104
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-18,348	19,038,294
26	2600 INTENSIVE CARE UNIT	-80	5,238,322
31	3100 SUBPROVIDER	-4,200	1,374,153
31.01	3101 SUBPROVIDER 2		683,970
33	3300 NURSERY	-17,146	2,322,753
34	3400 SKILLED NURSING FACILITY	-10,000	1,474,846
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,446,325	29,239,441
38	3800 RECOVERY ROOM	-10,984	1,462,174
39	3900 DELIVERY ROOM & LABOR ROOM		2,090,846
41	4100 RADIOLOGY-DIAGNOSTIC	-713,422	10,616,109
44	4400 LABORATORY	-7,020,858	11,061,217
49	4900 RESPIRATORY THERAPY	-1,055,029	3,420,597
49.01	4901 SLEEP LAB	-2,225	730,481
50	5000 PHYSICAL THERAPY	-598	3,072,792
51	5100 OCCUPATIONAL THERAPY	-7,690	1,287,255
52	5200 SPEECH PATHOLOGY	-66	334,158
52.01	5201 AUDIOLOGY	-11,317	294,158
53	5300 ELECTROCARDIOLOGY	-695,247	9,789,421
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,376	1,346,438
56	5600 DRUGS CHARGED TO PATIENTS	-17,344	11,486,330
57	5700 RENAL DIALYSIS	-269,064	4,845,619
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,110	1,117,365
60.01	6001 CLINIC MULTI SPECIALTY	-1,017	233,430
61	6100 EMERGENCY	-349,766	5,042,156
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		1,092,931
93.01	9301 HOSPICE 2		
93.02	9302 HOSPICE 3		
95	9500 SUBTOTALS	-23,348,812	234,493,791
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		208,530
100	1000 OTHER NONREIMBURSABLE COST CENTERS		
100.01	10001 PHYSICIAN BILLING SERVICE		
100.02	10002 PHYSICIAN ANSWERING SERVICE		
100.03	10003 VENDING		
100.04	10004 CARELINE		
100.05	10005 WELLNESS CENTER		57,877
100.06	10006 BMH FOUNDATION		
100.07	10007 MIDDLETOWN BOOKSTORE		
100.08	10008 RENTAL PROPERTY		
100.09	10009 ADVERTISING		
100.10	10010 POB DELI		
100.11	10011 POB PHARMACY		
100.12	10012 POB PHYSICIAN SERVICES		
100.13	10013 EXECUTIVE PHYSICAL		
100.14	10014 NEW CASTLE ONCOLOGY		
100.15	10015 MARKETING		838,489
100.16	10016 RURAL SITE CLINIC		
100.17	10017 CHC		
100.18	10018 CHV		
100.19	10019 HOME OFFICE - CHP		
100.20	10020 MEALS ON WHEELS		
100.21	10021 ST MARY'S SCHOOL		
100.22	10022 CARDINAL KIDS CAMP		
100.23	10023 COLLEGE AVE DAY CARE		
100.24	10024 VENDING MACHINES		
100.25	10025 PSYCHE BEHAVIORAL HEALTH		
100.26	10026 BLACKFORD COMMUNITY HOSPITAL	12,793,735	12,793,735
100.27	10027 MIDWEST HEALTH STRATEGIES		
100.28	10028 CARDINAL SELECT RISK RETENTION GRP		
100.29	10029 HOME OFFICE CARDINAL HEALTH INITIATI		
100.30	10030 CARDINAL HEALTH ALLIANCE		
101	10100 TOTAL	-10,555,077	248,392,422

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I NOT A CMS WORKSHEET  
 I I TO 6/30/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS/PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECIEVING, AND GENERAL	0612	NONPATIENT TELEPHONES
6.04	ADMITTING	0613	NONPATIENT TELEPHONES
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0614	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	AUDIOLOGY	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CLINIC MULTI SPECIALTY	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
93.01	HOSPICE 2	9301	HOSPICE #####
93.02	HOSPICE 3	9302	HOSPICE #####
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEN	9600	
97	RESEARCH	9700	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	
100.01	PHYSICIAN BILLING SERVICE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PHYSICIAN ANSWERING SERVICE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	VENDING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	CARELINE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WELLNESS CENTER	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	BMH FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MIDDLETOWN BOOKSTORE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	RENTAL PROPERTY	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	ADVERTISING	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	POB DELI	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	POB PHARMACY	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	POB PHYSICIAN SERVICES	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	EXECUTIVE PHYSICAL	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NEW CASTLE ONCOLOGY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	MARKETING	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	RURAL SITE CLINIC	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	CHC	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	CHV	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	HOME OFFICE - CHP	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	MEALS ON WHEELS	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	ST MARY'S SCHOOL	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	CARDINAL KIDS CAMP	7972	OTHER NONREIMBURSABLE COST CENTERS
100.23	COLLEGE AVE DAY CARE	7973	OTHER NONREIMBURSABLE COST CENTERS
100.24	VENDING MACHINES	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	PSYCHE BEHAVIORAL HEALTH	7975	OTHER NONREIMBURSABLE COST CENTERS
100.26	BLACKFORD COMMUNITY HOSPITAL	7976	OTHER NONREIMBURSABLE COST CENTERS
100.27	MIDWEST HEALTH STRATEGIES	7977	OTHER NONREIMBURSABLE COST CENTERS
100.28	CARDINAL SELECT RISK RETENTION GRP	7978	OTHER NONREIMBURSABLE COST CENTERS
100.29	HOME OFFICE CARDINAL HEALTH INITIATI	7979	OTHER NONREIMBURSABLE COST CENTERS
100.30	CARDINAL HEALTH ALLIANCE	7980	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 DIETARY/CAFERTIA	A	CAFETERIA	12	1,430,296	906,590
2 MARKETING RECLASS	B	MARKETING	100.15	149,011	689,478
3 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		217,848
4 SUPPLIES & DRUGS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,353,814
5		DRUGS CHARGED TO PATIENTS	56		11,503,674
6 WORKMENS COMP	E	EMPLOYEE BENEFITS	5		63,659
7 LAUNDRY	F	LAUNDRY & LINEN SERVICE	9		1,656,683
36 TOTAL RECLASSIFICATIONS				1,579,307	16,391,746

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

RECLASSIFICATIONS

PROVIDER NO: 150089	IN LIEU OF FORM CMS-2552-96 (09/1996) PERIOD: FROM 7/ 1/2006 TO 6/30/2007	PREPARED 11/26/2007 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 DIETARY/CAFERTIA	A	DIETARY	11	1,430,296	906,590	
2 MARKETING RECLASS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06	149,011	689,478	
3 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		217,848	13
4 SUPPLIES & DRUGS	D	CENTRAL SERVICES & SUPPLY	15		1,353,814	
5		PHARMACY	16		11,503,674	
6 WORKMENS COMP	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		63,659	
7 LAUNDRY	F	HOUSEKEEPING	10		1,656,683	
36 TOTAL RECLASSIFICATIONS				1,579,307	16,391,746	

(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 : DIETARY/CAFERTIA

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	2,336,886
TOTAL RECLASSIFICATIONS FOR CODE A		
		2,336,886

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	2,336,886
TOTAL RECLASSIFICATIONS FOR CODE A		
		2,336,886

RECLASS CODE: B  
 EXPLANATION : MARKETING RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MARKETING	838,489
TOTAL RECLASSIFICATIONS FOR CODE B		
		838,489

DECREASE		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.06	838,489
TOTAL RECLASSIFICATIONS FOR CODE B		
		838,489

RECLASS CODE: C  
 EXPLANATION : PROPERTY INSURANCE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	217,848
TOTAL RECLASSIFICATIONS FOR CODE C		
		217,848

DECREASE		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.06	217,848
TOTAL RECLASSIFICATIONS FOR CODE C		
		217,848

RECLASS CODE: D  
 EXPLANATION : SUPPLIES & DRUGS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	1,353,814
2.00	DRUGS CHARGED TO PATIENTS	11,503,674
TOTAL RECLASSIFICATIONS FOR CODE D		
		12,857,488

DECREASE		
COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	1,353,814
PHARMACY	16	11,503,674
TOTAL RECLASSIFICATIONS FOR CODE D		
		12,857,488

RECLASS CODE: E  
 EXPLANATION : WORKMENS COMP

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	63,659
TOTAL RECLASSIFICATIONS FOR CODE E		
		63,659

DECREASE		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.06	63,659
TOTAL RECLASSIFICATIONS FOR CODE E		
		63,659

RECLASS CODE: F  
 EXPLANATION : LAUNDRY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	1,656,683
TOTAL RECLASSIFICATIONS FOR CODE F		
		1,656,683

DECREASE		
COST CENTER	LINE	AMOUNT
HOUSEKEEPING	10	1,656,683
TOTAL RECLASSIFICATIONS FOR CODE F		
		1,656,683

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	10,113,367					10,113,367	
2 LAND IMPROVEMENTS	936,724					936,724	
3 BUILDINGS & FIXTURE	163,497,258					163,497,258	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	89,512,157					89,512,157	
6 MOVABLE EQUIPMENT	15,508,666					15,508,666	
7 SUBTOTAL	279,568,172					279,568,172	
8 RECONCILING ITEMS	2,566,280					2,566,280	
9 TOTAL	277,001,892					277,001,892	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	15,510,089		3,194,236		217,848		18,922,173
4	NEW CAP REL COSTS-MV	-5,885		-44,499			83,236	32,852
5	TOTAL	15,504,204		3,149,737		217,848	83,236	18,955,025

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	13,197,327		3,195,648				16,392,975
4	NEW CAP REL COSTS-MV							
5	TOTAL	13,197,327		3,195,648				16,392,975

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
 I 15-0089  
 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	3	4	5
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12	A-8-2	-2,173,035			
13					
14	A-8-1	-8,982,323			
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	A	-9,712	MAINTENANCE & REPAIRS	7	
38	A	-5,885	NEW CAP REL COSTS-MVBLE E	4	9
39	A	-7,376	MEDICAL SUPPLIES CHARGED	55	
40	A	-17,344	DRUGS CHARGED TO PATIENTS	56	
41	A	-718	NEW CAP REL COSTS-BLDG &	3	9
42	A	-89,626	OTHER ADMINISTRATIVE AND	6.06	
43	A	-35,789	COMMUNICATIONS/PHONES	6.01	
44	A	-8,395	COMMUNICATIONS/PHONES	6.01	
45	A	-5,444	EMPLOYEE BENEFITS	5	
46	A	47,933	NEW CAP REL COSTS-BLDG &	3	9
47	A	-4,807	OTHER ADMINISTRATIVE AND	6.06	
48	A	-1,412	NEW CAP REL COSTS-BLDG &	3	11
49	A	-44,499	NEW CAP REL COSTS-MVBLE E	4	11
49.01	A	110,868	NEW CAP REL COSTS-BLDG &	3	9
49.02	A	83,236	NEW CAP REL COSTS-MVBLE E	4	14
49.03	A	615,905	PURCHASING, RECEIVING, AND	6.03	
49.04	A	12,793,735	BLACKFORD COMMUNITY HOSPI	100.26	
49.06	B	-1,613,424	CAFETERIA	12	
49.30	B	-2,672,608	NEW CAP REL COSTS-BLDG &	3	9
49.31	B	-336,651	COMMUNICATIONS/PHONES	6.01	
49.32	B	-1,596	CASHIERING/ACCOUNTS RECEI	6.05	
49.33	B	-2,525,854	OTHER ADMINISTRATIVE AND	6.06	
49.34	B	-79,764	MAINTENANCE & REPAIRS	7	
49.35	B	-59,266	OPERATION OF PLANT	8	
49.36	B	-59,581	HOUSEKEEPING	10	
49.37	B	-225,398	DIETARY	11	
49.38	B	-35,466	NURSING ADMINISTRATION	14	
49.39	B	-176,068	CENTRAL SERVICES & SUPPLY	15	
49.40	B	-67,963	PHARMACY	16	
49.41	B	-151,688	MEDICAL RECORDS & LIBRARY	17	
49.42	B	-14,268	I&R SERVICES-SALARY & FRI	22	
49.43	B	-133,561	I&R SERVICES-OTHER PRGM C	23	
49.44	B	-26,168	PARAMED ED PRGM	24	
49.45	B	-7,428	ADULTS & PEDIATRICS	25	
49.46	B	-80	INTENSIVE CARE UNIT	26	
49.47	B	-17,146	NURSERY	33	
49.48	B	-2,442,272	OPERATING ROOM	37	
49.49	B	-663,407	RADIOLOGY-DIAGNOSTIC	41	
49.50	B	-1,047,279	RESPIRATORY THERAPY	49	
49.51	B	-7,440	OCCUPATIONAL THERAPY	51	
49.52	B	-11,264	AUDIOLOGY	52.01	
49.53	B	-211,202	ELECTROCARDIOLOGY	53	
49.54	B	-227,888	RENAL DIALYSIS	57	
49.55	B	-2,110	CLINIC	60	
49.56	B	-1,017	CLINIC MULTI SPECIALTY	60.01	
49.57	B	-2,532	EMERGENCY	61	
50		-10,555,077			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	10,965,021		10,965,021	
2	44	LABORATORY	9,465,308	16,262,654	-6,797,346	
3	3	NEW CAP REL COSTS-BLDG &	721,662		721,662	9
4	50	PHYSICAL THERAPY	2,995,002	2,995,600	-598	
4.01	51	OCCUPATIONAL THERAPY	1,252,882	1,253,132	-250	
4.02	52	SPEECH PATHOLOGY	328,970	329,036	-66	
4.03	52	1 AUDIOLOGY	262,957	263,010	-53	
4.04	3	NEW CAP REL COSTS-BLDG &	3,167,445		3,167,445	9
4.05	3	NEW CAP REL COSTS-BLDG &	938,180		938,180	9
4.06	6	OTHER ADMINISTRATIVE AND	16,553,065	28,129,698	-11,576,633	
4.07	5	EMPLOYEE BENEFITS	14,393,175	21,024,113	-6,630,938	
4.08	8	OPERATION OF PLANT	231,253		231,253	
5		TOTALS	61,274,920	70,257,243	-8,982,323	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	CHS		100.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET A-8-2  
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 6	49,000	49,000					
2	22	804,647	804,647					
3	23	123,274	123,274					
4	25	10,920	10,920					
5	31	4,200	4,200					
7	34	10,000	10,000					
8	37	4,053	4,053					
9	38	10,984	10,984					
10	41	50,015	50,015					
11	44	223,512	223,512					
12	49	7,750	7,750					
13	49 1	2,225	2,225					
14	53	484,045	484,045					
15	57	41,176	41,176					
16	61	347,234	347,234					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,173,035	2,173,035					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET A-8-2  
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 6	BMH ADMINISTRATION						49,000
2	22	MEDICAL EDUCATION						804,647
3	23	FAMILY PRACTICE RESIDENTS						123,274
4	25	MED SURG						10,920
5	31	REHAB						4,200
7	34	TRANSITIONAL CARE UNIT						10,000
8	37	PAIN CLINIC						4,053
9	38	SAU/PACU						10,984
10	41	RADIOLOGY						50,015
11	44	LAB						223,512
12	49	RESPIRATORY THERAPY						7,750
13	49 1	SLEEP LAB						2,225
14	53	CARDIAC SERVICE LINE ADMI						484,045
15	57	DIALYSIS						41,176
16	61	EMERGENCY ROOM						347,234
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,173,035

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I NOT A CMS WORKSHEET  
 I I TO 6/30/2007 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS/PHONES	6	PHONE	LINES	ENTERED
6.02	DATA PROCESSING	C	GROSS	CHARGES	NOT ENTERED
6.03	PURCHASING, RECIEIVING, AND GENERAL	63	STOCK	ISSUES	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	TIME	STUDY	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	22	100%	RADIOLOGY	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S/PHONES	DATA PROCESSI NG	PURCHASING, RE CIEVING, AND
		0	3	4	5	6.01	6.02	6.03
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	18,922,173	18,922,173					
005	NEW CAP REL COSTS-MVBLE E	32,852		32,852				
006	EMPLOYEE BENEFITS	31,588,266	47,343	21	31,635,630			
006	01 COMMUNICATIONS/PHONES	300,308	43,384	100	192,164	535,956		
006	02 DATA PROCESSING		284,702	10,014		50,724	345,440	
006	03 PURCHASING, RECIEVING, AND	615,905						615,905
006	04 ADMITTING	1,344,506	64,903	28	394,265	14,592		1,788
006	05 CASHIERING/ACCOUNTS RECEI	1,935,562			525,979			3,250
006	06 OTHER ADMINISTRATIVE AND	17,089,824	873,221	353	3,508,938	48,871		32,215
007	MAINTENANCE & REPAIRS	6,214,251	9,698,156	159	813,992	11,812		41,362
008	OPERATION OF PLANT	3,808,713	13,677	23	229,374	1,853		21,129
009	LAUNDRY & LINEN SERVICE	1,656,683						
010	HOUSEKEEPING	2,458,924	203,115	43	772,425	1,621		17,721
011	DIETARY	1,222,192	118,557	115	308,593	6,254		17,368
012	CAFETERIA	723,462	182,110		498,171			
014	NURSING ADMINISTRATION	3,100,086	154,769	51	997,167	9,033		2,352
015	CENTRAL SERVICES & SUPPLY	2,596,062	36,404	1,525	290,945	4,169		35,249
016	PHARMACY	3,555,377	79,788	227	979,513	10,886		9,284
017	MEDICAL RECORDS & LIBRARY	2,905,018	148,007	211	718,596	28,489		8,991
022	I&R SERVICES-SALARY & FRI	5,119,296		158	1,408,898			10,123
023	I&R SERVICES-OTHER PRGM C	542,971	206,945	22	104,998	48,176		2,692
024	PARAMED ED PRGM	66,104	10,824	2	30,315			287
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	19,038,294	1,667,722	3,310	6,356,951	52,806	37,116	3,171
026	INTENSIVE CARE UNIT	5,238,322	262,078	591	1,762,748	12,970	10,563	516
031	SUBPROVIDER	1,374,153	162,790	52	367,630	4,401	1,693	1,703
031	01 SUBPROVIDER 2	683,970	245,136	39	58	11,812	69	7,658
033	NURSERY	2,322,753	65,198	114	738,268	5,559	5,988	1,613
034	SKILLED NURSING FACILITY	1,474,846	271,038	139	488,591	6,717	1,435	366
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	29,239,441	710,110	3,373	1,502,392	34,742	71,977	177,588
038	RECOVERY ROOM	1,462,174	145,783	143	477,994	5,327	3,333	732
039	DELIVERY ROOM & LABOR ROO	2,090,846	208,848	851	644,952	11,117	6,299	1,914
041	RADIOLOGY-DIAGNOSTIC	10,616,109	1,236,362	5,298	2,186,667	46,323	66,654	45,720
044	LABORATORY	11,061,217	39,926	471	21,077	27,597		33,313
049	RESPIRATORY THERAPY	3,420,597	92,823	616	1,396,946	3,474	4,924	4,187
049	01 SLEEP LAB	730,481	40,132	52	229,395	4,169	2,221	558
050	PHYSICAL THERAPY	3,072,792	93,877	29	4,401	2,883		2,947
051	OCCUPATIONAL THERAPY	1,287,255	64,825	4	2,085	961		1,403
052	SPEECH PATHOLOGY	334,158	9,500	12	1,621	487		303
052	01 AUDIOLOGY	294,158		18	29	1,853	252	679
053	ELECTROCARDIOLOGY	9,789,421	246,730	1,513	870,244	24,551	35,462	74,644
055	MEDICAL SUPPLIES CHARGED	1,346,438					9,687	
056	DRUGS CHARGED TO PATIENTS	11,486,330					29,044	
057	RENAL DIALYSIS	4,845,619	310,861	133	570,348	14,823	4,994	33,383
060	OUTPUT SERVICE COST CNTRS							
060	01 CLINIC	1,117,365	184,977	201	334,212		81	619
060	CLINIC MULTI SPECIALTY	233,430	49,760	10	72,439		39	110
061	EMERGENCY	5,042,156	258,106	816	1,620,756	9,265	21,681	4,949
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	1,092,931	27,817	16	178,589			5,613
093	01 HOSPICE 2							
093	02 HOSPICE 3							
095	SUBTOTALS	234,493,791	18,560,304	30,853	31,573,542	515,573	345,440	607,500
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP		17,804					
100	RESEARCH	208,530	9,307	4	59,700			734
100	OTHER NONREIMBURSABLE COS							
100	01 PHYSICIAN BILLING SERVICE							
100	02 PHYSICIAN ANSWERING SERVI							
100	03 VENDING							
100	04 CARELINE							
100	05 WELLNESS CENTER	57,877	66,227	5	2,388	1,621		182
100	06 BMH FOUNDATION		4,525	19		1,390		40
100	07 MIDDLETOWN BOOKSTORE							
100	08 RENTAL PROPERTY					695		
100	09 ADVERTISING							
100	10 POB DELI		8,600					
100	11 POB PHARMACY		7,327			1,853		
100	12 POB PHYSICIAN SERVICES			5				
100	13 EXECUTIVE PHYSICAL							
100	14 NEW CASTLE ONCOLOGY							
100	15 MARKETING	838,489						
100	16 RURAL SITE CLINIC							
100	17 CHC		463	10				19
100	18 CHV		38,641	749		4,401		1,434
100	19 HOME OFFICE - CHP		7,661	183		1,158		351
100	20 MEALS ON WHEELS							
100	21 ST MARY'S SCHOOL							
100	22 CARDINAL KIDS CAMP							
100	23 COLLEGE AVE DAY CARE							
100	24 VENDING MACHINES							
100	25 PSYCHE BEHAVIORAL HEALTH							
100	26 BLACKFORD COMMUNITY HOSPI	12,793,735	24,886	595		3,706		4,835
100	27 MIDWEST HEALTH STRATEGIES		19,770	384		2,316		734
100	28 CARDINAL SELECT RISK RETE			3				27
100	29 HOME OFFICE CARDINAL HEAL		156,658	41		3,243		49
100	30 CARDINAL HEALTH ALLIANCE			1				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	248,392,422	18,922,173	32,852	31,635,630	535,956	345,440	615,905

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION		ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & OPERATION OF REPAIRS PLANT	LAUNDRY & LIN EN SERVICE	
		6.04	6.05	6a.05	6.06	7	8	9
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS/PHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING, AND							
006	04 ADMITTING	1,820,082						
006	05 CASHIERING/ACCOUNTS RECEI		2,464,791					
006	06 OTHER ADMINISTRATIVE AND			21,553,422	21,553,422			
007	MAINTENANCE & REPAIRS			16,779,732	1,594,343	18,374,075		
008	OPERATION OF PLANT			4,074,769	387,168	31,769	4,493,706	
009	LAUNDRY & LINEN SERVICE			1,656,683	157,411			1,814,094
010	HOUSEKEEPING			3,453,849	328,171	471,785	115,583	11,822
011	DIETARY			1,673,079	158,969	275,380	67,466	1,979
012	CAFETERIA			1,403,743	133,378	422,998	103,631	3,938
014	NURSING ADMINISTRATION			4,263,458	405,097	359,490	88,072	
015	CENTRAL SERVICES & SUPPLY			2,964,354	281,661	84,558	20,716	
016	PHARMACY			4,635,075	440,406	185,328	45,404	1,689
017	MEDICAL RECORDS & LIBRARY			3,809,312	361,946	343,784	84,224	
022	I&R SERVICES-SALARY & FRI			6,538,475	621,260			
023	I&R SERVICES-OTHER PRGM C			905,804	86,066	480,683	117,763	13,510
024	PARAMED ED PRGM			107,532	10,217	25,140	6,159	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	195,594	264,853	27,619,817	2,624,325	3,873,710	949,025	771,833
026	INTENSIVE CARE UNIT	55,664	75,375	7,418,827	704,907	608,744	149,137	168,892
031	SUBPROVIDER	8,923	12,082	1,933,427	183,706	378,121	92,636	64,179
031	01 SUBPROVIDER 2	366	496	949,604	90,228	569,391	139,496	21,955
033	NURSERY	31,557	42,731	3,213,781	305,361	151,440	37,101	33,775
034	SKILLED NURSING FACILITY	7,563	10,242	2,260,937	214,825	629,555	154,235	118,224
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	378,980	513,394	32,631,997	3,100,647	1,649,413	404,092	121,600
038	RECOVERY ROOM	17,565	23,785	2,136,836	203,034	338,619	82,959	84,446
039	DELIVERY ROOM & LABOR ROO	33,193	44,947	3,042,967	289,131	485,102	118,846	59,767
041	RADIOLOGY-DIAGNOSTIC	351,257	475,636	15,030,026	1,428,093	2,871,767	703,558	56,768
044	LABORATORY	145,429	196,925	11,525,955	1,095,150	92,739	22,720	1,438
049	RESPIRATORY THERAPY	25,949	35,138	4,984,654	473,622	215,604	52,821	1,935
049	01 SLEEP LAB	11,706	15,851	1,034,565	98,300	93,217	22,837	28,162
050	PHYSICAL THERAPY	15,192	20,571	3,212,692	305,257	218,053	53,421	16,889
051	OCCUPATIONAL THERAPY	5,064	6,857	1,368,454	130,025	150,574	36,889	
052	SPEECH PATHOLOGY	2,565	3,474	352,120	33,457	22,065	5,406	
052	01 AUDIOLOGY	1,329	1,799	300,117	28,516			
053	ELECTROCARDIOLOGY	186,876	253,049	11,482,490	1,091,020	573,093	140,403	37,606
055	MEDICAL SUPPLIES CHARGED	51,051	69,128	1,476,304	140,273			
056	DRUGS CHARGED TO PATIENTS	153,054	207,250	11,875,678	1,128,379			
057	RENAL DIALYSIS	26,316	35,635	5,842,112	555,094	722,055	176,897	67,553
060	OUTPAT SERVICE COST CNTRS							
060	01 CLINIC	425	576	1,638,456	155,680	429,656	105,262	16,889
060	01 CLINIC MULTI SPECIALTY	207	281	356,276	33,852	115,580	28,316	1,689
061	EMERGENCY	114,257	154,716	7,226,702	686,652	599,518	146,877	97,957
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE			1,304,966	123,993	64,613	15,830	
093	01 HOSPICE 2							
093	02 HOSPICE 3							
095	SUBTOTALS	1,820,082	2,464,791	234,039,047	20,189,620	17,533,544	4,287,782	1,804,495
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP			17,804	1,692	41,353	10,131	
097	RESEARCH			278,275	26,441	21,617	5,296	
100	OTHER NONREIMBURSABLE COS							
100	01 PHYSICIAN BILLING SERVICE							
100	02 PHYSICIAN ANSWERING SERVI							
100	03 VENDING							
100	04 CARELINE							
100	05 WELLNESS CENTER			128,300	12,191	153,828	37,687	9,599
100	06 BMH FOUNDATION			5,974	568	10,510	2,575	
100	07 MIDDLETOWN BOOKSTORE							
100	08 RENTAL PROPERTY			695	66			
100	09 ADVERTISING							
100	10 POB DELI			8,600	817	19,975	4,894	
100	11 POB PHARMACY			9,180	872	17,019	4,170	
100	12 POB PHYSICIAN SERVICES			5				
100	13 EXECUTIVE PHYSICAL							
100	14 NEW CASTLE ONCOLOGY							
100	15 MARKETING			838,489	79,670			
100	16 RURAL SITE CLINIC							
100	17 CHC			492	47	1,075	263	
100	18 CHV			45,225	4,297	89,753	21,989	
100	19 HOME OFFICE - CHP			9,353	889	17,795	4,360	
100	20 MEALS ON WHEELS							
100	21 ST MARY'S SCHOOL							
100	22 CARDINAL KIDS CAMP							
100	23 COLLEGE AVE DAY CARE							
100	24 VENDING MACHINES							
100	25 PSYCHE BEHAVIORAL HEALTH							
100	26 BLACKFORD COMMUNITY HOSPI			12,827,757	1,218,842	57,805	14,162	
100	27 MIDWEST HEALTH STRATEGIES			23,204	2,205	45,922	11,250	
100	28 CARDINAL SELECT RISK RETE			30	3			
100	29 HOME OFFICE CARDINAL HEAL			159,991	15,202	363,879	89,147	
100	30 CARDINAL HEALTH ALLIANCE			1				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,820,082	2,464,791	248,392,422	21,553,422	18,374,075	4,493,706	1,814,094

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
		10	11	12	14	15	16	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS/PHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECIEVING, AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	4,381,210						
011	DIETARY	96,653	2,273,526					
012	CAFETERIA			2,067,688				
014	NURSING ADMINISTRATION	45,105		77,483	5,238,705			
015	CENTRAL SERVICES & SUPPLY	45,105		52,375		3,448,769		
016	PHARMACY	48,327		65,125			5,421,354	
017	MEDICAL RECORDS & LIBRARY	62,825		97,128				4,759,219
022	I&R SERVICES-SALARY & FRI			95,642				
023	I&R SERVICES-OTHER PRGM C	70,879		9,752				
024	PARAMED ED PRGM	8,054		2,116				
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,211,387	1,717,985	537,927	2,242,489	2,283,587	11,278	576,361
026	INTENSIVE CARE UNIT	228,746	117,323	134,959	619,408	524,959	1,632	35,714
031	SUBPROVIDER	128,871	100,902	30,727	125,944	30,268	387	15,940
031	01 SUBPROVIDER 2	114,373	107,812	14	66	33,937	181	13,863
033	NURSERY	80,544		47,709	251,810	18,345	724	50,579
034	SKILLED NURSING FACILITY	96,653	229,504	53,454	284,818	68,792	928	34,281
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	457,492		154,687	353,726	39,441	4,353	698,080
038	RECOVERY ROOM	35,440		37,004	168,232	43,721	292	
039	DELIVERY ROOM & LABOR ROO	214,248		44,038	205,677	86,831	230	195,834
041	RADIOLOGY-DIAGNOSTIC	257,742		172,411	75,970	33,937	14,613	810,809
044	LABORATORY	164,310						303,404
049	RESPIRATORY THERAPY	50,743		100,785		8	2,387	8,633
049	01 SLEEP LAB	38,661		17,865			93	76,514
050	PHYSICAL THERAPY	48,327				2,140	53	70,818
051	OCCUPATIONAL THERAPY	41,883						3,331
052	SPEECH PATHOLOGY	3,222						1,684
052	01 AUDIOLOGY	3,222						33,743
053	ELECTROCARDIOLOGY	173,976		70,408	97,070	10,701	497	251,786
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
056	RENAL DIALYSIS	111,151		56,326	225,892	9,172	5,208,090	
057	OUTPAT SERVICE COST CNTRS						130,855	56,561
060	CLINIC	111,151		42,147	102,917		36,355	194,150
060	01 CLINIC MULTI SPECIALTY	32,218		9,612	14,096		4,409	21,457
061	EMERGENCY	266,602		135,169	470,549	262,938	3,892	1,304,781
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE			12,919			104	
093	01 HOSPICE 2							
093	02 HOSPICE 3							
095	SUBTOTALS	4,247,910	2,273,526	2,057,782	5,238,705	3,448,769	5,421,354	4,758,323
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH	24,163		5,002				
100	OTHER NONREIMBURSABLE COS							
100	01 PHYSICIAN BILLING SERVICE							
100	02 PHYSICIAN ANSWERING SERVI							
100	03 VENDING							
100	04 CARELINE	40,272						
100	05 WELLNESS CENTER			322				
100	06 BMH FOUNDATION	9,665						
100	07 MIDDLETOWN BOOKSTORE							
100	08 RENTAL PROPERTY							
100	09 ADVERTISING	32,218						
100	10 POB DELI							
100	11 POB PHARMACY	9,665						
100	12 POB PHYSICIAN SERVICES							
100	13 EXECUTIVE PHYSICAL							
100	14 NEW CASTLE ONCOLOGY							896
100	15 MARKETING			4,582				
100	16 RURAL SITE CLINIC							
100	17 CHC							
100	18 CHV	5,638						
100	19 HOME OFFICE - CHP	1,611						
100	20 MEALS ON WHEELS							
100	21 ST MARY'S SCHOOL							
100	22 CARDINAL KIDS CAMP							
100	23 COLLEGE AVE DAY CARE							
100	24 VENDING MACHINES							
100	25 PSYCHE BEHAVIORAL HEALTH							
100	26 BLACKFORD COMMUNITY HOSPI	4,430						
100	27 MIDWEST HEALTH STRATEGIES	2,819						
100	28 CARDINAL SELECT RISK RETE							
100	29 HOME OFFICE CARDINAL HEAL	2,819						
100	30 CARDINAL HEALTH ALLIANCE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	4,381,210	2,273,526	2,067,688	5,238,705	3,448,769	5,421,354	4,759,219

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS/PHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECIEVING, AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	7,255,377					
023 I&R SERVICES-OTHER PRGM C		1,684,457				
024 PARAMED ED PRGM			159,218			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	3,203,801	743,816		48,367,341	-3,947,617	44,419,724
026 INTENSIVE CARE UNIT	483,035	112,145		11,308,428	-595,180	10,713,248
031 SUBPROVIDER	19,716	4,577		3,109,401	-24,293	3,085,108
031 01 SUBPROVIDER 2				2,040,920		2,040,920
033 NURSERY	19,716	4,577		4,215,462	-24,293	4,191,169
034 SKILLED NURSING FACILITY				4,146,206		4,146,206
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	463,319	107,567		40,186,414	-570,886	39,615,528
038 RECOVERY ROOM				3,130,583		3,130,583
039 DELIVERY ROOM & LABOR ROO				4,742,671		4,742,671
041 RADIOLOGY-DIAGNOSTIC	128,152	29,753	159,218	21,772,817	-157,905	21,614,912
044 LABORATORY	1,606,829	373,052		15,185,597	-1,979,881	13,205,716
049 RESPIRATORY THERAPY	39,431	9,155		5,939,778	-48,586	5,891,192
049 01 SLEEP LAB				1,410,214		1,410,214
050 PHYSICAL THERAPY				3,927,650		3,927,650
051 OCCUPATIONAL THERAPY				1,731,156		1,731,156
052 SPEECH PATHOLOGY				417,955		417,955
052 01 AUDIOLOGY				365,631		365,631
053 ELECTROCARDIOLOGY	266,162	61,794		14,257,006	-327,956	13,929,050
055 MEDICAL SUPPLIES CHARGED				1,616,577		1,616,577
056 DRUGS CHARGED TO PATIENTS				18,212,147		18,212,147
057 RENAL DIALYSIS				7,953,668		7,953,668
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	719,623	167,073		3,719,359	-886,696	2,832,663
060 01 CLINIC MULTI SPECIALTY				617,505		617,505
061 EMERGENCY	256,304	59,505		11,517,446	-315,809	11,201,637
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
092 AMBULATORY SURGICAL CENTE						
093 HOSPICE				1,522,425		1,522,425
093 01 HOSPICE 2						
093 02 HOSPICE 3						
095 SUBTOTALS	7,206,088	1,673,014	159,218	231,414,357	-8,879,102	222,535,255
096 NONREIMBURS COST CENTERS						
097 GIFT, FLOWER, COFFEE SHOP				70,980		70,980
097 RESEARCH	49,289	11,443		421,526	-60,732	360,794
100 OTHER NONREIMBURSABLE COS						
100 01 PHYSICIAN BILLING SERVICE						
100 02 PHYSICIAN ANSWERING SERVI						
100 03 VENDING						
100 04 CARELINE				40,272		40,272
100 05 WELLNESS CENTER				341,927		341,927
100 06 BMH FOUNDATION				29,292		29,292
100 07 MIDDLETOWN BOOKSTORE						
100 08 RENTAL PROPERTY				761		761
100 09 ADVERTISING				32,218		32,218
100 10 POB DELI				34,286		34,286
100 11 POB PHARMACY				40,906		40,906
100 12 POB PHYSICIAN SERVICES				5		5
100 13 EXECUTIVE PHYSICAL				896		896
100 14 NEW CASTLE ONCOLOGY						
100 15 MARKETING				922,741		922,741
100 16 RURAL SITE CLINIC						
100 17 CHC				1,877		1,877
100 18 CHV				166,902		166,902
100 19 HOME OFFICE - CHP				34,008		34,008
100 20 MEALS ON WHEELS						
100 21 ST MARY'S SCHOOL						
100 22 CARDINAL KIDS CAMP						
100 23 COLLEGE AVE DAY CARE						
100 24 VENDING MACHINES						
100 25 PSYCHE BEHAVIORAL HEALTH						
100 26 BLACKFORD COMMUNITY HOSPI				14,122,996		14,122,996
100 27 MIDWEST HEALTH STRATEGIES				85,400		85,400
100 28 CARDINAL SELECT RISK RETE				33		33
100 29 HOME OFFICE CARDINAL HEAL				631,038		631,038
100 30 CARDINAL HEALTH ALLIANCE				1		1
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	7,255,377	1,684,457	159,218	248,392,422	-8,939,834	239,452,588

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	COMMUNICATION S/PHONES 6.01	DATA PROCESSING 6.02
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	01 EMPLOYEE BENEFITS		47,343	21	47,364	47,364		
006	02 COMMUNICATIONS/PHONES		43,384	100	43,484	287	43,771	
006	03 DATA PROCESSING		284,702	10,014	294,716		4,143	298,859
006	04 PURCHASING, RECEIVING, AND ADMITTING		64,903	28	64,931	590	1,192	
006	05 CASHIERING/ACCOUNTS RECEIVABLE					787		
006	06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		873,221	353	873,574	5,249	3,991	
007	07 MAINTENANCE & REPAIRS		9,698,156	159	9,698,315	1,218	965	
008	08 OPERATION OF PLANT		13,677	23	13,700	343	151	
009	09 LAUNDRY & LINEN SERVICE							
010	10 HOUSEKEEPING		203,115	43	203,158	1,155	132	
011	11 DIETARY		118,557	115	118,672	462	511	
012	12 CAFETERIA		182,110		182,110	745		
014	14 NURSING ADMINISTRATION		154,769	51	154,820	1,492	738	
015	15 CENTRAL SERVICES & SUPPLY		36,404	1,525	37,929	435	340	
016	16 PHARMACY		79,788	227	80,015	1,465	889	
017	17 MEDICAL RECORDS & LIBRARY		148,007	211	148,218	1,075	2,327	
022	22 I&R SERVICES-SALARY & FRI			158	158	2,107		
023	23 I&R SERVICES-OTHER PRGM C		206,945	22	206,967	157	3,934	
024	24 PARAMED ED PRGM		10,824	2	10,826	45		
025	25 INPAT ROUTINE SRVC CNTRS							
026	26 ADULTS & PEDIATRICS		1,667,722	3,310	1,671,032	9,552	4,315	32,144
031	31 INTENSIVE CARE UNIT		262,078	591	262,669	2,637	1,059	9,148
031	01 SUBPROVIDER		162,790	52	162,842	550	359	1,466
031	02 SUBPROVIDER 2		245,136	39	245,175		965	60
033	33 NURSERY		65,198	114	65,312	1,104	454	5,186
034	34 SKILLED NURSING FACILITY		271,038	139	271,177	731	549	1,243
037	37 ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM		710,110	3,373	713,483	2,247	2,837	62,028
038	38 RECOVERY ROOM		145,783	143	145,926	715	435	2,887
039	39 DELIVERY ROOM & LABOR ROOM		208,848	851	209,699	965	908	5,455
041	41 RADIOLOGY-DIAGNOSTIC		1,236,362	5,298	1,241,660	3,271	3,783	57,725
044	44 LABORATORY		39,926	471	40,397		1,721	23,900
049	49 RESPIRATORY THERAPY		92,823	616	93,439	2,090	284	4,264
049	01 SLEEP LAB		40,132	52	40,184	343	340	1,924
050	50 PHYSICAL THERAPY		93,877	29	93,906		359	2,497
051	51 OCCUPATIONAL THERAPY		64,825	4	64,829		170	832
052	52 SPEECH PATHOLOGY		9,500	12	9,512		132	422
052	01 AUDIOLOGY			18	18		151	218
053	53 ELECTROCARDIOLOGY		246,730	1,513	248,243	1,302	2,005	30,711
055	55 MEDICAL SUPPLIES CHARGED							8,390
056	56 DRUGS CHARGED TO PATIENTS							25,153
057	57 RENAL DIALYSIS		310,861	133	310,994	853	1,211	4,325
060	60 OUTPAT SERVICE COST CNTRS							
060	01 CLINIC		184,977	201	185,178	500		70
060	02 CLINIC MULTI SPECIALTY		49,760	10	49,770	108		34
061	61 EMERGENCY		258,106	816	258,922	2,424	757	18,777
062	62 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
092	92 AMBULATORY SURGICAL CENTER							
093	93 HOSPICE		27,817	16	27,833	267		
093	01 HOSPICE 2							
093	02 HOSPICE 3							
095	95 SUBTOTALS		18,560,304	30,853	18,591,157	47,271	42,107	298,859
096	96 NONREIMBURS COST CENTERS							
097	97 GIFT, FLOWER, COFFEE SHOP RESEARCH		17,804		17,804			
100	100 OTHER NONREIMBURSABLE COSTS		9,307	4	9,311	89		
100	01 PHYSICIAN BILLING SERVICE							
100	02 PHYSICIAN ANSWERING SERVICE							
100	03 VENDING							
100	04 CARELINE							
100	05 WELLNESS CENTER		66,227	5	66,232	4	132	
100	06 BMH FOUNDATION		4,525	19	4,544		113	
100	07 MIDDLETOWN BOOKSTORE							
100	08 RENTAL PROPERTY						57	
100	09 ADVERTISING							
100	10 POB DELI		8,600		8,600			
100	11 POB PHARMACY		7,327		7,327		151	
100	12 POB PHYSICIAN SERVICES			5	5			
100	13 EXECUTIVE PHYSICAL							
100	14 NEW CASTLE ONCOLOGY							
100	15 MARKETING							
100	16 RURAL SITE CLINIC							
100	17 CHC		463	10	473			
100	18 CHV		38,641	749	39,390		359	
100	19 HOME OFFICE - CHP		7,661	183	7,844		95	
100	20 MEALS ON WHEELS							
100	21 ST MARY'S SCHOOL							
100	22 CARDINAL KIDS CAMP							
100	23 COLLEGE AVE DAY CARE							
100	24 VENDING MACHINES							
100	25 PSYCHE BEHAVIORAL HEALTH							
100	26 BLACKFORD COMMUNITY HOSPITAL		24,886	595	25,481		303	
100	27 MIDWEST HEALTH STRATEGIES		19,770	384	20,154		189	
100	28 CARDINAL SELECT RISK RETIREMENT			3	3			
100	29 HOME OFFICE CARDINAL HEALTH		156,658	41	156,699		265	
100	30 CARDINAL HEALTH ALLIANCE			1	1			
101	101 CROSS FOOT ADJUSTMENTS							
102	102 NEGATIVE COST CENTER							
103	103 TOTAL		18,922,173	32,852	18,955,025	47,364	43,771	298,859

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART III

	COST CENTER DESCRIPTION	PURCHASING, RECEIVING, AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		6.03	6.04	6.05	6.06	7	8	9
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS/PHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING, AND							
006	04 ADMITTING		66,713					
006	05 CASHIERING/ACCOUNTS RECEI			787				
006	06 OTHER ADMINISTRATIVE AND				882,814			
007	MAINTENANCE & REPAIRS				65,307	9,765,805		
008	OPERATION OF PLANT				15,859	16,885	46,938	
009	LAUNDRY & LINEN SERVICE				6,448			6,448
010	HOUSEKEEPING				13,442	250,754	1,207	42
011	DIETARY				6,512	146,364	705	7
012	CAFETERIA				5,463	224,823	1,082	14
014	NURSING ADMINISTRATION				16,593	191,068	920	
015	CENTRAL SERVICES & SUPPLY				11,537	44,942	216	
016	PHARMACY				18,040	98,502	474	6
017	MEDICAL RECORDS & LIBRARY				14,826	182,721	880	
022	I&R SERVICES-SALARY & FRI				25,448			
023	I&R SERVICES-OTHER PRGM C				3,525	255,483	1,230	48
024	PARAMED ED PRGM				419	13,362	64	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		7,143	70	107,496	2,058,871	9,911	2,745
026	INTENSIVE CARE UNIT		2,033	20	28,874	323,547	1,558	600
031	SUBPROVIDER		326	3	7,525	200,971	968	228
031	01 SUBPROVIDER 2		13		3,696	302,631	1,457	78
033	NURSERY		1,152	11	12,508	80,490	388	120
034	SKILLED NURSING FACILITY		276	3	8,800	334,608	1,611	420
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		14,082	273	126,961	876,662	4,221	432
038	RECOVERY ROOM		641	6	8,317	179,976	867	300
039	DELIVERY ROOM & LABOR ROO		1,212	12	11,843	257,831	1,241	212
041	RADIOLOGY-DIAGNOSTIC		12,828	126	58,497	1,526,342	7,349	202
044	LABORATORY		5,311	52	44,859	49,291	237	5
049	RESPIRATORY THERAPY		948	9	19,400	114,593	552	7
049	01 SLEEP LAB		428	4	4,027	49,545	239	100
050	PHYSICAL THERAPY		555	5	12,504	115,895	558	60
051	OCCUPATIONAL THERAPY		185	2	5,326	80,030	385	
052	SPEECH PATHOLOGY		94	1	1,370	11,728	56	
052	01 AUDIOLOGY		49		1,168			
053	ELECTROCARDIOLOGY		6,825	67	44,690	304,599	1,467	134
055	MEDICAL SUPPLIES CHARGED		1,864	18	5,746			
056	DRUGS CHARGED TO PATIENTS		5,590	55	46,220			
057	RENAL DIALYSIS		961	9	22,737	383,772	1,848	240
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		16		6,377	228,362	1,099	60
060	01 CLINIC MULTI SPECIALTY		8		1,387	61,431	296	6
061	EMERGENCY		4,173	41	28,126	318,643	1,534	348
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE				5,079	34,342	165	
093	01 HOSPICE 2							
093	02 HOSPICE 3							
095	SUBTOTALS		66,713	787	826,952	9,319,064	44,785	6,414
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				69	21,979	106	
097	RESEARCH				1,083	11,489	55	
100	OTHER NONREIMBURSABLE COS							
100	01 PHYSICIAN BILLING SERVICE							
100	02 PHYSICIAN ANSWERING SERVI							
100	03 VENDING							
100	04 CARELINE							
100	05 WELLNESS CENTER				499	81,760	394	34
100	06 BMH FOUNDATION				23	5,586	27	
100	07 MIDDLETOWN BOOKSTORE							
100	08 RENTAL PROPERTY				3			
100	09 ADVERTISING							
100	10 POB DELI				33	10,617	51	
100	11 POB PHARMACY				36	9,046	44	
100	12 POB PHYSICIAN SERVICES							
100	13 EXECUTIVE PHYSICAL							
100	14 NEW CASTLE ONCOLOGY							
100	15 MARKETING				3,263			
100	16 RURAL SITE CLINIC							
100	17 CHC				2	571	3	
100	18 CHV				176	47,704	230	
100	19 HOME OFFICE - CHP				36	9,458	46	
100	20 MEALS ON WHEELS							
100	21 ST MARY'S SCHOOL							
100	22 CARDINAL KIDS CAMP							
100	23 COLLEGE AVE DAY CARE							
100	24 VENDING MACHINES							
100	25 PSYCHE BEHAVIORAL HEALTH							
100	26 BLACKFORD COMMUNITY HOSPI				49,926	30,723	148	
100	27 MIDWEST HEALTH STRATEGIES				90	24,407	118	
100	28 CARDINAL SELECT RISK RETE							
100	29 HOME OFFICE CARDINAL HEAL				623	193,401	931	
100	30 CARDINAL HEALTH ALLIANCE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		66,713	787	882,814	9,765,805	46,938	6,448

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0089  
 I PERIOD: FROM 7/ 1/2006 TO 6/30/2007  
 I PREPARED 11/26/2007  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR OS & LIBRARY 17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS/PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECIEVING, AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	469,890						
011 DIETARY	10,366	283,599					
012 CAFETERIA			414,237				
014 NURSING ADMINISTRATION	4,838		15,523	385,992			
015 CENTRAL SERVICES & SUPPLY	4,838		10,493		110,730		
016 PHARMACY	5,183		13,047			217,621	
017 MEDICAL RECORDS & LIBRARY	6,738		19,458				376,243
022 I&R SERVICES-SALARY & FRI			19,161				
023 I&R SERVICES-OTHER PRGM C	7,602		1,954				
024 PARAMED ED PRGM	864		424				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	129,923	214,302	107,766	165,227	73,318	453	45,565
026 INTENSIVE CARE UNIT	24,533	14,635	27,037	45,639	16,855	66	2,823
031 SUBPROVIDER	13,822	12,586	6,156	9,280	972	16	1,260
031 01 SUBPROVIDER 2	12,267	13,448	3	5	1,090	7	1,096
033 NURSERY	8,638		9,558	18,554	589	29	3,999
034 SKILLED NURSING FACILITY	10,366	28,628	10,709	20,986	2,209	37	2,710
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	49,067		30,990	26,063	1,266	175	55,187
038 RECOVERY ROOM	3,801		7,413	12,395	1,404	12	
039 DELIVERY ROOM & LABOR ROO	22,978		8,823	15,154	2,788	9	15,482
041 RADIOLOGY-DIAGNOSTIC	27,643		34,541	5,598	1,090	587	64,099
044 LABORATORY	17,622						23,986
049 RESPIRATORY THERAPY	5,442		20,191	1		96	682
049 01 SLEEP LAB	4,146		3,579			4	6,049
050 PHYSICAL THERAPY	5,183				69	2	5,599
051 OCCUPATIONAL THERAPY	4,492						263
052 SPEECH PATHOLOGY	346						133
052 01 AUDIOLOGY	346			2			2,668
053 ELECTROCARDIOLOGY	18,659		14,105	7,152	344	20	19,905
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						209,059	
057 RENAL DIALYSIS	11,921		11,284	16,644	294	5,253	4,471
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11,921		8,444	7,583		1,459	15,349
060 01 CLINIC MULTI SPECIALTY	3,455		1,926	1,039		177	1,696
061 EMERGENCY	28,593		27,079	34,670	8,442	156	103,150
062 OBSERVATION BEDS (NON-DIS							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE			2,588			4	
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	455,593	283,599	412,252	385,992	110,730	217,621	376,172
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
100 RESEARCH	2,592		1,002				
100 OTHER NONREIMBURSABLE COS							
100 01 PHYSICIAN BILLING SERVICE							
100 02 PHYSICIAN ANSWERING SERVI							
100 03 VENDING							
100 04 CARELINE	4,319						
100 05 WELLNESS CENTER			65				
100 06 BMH FOUNDATION	1,037						
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY							
100 09 ADVERTISING	3,455						
100 10 POB DELI							
100 11 POB PHARMACY	1,037						
100 12 POB PHYSICIAN SERVICES							
100 13 EXECUTIVE PHYSICAL							71
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING			918				
100 16 RURAL SITE CLINIC							
100 17 CHC							
100 18 CHV	605						
100 19 HOME OFFICE - CHP	173						
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEALTH							
100 26 BLACKFORD COMMUNITY HOSPI	475						
100 27 MIDWEST HEALTH STRATEGIES	302						
100 28 CARDINAL SELECT RISK RETE							
100 29 HOME OFFICE CARDINAL HEAL	302						
100 30 CARDINAL HEALTH ALLIANCE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	469,890	283,599	414,237	385,992	110,730	217,621	376,243

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS/PHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECIEVING, AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	46,874					
023 I&R SERVICES-OTHER PRGM C		480,900				
024 PARAMED ED PRGM			26,004			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS				4,639,833		4,639,833
031 INTENSIVE CARE UNIT				763,733		763,733
031 01 SUBPROVIDER				419,330		419,330
031 01 SUBPROVIDER 2				581,991		581,991
033 NURSERY				208,092		208,092
034 SKILLED NURSING FACILITY				695,063		695,063
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM				1,965,974		1,965,974
039 RECOVERY ROOM				365,095		365,095
041 DELIVERY ROOM & LABOR ROO				554,612		554,612
044 RADIOLOGY-DIAGNOSTIC				3,045,341		3,045,341
049 LABORATORY				207,381		207,381
049 01 RESPIRATORY THERAPY				261,998		261,998
050 01 SLEEP LAB				110,912		110,912
051 PHYSICAL THERAPY				237,192		237,192
052 OCCUPATIONAL THERAPY				156,514		156,514
052 01 SPEECH PATHOLOGY				23,794		23,794
053 01 AUDIOLOGY				4,620		4,620
053 ELECTROCARDIOLOGY				700,228		700,228
055 MEDICAL SUPPLIES CHARGED				16,018		16,018
056 DRUGS CHARGED TO PATIENTS				286,077		286,077
057 RENAL DIALYSIS				776,817		776,817
060 OUTPAT SERVICE COST CNTRS						
060 01 CLINIC				466,418		466,418
061 01 CLINIC MULTI SPECIALTY				121,333		121,333
061 EMERGENCY				835,835		835,835
062 OBSERVATION BEDS (NON-DIS						
092 SPEC PURPOSE COST CENTERS						
093 AMBULATORY SURGICAL CENTE						
093 HOSPICE				70,278		70,278
093 01 HOSPICE 2						
093 02 HOSPICE 3						
095 SUBTOTALS				17,514,479		17,514,479
096 NONREIMBURS COST CENTERS						
097 GIFT FLOWER, COFFEE SHOP				39,958		39,958
100 RESEARCH				25,621		25,621
100 OTHER NONREIMBURSABLE COS						
100 01 PHYSICIAN BILLING SERVICE						
100 02 PHYSICIAN ANSWERING SERVI						
100 03 VENDING						
100 04 CARELINE				4,319		4,319
100 05 WELLNESS CENTER				149,120		149,120
100 06 BMH FOUNDATION				11,330		11,330
100 07 MIDDLETOWN BOOKSTORE						
100 08 RENTAL PROPERTY				60		60
100 09 ADVERTISING				3,455		3,455
100 10 POB DELI				19,301		19,301
100 11 POB PHARMACY				17,641		17,641
100 12 POB PHYSICIAN SERVICES				5		5
100 13 EXECUTIVE PHYSICAL				71		71
100 14 NEW CASTLE ONCOLOGY						
100 15 MARKETING				4,181		4,181
100 16 RURAL SITE CLINIC						
100 17 CHC				1,049		1,049
100 18 CHV				88,464		88,464
100 19 HOME OFFICE - CHP				17,652		17,652
100 20 MEALS ON WHEELS						
100 21 ST MARY'S SCHOOL						
100 22 CARDINAL KIDS CAMP						
100 23 COLLEGE AVE DAY CARE						
100 24 VENDING MACHINES						
100 25 PSYCHE BEHAVIORAL HEALTH						
100 26 BLACKFORD COMMUNITY HOSPI				107,056		107,056
100 27 MIDWEST HEALTH STRATEGIES				45,260		45,260
100 28 CARDINAL SELECT RISK RETE				3		3
100 29 HOME OFFICE CARDINAL HEAL				352,221		352,221
100 30 CARDINAL HEALTH ALLIANCE				1		1
101 CROSS FOOT ADJUSTMENTS	46,874	480,900	26,004	553,778		553,778
102 NEGATIVE COST CENTER						
103 TOTAL	46,874	480,900	26,004	18,955,025		18,955,025

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & SQUARE FEET	NEW CAP REL C OSTS-MVBLE E DOLLAR VALUE	EMPLOYEE BENE FITS GROSS SALARIES	COMMUNICATION S/PHONES PHONE LINES	DATA PROCESSI NG GROSS CHARGES	PURCHASING, RE CIEVING, AND (STOCK )SSUES	I )
	3	4	5	6.01	6.02	6.03	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,472,023						
005 NEW CAP REL COSTS-MVBLE E		9,701,211					
006 EMPLOYEE BENEFITS	3,683	6,328	90,828,928				
006 01 COMMUNICATIONS/PHONES	3,375	29,450	551,722	2,314			
006 02 DATA PROCESSING	22,148	2,956,842		219	651,700,451		
006 03 PURCHASING, RECIEVING, AND						66,347,987	
006 04 ADMITTING	5,049	8,166	1,131,973	63		192,656	
006 05 CASHIERING/ACCOUNTS RECEI			1,510,137			350,120	
006 06 OTHER ADMINISTRATIVE AND	67,931	104,154	10,074,498	211		3,470,333	
007 MAINTENANCE & REPAIRS	754,454	46,875	2,337,049		51	4,455,714	
008 OPERATION OF PLANT	1,064	6,759	658,555		8	2,276,061	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	15,801	12,675	2,217,708		7	1,909,027	
011 DIETARY	9,223	33,824	886,000		27	1,870,964	
012 CAFETERIA	14,167		1,430,296				
014 NURSING ADMINISTRATION	12,040	15,164	2,862,962		39	253,316	
015 CENTRAL SERVICES & SUPPLY	2,832	450,262	835,330		18	3,797,159	
016 PHARMACY	6,207	67,011	2,812,276		47	1,000,068	
017 MEDICAL RECORDS & LIBRARY	11,514	62,171	2,063,159		123	968,511	
022 I&R SERVICES-SALARY & FRI		46,596	4,045,081			1,090,492	
023 I&R SERVICES-OTHER PRGM C	16,099	6,443	301,460		208	290,020	
024 PARAMED ED PRGM	842	448	87,036			30,954	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	129,738	977,638	18,251,404	228	70,029,970	341,583	
031 INTENSIVE CARE UNIT	20,388	174,460	5,061,018	56	19,929,829	55,558	
031 SUBPROVIDER	12,664	15,396	1,055,501	19	3,194,621	183,449	
031 01 SUBPROVIDER 2	19,070	11,430	167	51	131,125	824,934	
033 NURSERY	5,072	33,755	2,119,638	24	11,298,438	173,771	
034 SKILLED NURSING FACILITY	21,085	40,967	1,402,792	29	2,707,983	39,451	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	55,242	996,128	4,313,513	150	135,731,375	19,130,647	
038 RECOVERY ROOM	11,341	42,356	1,372,368	23	6,288,889	78,859	
039 DELIVERY ROOM & LABOR ROO	16,247	251,285	1,851,720	48	11,884,371	206,215	
041 RADIOLOGY-DIAGNOSTIC	96,181	1,564,548	6,278,132	200	125,763,164	4,925,135	
044 LABORATORY	3,106	139,162		91	52,069,085	3,588,628	
049 RESPIRATORY THERAPY	7,221	182,023	4,010,766	15	9,290,792	451,089	
049 01 SLEEP LAB	3,122	15,492	658,616	18	4,191,236	60,118	
050 PHYSICAL THERAPY	7,303	8,473		19	5,439,240	317,414	
051 OCCUPATIONAL THERAPY	5,043	1,237		9	1,812,974	151,144	
052 SPEECH PATHOLOGY	739	3,433		7	918,543	32,626	
052 01 AUDIOLOGY		5,407		8	475,669	73,143	
053 ELECTROCARDIOLOGY	19,194	446,892	2,498,554	106	66,908,857	8,040,969	
055 MEDICAL SUPPLIES CHARGED					18,278,240		
056 DRUGS CHARGED TO PATIENTS					54,799,096		
057 RENAL DIALYSIS	24,183	39,214	1,637,524	64	9,422,134	3,596,127	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	14,390	59,407	959,554		152,172	66,686	
060 01 CLINIC MULTI SPECIALTY	3,871	2,974	207,980		74,253	11,869	
061 EMERGENCY	20,079	241,139	4,653,347	40	40,908,395	533,089	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	2,164	4,872	512,747			604,608	
093 01 HOSPICE 2							
093 02 HOSPICE 3							
095 SUBTOTALS	1,443,872	9,110,856	90,650,666	2,226	651,700,451	65,442,507	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,385						
097 RESEARCH	724	1,140	171,405			79,075	
100 OTHER NONREIMBURSABLE COS							
100 01 PHYSICIAN BILLING SERVICE							
100 02 PHYSICIAN ANSWERING SERVI							
100 03 VENDING							
100 04 CARELINE							
100 05 WELLNESS CENTER	5,152	1,349	6,857	7		19,590	
100 06 BMH FOUNDATION	352	5,696		6		4,269	
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY					3		
100 09 ADVERTISING							
100 10 POB DELI	669						
100 11 POB PHARMACY	570				8		
100 12 POB PHYSICIAN SERVICES		1,550					
100 13 EXECUTIVE PHYSICAL							
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING							
100 16 RURAL SITE CLINIC							
100 17 CHC	36	2,911				2,028	
100 18 CHV	3,006	221,261			19	154,522	
100 19 HOME OFFICE - CHP	596	54,176			5	37,842	
100 20 MEALS ON WHEELS							
100 21 ST MARY'S SCHOOL							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEALTH							
100 26 BLACKFORD COMMUNITY HOSPI	1,936	175,630		16		520,846	
100 27 MIDWEST HEALTH STRATEGIES	1,538	113,278		10		79,110	
100 28 CARDINAL SELECT RISK RETE		991				2,928	
100 29 HOME OFFICE CARDINAL HEAL		12,030		14		5,270	
100 30 CARDINAL HEALTH ALLIANCE		343					
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & ( SQUARE FEET )	NEW CAP REL C OSTS-MVBLE ( DOLLAR VALUE )	E FITS ( GROSS SALARIES )	BENE COMMUNICATION S/PHONES ( PHONE LINES )	DATA PROCESSI NG ( GROSS CHARGES )	PURCHASING, RE CIEVING, AND ( STOCK )SSUES	I )
	3	4	5	6.01	6.02	6.03	
NONREIMBURS COST CENTERS							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	18,922,173	32,852	31,635,630	535,956	345,440	615,905	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.854536	.003386	.348299	231.614520	.000530	.009283	
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)			47,364	43,771	298,859		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000521	18.915730	.000459		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC	RECONCILIATION	OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN
	( GROSS CHARGES )	( GROSS CHARGES )		TRATIVE AND	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )
	6.04	6.05	6a.06	( ACCUM. COST )	7	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 01 EMPLOYEE BENEFITS							
006 02 COMMUNICATIONS/PHONES							
006 03 DATA PROCESSING							
006 04 PURCHASING, RECIEVING, AND							
006 05 ADMITTING	651,700,451	651,700,451					
006 06 CASHIERING/ACCOUNTS RECEI							
007 06 OTHER ADMINISTRATIVE AND			-21,553,422	226,839,000			
007 MAINTENANCE & REPAIRS				16,779,732	615,383		
008 OPERATION OF PLANT				4,074,769	1,064	614,319	
009 LAUNDRY & LINEN SERVICE				1,656,683			2,893,112
010 HOUSEKEEPING				3,453,849	15,801	15,801	18,854
011 DIETARY				1,673,079	9,223	9,223	3,156
012 CAFETERIA				1,403,743	14,167	14,167	6,280
014 NURSING ADMINISTRATION				4,263,458	12,040	12,040	
015 CENTRAL SERVICES & SUPPLY				2,964,354	2,832	2,832	
016 PHARMACY				4,635,075	6,207	6,207	2,694
017 MEDICAL RECORDS & LIBRARY				3,809,312	11,514	11,514	
022 I&R SERVICES-SALARY & FRI				6,538,475			
023 I&R SERVICES-OTHER PRGM C				905,804	16,099	16,099	21,546
024 PARAMED ED PRGM				107,532	842	842	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	70,029,970	70,029,970		27,619,817	129,738	129,738	1,230,916
026 INTENSIVE CARE UNIT	19,929,829	19,929,829		7,418,827	20,388	20,388	269,348
031 SUBPROVIDER	3,194,621	3,194,621		1,933,427	12,664	12,664	102,352
031 01 SUBPROVIDER 2	131,125	131,125		949,604	19,070	19,070	35,014
033 NURSERY	11,298,438	11,298,438		3,213,781	5,072	5,072	53,864
034 SKILLED NURSING FACILITY	2,707,983	2,707,983		2,260,937	21,085	21,085	188,544
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	135,731,375	135,731,375		32,631,997	55,242	55,242	193,928
038 RECOVERY ROOM	6,288,889	6,288,889		2,136,836	11,341	11,341	134,674
039 DELIVERY ROOM & LABOR ROO	11,884,371	11,884,371		3,042,967	16,247	16,247	95,316
041 RADIOLOGY-DIAGNOSTIC	125,763,164	125,763,164		15,030,026	96,181	96,181	90,534
044 LABORATORY	52,069,085	52,069,085		11,525,955	3,106	3,106	2,294
049 RESPIRATORY THERAPY	9,290,792	9,290,792		4,984,654	7,221	7,221	3,086
049 01 SLEEP LAB	4,191,236	4,191,236		1,034,565	3,122	3,122	44,912
050 PHYSICAL THERAPY	5,439,240	5,439,240		3,212,692	7,303	7,303	26,934
051 OCCUPATIONAL THERAPY	1,812,974	1,812,974		1,368,454	5,043	5,043	
052 SPEECH PATHOLOGY	918,543	918,543		352,120	739	739	
052 01 AUDIOLOGY	475,669	475,669		300,117			
053 ELECTROCARDIOLOGY	66,908,857	66,908,857		11,482,490	19,194	19,194	59,974
055 MEDICAL SUPPLIES CHARGED	18,278,240	18,278,240		1,476,304			
056 DRUGS CHARGED TO PATIENTS	54,799,096	54,799,096		11,875,678			
057 RENAL DIALYSIS	9,422,134	9,422,134		5,842,112	24,183	24,183	107,734
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	152,172	152,172		1,638,456	14,390	14,390	26,934
060 01 CLINIC MULTI SPECIALTY	74,253	74,253		356,276	3,871	3,871	2,694
061 EMERGENCY	40,908,395	40,908,395		7,226,702	20,079	20,079	156,222
062 OBSERVATION BEDS (NON-DIS							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
093 01 HOSPICE 2				1,304,966	2,164	2,164	
093 02 HOSPICE 3							
095 SUBTOTALS	651,700,451	651,700,451	-21,553,422	212,485,625	587,232	586,168	2,877,804
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				17,804	1,385	1,385	
100 RESEARCH				278,275	724	724	
100 OTHER NONREIMBURSABLE COS							
100 01 PHYSICIAN BILLING SERVICE							
100 02 PHYSICIAN ANSWERING SERVI							
100 03 VENDING							
100 04 CARELINE							
100 05 WELLNESS CENTER				128,300	5,152	5,152	15,308
100 06 BMH FOUNDATION				5,974	352	352	
100 07 MIDDLETOWN BOOKSTORE							
100 08 RENTAL PROPERTY							
100 09 ADVERTISING				695			
100 10 POB DELI				8,600	669	669	
100 11 POB PHARMACY				9,180	570	570	
100 12 POB PHYSICIAN SERVICES				5			
100 13 EXECUTIVE PHYSICAL							
100 14 NEW CASTLE ONCOLOGY							
100 15 MARKETING				838,489			
100 16 RURAL SITE CLINIC							
100 17 CHC							
100 18 CHV				492	36	36	
100 19 HOME OFFICE - CHP				45,225	3,006	3,006	
100 20 MEALS ON WHEELS				9,353	596	596	
100 21 ST MARY'S SCHOOL							
100 22 CARDINAL KIDS CAMP							
100 23 COLLEGE AVE DAY CARE							
100 24 VENDING MACHINES							
100 25 PSYCHE BEHAVIORAL HEALTH							
100 26 BLACKFORD COMMUNITY HOSPI				12,827,757	1,936	1,936	
100 27 MIDWEST HEALTH STRATEGIES				23,204	1,538	1,538	
100 28 CARDINAL SELECT RISK RETE				30			
100 29 HOME OFFICE CARDINAL HEAL				159,991	12,187	12,187	
100 30 CARDINAL HEALTH ALLIANCE				1			
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

	COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC	RECONCILIATION	OTHER ADMINIS	MAINTENANCE & OPERATION OF	LAUNDRY & LIN	
		( GROSS CHARGES )	( GROSS CHARGES )		TRATIVE AND	REPAIRS	PLANT	EN SERVICE
		6.04	6.05	6a.06	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )
102	NONREIMBURS COST CENTERS				6.06	7	8	9
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,820,082	2,464,791		21,553,422	18,374,075	4,493,706	1,814,094
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.002793	.003782		.095016	29.857950	7.314939	.627039
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)	66,713	787		882,814	9,765,805	46,938	6,448
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000102	.000001		.003892	15.869475	.076407	.002229

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
		( HOURS OF SERVICE )	( MEALS SERVED )	( FTE'S )	( DIRECT )	( TIME )	( COSTED )	( TIME )
		10	11	12	14	15	16	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS/PHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING,RECIEVING,AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	10,879						
011	DIETARY	240	264,864					
012	CAFETERIA			147,571				
014	NURSING ADMINISTRATION	112		5,530	1,266,956			
015	CENTRAL SERVICES & SUPPLY	112		3,738		11,280		
016	PHARMACY	120		4,648			12,047,320	
017	MEDICAL RECORDS & LIBRARY	156		6,932				
022	I&R SERVICES-SALARY & FRI			6,826				132,861
023	I&R SERVICES-OTHER PRGM C	176		696				
024	PARAMED ED PRGM	20		151				
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,008	200,144	38,392	542,335	7,469	25,061	16,090
026	INTENSIVE CARE UNIT	568	13,668	9,632	149,801	1,717	3,627	997
031	SUBPROVIDER	320	11,755	2,193	30,459	99	859	445
031	01 SUBPROVIDER 2	284	12,560	1	16	111	402	387
033	NURSERY	200		3,405	60,899	60	1,609	1,412
034	SKILLED NURSING FACILITY	240	26,737	3,815	68,882	225	2,062	957
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,136		11,040	85,547	129	9,674	19,488
038	RECOVERY ROOM	88		2,641	40,686	143	649	
039	DELIVERY ROOM & LABOR ROO	532		3,143	49,742	284	510	5,467
041	RADIOLOGY-DIAGNOSTIC	640		12,305	18,373	111	32,474	22,635
044	LABORATORY	408						8,470
049	RESPIRATORY THERAPY	126		7,193		2	5,305	241
049	01 SLEEP LAB	96		1,275			206	2,136
050	PHYSICAL THERAPY	120				7	117	1,977
051	OCCUPATIONAL THERAPY	104						93
052	SPEECH PATHOLOGY	8						47
052	01 AUDIOLOGY	8			8		3	942
053	ELECTROCARDIOLOGY	432		5,025	23,476	35	1,104	7,029
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS	276		4,020	54,631	30	11,573,405	1,579
057	OUTPAT SERVICE COST CNTRS						290,786	
060	CLINIC	276		3,008	24,890		80,789	5,420
060	01 CLINIC MULTI SPECIALTY	80		686	3,409		9,798	599
061	EMERGENCY	662		9,647	113,800	860	8,649	36,425
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE			922			231	
093	01 HOSPICE 2							
093	02 HOSPICE 3							
095	SUBTOTALS	10,548	264,864	146,864	1,266,956	11,280	12,047,320	132,836
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
100	RESEARCH	60		357				
100	OTHER NONREIMBURSABLE COS							
100	01 PHYSICIAN BILLING SERVICE							
100	02 PHYSICIAN ANSWERING SERVI							
100	03 VENDING							
100	04 CARELINE	100						
100	05 WELLNESS CENTER			23				
100	06 BMH FOUNDATION	24						
100	07 MIDDLETOWN BOOKSTORE							
100	08 RENTAL PROPERTY							
100	09 ADVERTISING	80						
100	10 POB DELI							
100	11 POB PHARMACY	24						
100	12 POB PHYSICIAN SERVICES							
100	13 EXECUTIVE PHYSICAL							
100	14 NEW CASTLE ONCOLOGY							25
100	15 MARKETING			327				
100	16 RURAL SITE CLINIC							
100	17 CHC							
100	18 CHV	14						
100	19 HOME OFFICE - CHP	4						
100	20 MEALS ON WHEELS							
100	21 ST MARY'S SCHOOL							
100	22 CARDINAL KIDS CAMP							
100	23 COLLEGE AVE DAY CARE							
100	24 VENDING MACHINES							
100	25 PSYCHE BEHAVIORAL HEALTH							
100	26 BLACKFORD COMMUNITY HOSPI	11						
100	27 MIDWEST HEALTH STRATEGIES	7						
100	28 CARDINAL SELECT RISK RETE							
100	29 HOME OFFICE CARDINAL HEAL	7						
100	30 CARDINAL HEALTH ALLIANCE							
101	CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
		( HOURS OF SERVICE )	( MEALS SERVED )	( FTE'S )	( DIRECT NRSING HRS )	( TIME STUDY )	( COSTED REQUIS. )	( TIME SPENT )
		10	11	12	14	15	16	17
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,381,210	2,273,526	2,067,688	5,238,705	3,448,769	5,421,354	4,759,219
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		8.583749		4.134875		.450005	
105	(WRKSHT B, PT I)	402.721758		14.011479		305.741933		35.821039
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	469,890	283,599	414,237	385,992	110,730	217,621	376,243
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		1.070734		.304661		.018064	
108	(WRKSHT B, PT III)	43.192389		2.807035		9.816489		2.831854

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	( ASSIGNED TIME )	( ASSIGNED TIME )	( 100% RADIOLOGY )
	22	23	24
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS/PHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECIEVING, AND			
006 04 ADMITTING			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
022 I&R SERVICES-SALARY & FRI	736		
023 I&R SERVICES-OTHER PRGM C		736	
024 PARAMED ED PRGM			100
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	325	325	
031 INTENSIVE CARE UNIT	49	49	
031 SUBPROVIDER	2	2	
031 01 SUBPROVIDER 2			
033 NURSERY	2	2	
034 SKILLED NURSING FACILITY			
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	47	47	
039 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR ROO			
044 RADIOLOGY-DIAGNOSTIC	13	13	100
049 LABORATORY	163	163	
049 01 RESPIRATORY THERAPY	4	4	
050 SLEEP LAB			
051 PHYSICAL THERAPY			
052 OCCUPATIONAL THERAPY			
052 01 SPEECH PATHOLOGY			
053 AUDIOLOGY			
055 ELECTROCARDIOLOGY	27	27	
056 MEDICAL SUPPLIES CHARGED			
057 DRUGS CHARGED TO PATIENTS			
060 RENAL DIALYSIS			
060 01 OUTPAT SERVICE COST CNTRS			
061 CLINIC	73	73	
061 01 CLINIC MULTI SPECIALTY			
062 EMERGENCY	26	26	
092 OBSERVATION BEDS (NON-DIS			
093 SPEC PURPOSE COST CENTERS			
093 01 AMBULATORY SURGICAL CENTE			
093 02 HOSPICE			
093 02 HOSPICE 2			
093 02 HOSPICE 3			
095 SUBTOTALS	731	731	100
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
100 RESEARCH	5	5	
100 OTHER NONREIMBURSABLE COS			
100 01 PHYSICIAN BILLING SERVICE			
100 02 PHYSICIAN ANSWERING SERVI			
100 03 VENDING			
100 04 CARELINE			
100 05 WELLNESS CENTER			
100 06 BMH FOUNDATION			
100 07 MIDDLETOWN BOOKSTORE			
100 08 RENTAL PROPERTY			
100 09 ADVERTISING			
100 10 POB DELI			
100 11 POB PHARMACY			
100 12 POB PHYSICIAN SERVICES			
100 13 EXECUTIVE PHYSICAL			
100 14 NEW CASTLE ONCOLOGY			
100 15 MARKETING			
100 16 RURAL SITE CLINIC			
100 17 CHC			
100 18 CHV			
100 19 HOME OFFICE - CHP			
100 20 MEALS ON WHEELS			
100 21 ST MARY'S SCHOOL			
100 22 CARDINAL KIDS CAMP			
100 23 COLLEGE AVE DAY CARE			
100 24 VENDING MACHINES			
100 25 PSYCHE BEHAVIORAL HEALTH			
100 26 BLACKFORD COMMUNITY HOSPI			
100 27 MIDWEST HEALTH STRATEGIES			
100 28 CARDINAL SELECT RISK RETE			
100 29 HOME OFFICE CARDINAL HEAL			
100 30 CARDINAL HEALTH ALLIANCE			
101 CROSS FOOT ADJUSTMENT			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
		( ASSIGNED TIME )	( ASSIGNED TIME )	( 100% RADIOLOGY )
	NONREIMBURS COST CENTERS	22	23	24
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED (PER WRKSHT B, PART I)	7,255,377	1,684,457	159,218
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	9,857.849185	2,288.664402	1,592.180000
105	COST TO BE ALLOCATED (PER WRKSHT B, PART II)			
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)			
107	COST TO BE ALLOCATED (PER WRKSHT B, PART III)	46,874	480,900	26,004
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	63.687500	653.396739	260.040000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET C  
 I I TO 6/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	44,419,724		44,419,724		44,419,724
26	INTENSIVE CARE UNIT	10,713,248		10,713,248		10,713,248
31	SUBPROVIDER	3,085,108		3,085,108		3,085,108
31	01 SUBPROVIDER 2	2,040,920		2,040,920		2,040,920
33	NURSERY	4,191,169		4,191,169		4,191,169
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,146,206		4,146,206		4,146,206
37	OPERATING ROOM	39,615,528		39,615,528		39,615,528
38	RECOVERY ROOM	3,130,583		3,130,583		3,130,583
39	DELIVERY ROOM & LABOR ROO	4,742,671		4,742,671		4,742,671
41	RADIOLOGY-DIAGNOSTIC	21,614,912		21,614,912		21,614,912
44	LABORATORY	13,205,716		13,205,716		13,205,716
49	RESPIRATORY THERAPY	5,891,192		5,891,192		5,891,192
49	01 SLEEP LAB	1,410,214		1,410,214		1,410,214
50	PHYSICAL THERAPY	3,927,650		3,927,650		3,927,650
51	OCCUPATIONAL THERAPY	1,731,156		1,731,156		1,731,156
52	SPEECH PATHOLOGY	417,955		417,955		417,955
52	01 AUDIOLOGY	365,631		365,631		365,631
53	ELECTROCARDIOLOGY	13,929,050		13,929,050		13,929,050
55	MEDICAL SUPPLIES CHARGED	1,616,577		1,616,577		1,616,577
56	DRUGS CHARGED TO PATIENTS	18,212,147		18,212,147		18,212,147
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	7,953,668		7,953,668		7,953,668
60	CLINIC	2,832,663		2,832,663		2,832,663
60	01 CLINIC MULTI SPECIALTY	617,505		617,505		617,505
61	EMERGENCY	11,201,637		11,201,637		11,201,637
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,602,281		3,602,281		3,602,281
101	SUBTOTAL	224,615,111		224,615,111		224,615,111
102	LESS OBSERVATION BEDS	3,602,281		3,602,281		3,602,281
103	TOTAL	221,012,830		221,012,830		221,012,830

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET C  
 I I TO 6/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	62,216,405		62,216,405			
26	INTENSIVE CARE UNIT	19,929,829		19,929,829			
31	SUBPROVIDER	3,194,621		3,194,621			
31	01 SUBPROVIDER 2	131,125		131,125			
33	NURSERY	11,298,438		11,298,438			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,707,983		2,707,983			
37	OPERATING ROOM	78,001,291	57,730,084	135,731,375	.291867	.291867	.291867
38	RECOVERY ROOM	3,638,602	2,650,287	6,288,889	.497796	.497796	.497796
39	DELIVERY ROOM & LABOR ROO	8,451,022	3,433,349	11,884,371	.399068	.399068	.399068
41	RADIOLOGY-DIAGNOSTIC	34,378,958	91,384,206	125,763,164	.171870	.171870	.171870
44	LABORATORY	25,792,367	26,276,718	52,069,085	.253619	.253619	.253619
49	RESPIRATORY THERAPY	8,252,272	1,038,520	9,290,792	.634089	.634089	.634089
49	01 SLEEP LAB	425,378	3,765,858	4,191,236	.336467	.336467	.336467
50	PHYSICAL THERAPY	3,112,218	2,327,022	5,439,240	.722095	.722095	.722095
51	OCCUPATIONAL THERAPY	1,573,068	239,906	1,812,974	.954871	.954871	.954871
52	SPEECH PATHOLOGY	786,315	132,228	918,543	.455020	.455020	.455020
52	01 AUDIOLOGY	2,700	472,969	475,669	.768667	.768667	.768667
53	ELECTROCARDIOLOGY	34,910,983	31,997,874	66,908,857	.208179	.208179	.208179
55	MEDICAL SUPPLIES CHARGED	14,713,348	3,564,892	18,278,240	.088443	.088443	.088443
56	DRUGS CHARGED TO PATIENTS	40,126,240	14,672,856	54,799,096	.332344	.332344	.332344
57	RENAL DIALYSIS	898,437	8,523,697	9,422,134	.844147	.844147	.844147
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	666	151,506	152,172	18.614877	18.614877	18.614877
60	01 CLINIC MULTI SPECIALTY	615	73,638	74,253	8.316230	8.316230	8.316230
61	EMERGENCY	11,366,839	29,541,556	40,908,395	.273822	.273822	.273822
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	330,000	7,483,565	7,813,565	.461029	.461029	.461029
101	SUBTOTAL	366,239,720	285,460,731	651,700,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	366,239,720	285,460,731	651,700,451			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL: 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	48,367,341		48,367,341		48,367,341
26	INTENSIVE CARE UNIT	11,308,428		11,308,428		11,308,428
31	SUBPROVIDER	3,109,401		3,109,401		3,109,401
31 01	SUBPROVIDER 2	2,040,920		2,040,920		2,040,920
33	NURSERY	4,215,462		4,215,462		4,215,462
34	SKILLED NURSING FACILITY	4,146,206		4,146,206		4,146,206
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	40,186,414		40,186,414		40,186,414
38	RECOVERY ROOM	3,130,583		3,130,583		3,130,583
39	DELIVERY ROOM & LABOR ROO	4,742,671		4,742,671		4,742,671
41	RADIOLOGY-DIAGNOSTIC	21,772,817		21,772,817		21,772,817
44	LABORATORY	15,185,597		15,185,597		15,185,597
49	RESPIRATORY THERAPY	5,939,778		5,939,778		5,939,778
49 01	SLEEP LAB	1,410,214		1,410,214		1,410,214
50	PHYSICAL THERAPY	3,927,650		3,927,650		3,927,650
51	OCCUPATIONAL THERAPY	1,731,156		1,731,156		1,731,156
52	SPEECH PATHOLOGY	417,955		417,955		417,955
52 01	AUDIOLOGY	365,631		365,631		365,631
53	ELECTROCARDIOLOGY	14,257,006		14,257,006		14,257,006
55	MEDICAL SUPPLIES CHARGED	1,616,577		1,616,577		1,616,577
56	DRUGS CHARGED TO PATIENTS	18,212,147		18,212,147		18,212,147
57	RENAL DIALYSIS	7,953,668		7,953,668		7,953,668
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,719,359		3,719,359		3,719,359
60 01	CLINIC MULTI SPECIALTY	617,505		617,505		617,505
61	EMERGENCY	11,517,446		11,517,446		11,517,446
62	OBSERVATION BEDS (NON-DIS	3,602,281		3,602,281		3,602,281
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	233,494,213		233,494,213		233,494,213
102	LESS OBSERVATION BEDS	3,602,281		3,602,281		3,602,281
103	TOTAL	229,891,932		229,891,932		229,891,932

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	62,216,405		62,216,405			
26	INTENSIVE CARE UNIT	19,929,829		19,929,829			
31	SUBPROVIDER	3,194,621		3,194,621			
31	01 SUBPROVIDER 2	131,125		131,125			
33	NURSERY	11,298,438		11,298,438			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,707,983		2,707,983			
37	OPERATING ROOM	78,001,291	57,730,084	135,731,375	.296073	.296073	.296073
38	RECOVERY ROOM	3,638,602	2,650,287	6,288,889	.497796	.497796	.497796
39	DELIVERY ROOM & LABOR ROO	8,451,022	3,433,349	11,884,371	.399068	.399068	.399068
41	RADIOLOGY-DIAGNOSTIC	34,378,958	91,384,206	125,763,164	.173126	.173126	.173126
44	LABORATORY	25,792,367	26,276,718	52,069,085	.291643	.291643	.291643
49	RESPIRATORY THERAPY	8,252,272	1,038,520	9,290,792	.639319	.639319	.639319
49	01 SLEEP LAB	425,378	3,765,858	4,191,236	.336467	.336467	.336467
50	PHYSICAL THERAPY	3,112,218	2,327,022	5,439,240	.722095	.722095	.722095
51	OCCUPATIONAL THERAPY	1,573,068	239,906	1,812,974	.954871	.954871	.954871
52	SPEECH PATHOLOGY	786,315	132,228	918,543	.455020	.455020	.455020
52	01 AUDIOLOGY	2,700	472,969	475,669	.768667	.768667	.768667
53	ELECTROCARDIOLOGY	34,910,983	31,997,874	66,908,857	.213081	.213081	.213081
55	MEDICAL SUPPLIES CHARGED	14,713,348	3,564,892	18,278,240	.088443	.088443	.088443
56	DRUGS CHARGED TO PATIENTS	40,126,240	14,672,856	54,799,096	.332344	.332344	.332344
57	RENAL DIALYSIS	898,437	8,523,697	9,422,134	.844147	.844147	.844147
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	666	151,506	152,172	24.441809	24.441809	24.441809
60	01 CLINIC MULTI SPECIALTY	615	73,638	74,253	8.316230	8.316230	8.316230
61	EMERGENCY	11,366,839	29,541,556	40,908,395	.281542	.281542	.281542
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	330,000	7,483,565	7,813,565	.461029	.461029	.461029
101	SUBTOTAL	366,239,720	285,460,731	651,700,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	366,239,720	285,460,731	651,700,451			

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	39,615,528	1,965,974	37,649,554			39,615,528
38	RECOVERY ROOM	3,130,583	365,095	2,765,488			3,130,583
39	DELIVERY ROOM & LABOR ROO	4,742,671	554,612	4,188,059			4,742,671
41	RADIOLOGY-DIAGNOSTIC	21,614,912	3,045,341	18,569,571			21,614,912
44	LABORATORY	13,205,716	207,381	12,998,335			13,205,716
49	RESPIRATORY THERAPY	5,891,192	261,998	5,629,194			5,891,192
49 01	SLEEP LAB	1,410,214	110,912	1,299,302			1,410,214
50	PHYSICAL THERAPY	3,927,650	237,192	3,690,458			3,927,650
51	OCCUPATIONAL THERAPY	1,731,156	156,514	1,574,642			1,731,156
52	SPEECH PATHOLOGY	417,955	23,794	394,161			417,955
52 01	AUDIOLOGY	365,631	4,620	361,011			365,631
53	ELECTROCARDIOLOGY	13,929,050	700,228	13,228,822			13,929,050
55	MEDICAL SUPPLIES CHARGED	1,616,577	16,018	1,600,559			1,616,577
56	DRUGS CHARGED TO PATIENTS	18,212,147	286,077	17,926,070			18,212,147
57	RENAL DIALYSIS	7,953,668	776,817	7,176,851			7,953,668
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,832,663	466,418	2,366,245			2,832,663
60 01	CLINIC MULTI SPECIALTY	617,505	121,333	496,172			617,505
61	EMERGENCY	11,201,637	835,835	10,365,802			11,201,637
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,602,281	376,273	3,226,008			3,602,281
101	SUBTOTAL	156,018,736	10,512,432	145,506,304			156,018,736
102	LESS OBSERVATION BEDS	3,602,281	376,273	3,226,008			3,602,281
103	TOTAL	152,416,455	10,136,159	142,280,296			152,416,455

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR BALL MEMORIAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET C  
 I I TO 6/30/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	135,731,375	.291867	.291867
38	RECOVERY ROOM	6,288,889	.497796	.497796
39	DELIVERY ROOM & LABOR ROO	11,884,371	.399068	.399068
41	RADIOLOGY-DIAGNOSTIC	125,763,164	.171870	.171870
44	LABORATORY	52,069,085	.253619	.253619
49	RESPIRATORY THERAPY	9,290,792	.634089	.634089
49	01 SLEEP LAB	4,191,236	.336467	.336467
50	PHYSICAL THERAPY	5,439,240	.722095	.722095
51	OCCUPATIONAL THERAPY	1,812,974	.954871	.954871
52	SPEECH PATHOLOGY	918,543	.455020	.455020
52	01 AUDIOLOGY	475,669	.768667	.768667
53	ELECTROCARDIOLOGY	66,908,857	.208179	.208179
55	MEDICAL SUPPLIES CHARGED	18,278,240	.088443	.088443
56	DRUGS CHARGED TO PATIENTS	54,799,096	.332344	.332344
57	RENAL DIALYSIS	9,422,134	.844147	.844147
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	152,172	18.614877	18.614877
60	01 CLINIC MULTI SPECIALTY	74,253	8.316230	8.316230
61	EMERGENCY	40,908,395	.273822	.273822
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,813,565	.461029	.461029
101	SUBTOTAL	552,222,050		
102	LESS OBSERVATION BEDS	7,813,565		
103	TOTAL	544,408,485		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR BALL MEMORIAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET C  
 I TO 6/30/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	40,186,414	1,965,974	38,220,440	196,597	2,216,786	37,773,031
38	RECOVERY ROOM	3,130,583	365,095	2,765,488	36,510	160,398	2,933,675
39	DELIVERY ROOM & LABOR ROO	4,742,671	554,612	4,188,059	55,461	242,907	4,444,303
41	RADIOLOGY-DIAGNOSTIC	21,772,817	3,045,341	18,727,476	304,534	1,086,194	20,382,089
44	LABORATORY	15,185,597	207,381	14,978,216	20,738	868,737	14,296,122
49	RESPIRATORY THERAPY	5,939,778	261,998	5,677,780	26,200	329,311	5,584,267
49 01	SLEEP LAB	1,410,214	110,912	1,299,302	11,091	75,360	1,323,763
50	PHYSICAL THERAPY	3,927,650	237,192	3,690,458	23,719	214,047	3,689,884
51	OCCUPATIONAL THERAPY	1,731,156	156,514	1,574,642	15,651	91,329	1,624,176
52	SPEECH PATHOLOGY	417,955	23,794	394,161	2,379	22,861	392,715
52 01	AUDIOLOGY	365,631	4,620	361,011	462	20,939	344,230
53	ELECTROCARDIOLOGY	14,257,006	700,228	13,556,778	70,023	786,293	13,400,690
55	MEDICAL SUPPLIES CHARGED	1,616,577	16,018	1,600,559	1,602	92,832	1,522,143
56	DRUGS CHARGED TO PATIENTS	18,212,147	286,077	17,926,070	28,608	1,039,712	17,143,827
57	RENAL DIALYSIS	7,953,668	776,817	7,176,851	77,682	416,257	7,459,729
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,719,359	466,418	3,252,941	46,642	188,671	3,484,046
60 01	CLINIC MULTI SPECIALTY	617,505	121,333	496,172	12,133	28,778	576,594
61	EMERGENCY	11,517,446	835,835	10,681,611	83,584	619,533	10,814,329
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,602,281	376,273	3,226,008	37,627	187,108	3,377,546
101	SUBTOTAL	160,306,455	10,512,432	149,794,023	1,051,243	8,688,053	150,567,159
102	LESS OBSERVATION BEDS	3,602,281	376,273	3,226,008	37,627	187,108	3,377,546
103	TOTAL	156,704,174	10,136,159	146,568,015	1,013,616	8,500,945	147,189,613

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR BALL MEMORIAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-0089 I PERIOD: FROM 7/ 1/2006 TO 6/30/2007 I \*\*NOT A CMS WORKSHEET \*\* I (09/2000) I PREPARED 11/26/2007 I WORKSHEET C I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPUT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	135,731,375	.278293	.294625
38	RECOVERY ROOM	6,288,889	.466485	.491990
39	DELIVERY ROOM & LABOR ROO	11,884,371	.373962	.394401
41	RADIOLOGY-DIAGNOSTIC	125,763,164	.162067	.170704
44	LABORATORY	52,069,085	.274561	.291245
49	RESPIRATORY THERAPY	9,290,792	.601054	.636499
49 01	SLEEP LAB	4,191,236	.315841	.333821
50	PHYSICAL THERAPY	5,439,240	.678382	.717735
51	OCCUPATIONAL THERAPY	1,812,974	.895863	.946238
52	SPEECH PATHOLOGY	918,543	.427541	.452430
52 01	AUDIOLOGY	475,669	.723675	.767696
53	ELECTROCARDIOLOGY	66,908,857	.200283	.212034
55	MEDICAL SUPPLIES CHARGED	18,278,240	.083276	.088355
56	DRUGS CHARGED TO PATIENTS	54,799,096	.312849	.331822
57	RENAL DIALYSIS	9,422,134	.791724	.835903
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	152,172	22.895447	24.135301
60 01	CLINIC MULTI SPECIALTY	74,253	7.765262	8.152829
61	EMERGENCY	40,908,395	.264355	.279499
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,813,565	.432267	.456214
101	SUBTOTAL	552,222,050		
102	LESS OBSERVATION BEDS	7,813,565		
103	TOTAL	544,408,485		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				4,639,833		4,639,833
26	ADULTS & PEDIATRICS				763,733		763,733
31	INTENSIVE CARE UNIT				419,330		419,330
31	SUBPROVIDER				581,991		581,991
31	01 SUBPROVIDER 2				208,092		208,092
33	NURSERY				208,092		208,092
101	TOTAL				6,612,979		6,612,979

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	65,552	35,150			70.78	2,487,917
26	INTENSIVE CARE UNIT	8,527	4,563			89.57	408,708
31	SUBPROVIDER	3,881	2,997			108.05	323,826
31	01 SUBPROVIDER 2	235	121			2,476.56	299,664
33	NURSERY	7,526				27.65	
101	TOTAL	85,721	42,831				3,520,115

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0089 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,965,974	135,731,375	43,323,993		
38	RECOVERY ROOM		365,095	6,288,889	2,006,659		
39	DELIVERY ROOM & LABOR ROO		554,612	11,884,371	43,612		
41	RADIOLOGY-DIAGNOSTIC		3,045,341	125,763,164	21,788,541		
44	LABORATORY		207,381	52,069,085	17,945,268		
49	RESPIRATORY THERAPY		261,998	9,290,792	5,044,389		
49	01 SLEEP LAB		110,912	4,191,236	221,143		
50	PHYSICAL THERAPY		237,192	5,439,240	1,228,943		
51	OCCUPATIONAL THERAPY		156,514	1,812,974	478,292		
52	SPEECH PATHOLOGY		23,794	918,543	369,380		
52	01 AUDIOLOGY		4,620	475,669	909		
53	ELECTROCARDIOLOGY		700,228	66,908,857	26,877,199		
55	MEDICAL SUPPLIES CHARGED		16,018	18,278,240	11,345,936		
56	DRUGS CHARGED TO PATIENTS		286,077	54,799,096	22,295,928		
57	RENAL DIALYSIS		776,817	9,422,134	510,751		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		466,418	152,172	520		
60	01 CLINIC MULTI SPECIALTY		121,333	74,253	499		
61	EMERGENCY		835,835	40,908,395	6,803,929		
62	OBSERVATION BEDS (NON-DIS		376,273	7,813,565	320,447		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		10,512,432	552,222,050	160,606,338		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0089 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO 8	COSTS
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.014484		627,505
38	RECOVERY ROOM	.058054		116,495
39	DELIVERY ROOM & LABOR ROO	.046667		2,035
41	RADIOLOGY-DIAGNOSTIC	.024215		527,610
44	LABORATORY	.003983		71,476
49	RESPIRATORY THERAPY	.028200		142,252
49 01	SLEEP LAB	.026463		5,852
50	PHYSICAL THERAPY	.043608		53,592
51	OCCUPATIONAL THERAPY	.086330		41,291
52	SPEECH PATHOLOGY	.025904		9,568
52 01	AUDIOLOGY	.009713		9
53	ELECTROCARDIOLOGY	.010465		281,270
55	MEDICAL SUPPLIES CHARGED	.000876		9,939
56	DRUGS CHARGED TO PATIENTS	.005220		116,385
57	RENAL DIALYSIS	.082446		42,109
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.065071		1,594
60 01	CLINIC MULTI SPECIALTY	1.634048		815
61	EMERGENCY	.020432		139,018
62	OBSERVATION BEDS (NON-DIS	.048156		15,431
	OTHER REIMBURS COST CNTRS			
101	TOTAL			2,204,246

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART III  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					65,552	
26	INTENSIVE CARE UNIT					8,527	
31	SUBPROVIDER					3,881	
31 01	SUBPROVIDER 2					235	
33	NURSERY					7,526	
34	SKILLED NURSING FACILITY					9,033	
101	TOTAL					94,754	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	35,150	
26	INTENSIVE CARE UNIT	4,563	
31	SUBPROVIDER	2,997	
31 01	SUBPROVIDER 2	121	
33	NURSERY		
34	SKILLED NURSING FACILITY	7,862	
101	TOTAL	50,693	

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC				159,218			
44	LABORATORY							
49	RESPIRATORY THERAPY							
49	01 SLEEP LAB							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
52	01 AUDIOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC MULTI SPECIALTY							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL				159,218			

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			135,731,375			43,323,993	
38	OPERATING ROOM			6,288,889			2,006,659	
39	RECOVERY ROOM			11,884,371			43,612	
41	DELIVERY ROOM & LABOR ROO	159,218		125,763,164	.001266		21,788,541	27,584
44	RADIOLOGY-DIAGNOSTIC			52,069,085			17,945,268	
49	LABORATORY			9,290,792			5,044,389	
49	01 RESPIRATORY THERAPY			4,191,236			221,143	
50	SLEEP LAB			5,439,240			1,228,943	
51	PHYSICAL THERAPY			1,812,974			478,292	
52	OCCUPATIONAL THERAPY			918,543			369,380	
52	01 SPEECH PATHOLOGY			475,669			909	
53	AUDIOLOGY			66,908,857			26,877,199	
55	ELECTROCARDIOLOGY			18,278,240			11,345,936	
56	MEDICAL SUPPLIES CHARGED			54,799,096			22,295,928	
57	DRUGS CHARGED TO PATIENTS			9,422,134			510,751	
60	RENAL DIALYSIS							
60	01 OUTPAT SERVICE COST CNTRS							
60	CLINIC			152,172			520	
60	01 CLINIC MULTI SPECIALTY			74,253			499	
61	EMERGENCY			40,908,395			6,803,929	
62	OBSERVATION BEDS (NON-DIS			7,813,565			320,447	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	159,218		552,222,050			160,606,338	27,584

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,567,710					
38	RECOVERY ROOM	979,260					
39	DELIVERY ROOM & LABOR ROO	34,691					
41	RADIOLOGY-DIAGNOSTIC	34,084,388					
44	LABORATORY	809,509			43,151		
49	RESPIRATORY THERAPY	253,640					
49	01 SLEEP LAB	1,114,381					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	10,597					
52	01 AUDIOLOGY	92,169					
53	ELECTROCARDIOLOGY	7,886,547					
55	MEDICAL SUPPLIES CHARGED	1,321,644					
56	DRUGS CHARGED TO PATIENTS	3,247,086					
57	RENAL DIALYSIS	3,239					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	150,803					
60	01 CLINIC MULTI SPECIALTY	28,613					
61	EMERGENCY	5,745,021					
62	OBSERVATION BEDS (NON-DIS	1,754,183					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	78,083,481				43,151	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART V  
 I 15-0089 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.291867	.291867			
38 RECOVERY ROOM	.497796	.497796			
39 DELIVERY ROOM & LABOR ROOM	.399068	.399068			
41 RADIOLOGY-DIAGNOSTIC	.171870	.171870			
44 LABORATORY	.253619	.253619			
49 RESPIRATORY THERAPY	.634089	.634089			
49 01 SLEEP LAB	.336467	.336467			
50 PHYSICAL THERAPY	.722095	.722095			
51 OCCUPATIONAL THERAPY	.954871	.954871			
52 SPEECH PATHOLOGY	.455020	.455020			
52 01 AUDIOLOGY	.768667	.768667			
53 ELECTROCARDIOLOGY	.208179	.208179			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.088443	.088443			
56 DRUGS CHARGED TO PATIENTS	.332344	.332344			
57 RENAL DIALYSIS	.844147	.844147			
OUTPUT SERVICE COST CNTRS					
60 CLINIC	18.614877	18.614877			
60 01 CLINIC MULTI SPECIALTY	8.316230	8.316230			
61 EMERGENCY	.273822	.273822			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.461029	.461029			
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

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		20,567,710		2	
38	RECOVERY ROOM		979,260			
39	DELIVERY ROOM & LABOR ROOM		34,691			
41	RADIOLOGY-DIAGNOSTIC		34,084,388		1	
44	LABORATORY		809,509			
49	RESPIRATORY THERAPY		253,640		19	
49	01 SLEEP LAB		1,114,381			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		10,597			
52	01 AUDIOLOGY		92,169			
53	ELECTROCARDIOLOGY		7,886,547		67	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,321,644		174	
56	DRUGS CHARGED TO PATIENTS		3,247,086		21	
57	RENAL DIALYSIS		3,239			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		150,803			
60	01 CLINIC MULTI SPECIALTY		28,613			
61	EMERGENCY		5,745,021			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,754,183		2,076	
101	SUBTOTAL		78,083,481		2,360	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		78,083,481		2,360	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART V  
 I 15-0089 I I

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				6,003,036	1
38 RECOVERY ROOM				487,472	
39 DELIVERY ROOM & LABOR ROOM				13,844	
41 RADIOLOGY-DIAGNOSTIC				5,858,084	
44 LABORATORY				205,307	
49 RESPIRATORY THERAPY				160,830	12
49 01 SLEEP LAB				374,952	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				4,822	
52 01 AUDIOLOGY				70,847	
53 ELECTROCARDIOLOGY				1,641,813	14
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				116,890	15
56 DRUGS CHARGED TO PATIENTS				1,079,150	7
57 RENAL DIALYSIS				2,734	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				2,807,179	
60 01 CLINIC MULTI SPECIALTY				237,952	
61 EMERGENCY				1,573,113	
62 OBSERVATION BEDS (NON-DISTINCT PART)				808,729	957
101 SUBTOTAL				21,446,754	1,006
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				21,446,754	1,006

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART V  
 I 15-0089 I I

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
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
52 01 AUDIOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 CLINIC MULTI SPECIALTY			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2007	I	PART VI
I	15-0089	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.332344
2,064
686

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-T089 I

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,965,974	135,731,375	65,319		
38	RECOVERY ROOM		365,095	6,288,889	19,024		
39	DELIVERY ROOM & LABOR ROO		554,612	11,884,371			
41	RADIOLOGY-DIAGNOSTIC		3,045,341	125,763,164	232,792		
44	LABORATORY		207,381	52,069,085	228,321		
49	RESPIRATORY THERAPY		261,998	9,290,792	97,702		
49	01 SLEEP LAB		110,912	4,191,236			
50	PHYSICAL THERAPY		237,192	5,439,240	564,720		
51	OCCUPATIONAL THERAPY		156,514	1,812,974	463,922		
52	SPEECH PATHOLOGY		23,794	918,543	121,653		
52	01 AUDIOLOGY		4,620	475,669			
53	ELECTROCARDIOLOGY		700,228	66,908,857	38,511		
55	MEDICAL SUPPLIES CHARGED		16,018	18,278,240	129,110		
56	DRUGS CHARGED TO PATIENTS		286,077	54,799,096	567,437		
57	RENAL DIALYSIS		776,817	9,422,134	12,925		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		466,418	152,172			
60	01 CLINIC MULTI SPECIALTY		121,333	74,253			
61	EMERGENCY		835,835	40,908,395	3,142		
62	OBSERVATION BEDS (NON-DIS		376,273	7,813,565			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		10,512,432	552,222,050	2,544,578		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-T089 I  
 PPS I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.014484	946
38	RECOVERY ROOM	.058054	1,104
39	DELIVERY ROOM & LABOR ROO	.046667	
41	RADIOLOGY-DIAGNOSTIC	.024215	5,637
44	LABORATORY	.003983	909
49	RESPIRATORY THERAPY	.028200	2,755
49 01	SLEEP LAB	.026463	
50	PHYSICAL THERAPY	.043608	24,626
51	OCCUPATIONAL THERAPY	.086330	40,050
52	SPEECH PATHOLOGY	.025904	3,151
52 01	AUDIOLOGY	.009713	
53	ELECTROCARDIOLOGY	.010465	403
55	MEDICAL SUPPLIES CHARGED	.000876	113
56	DRUGS CHARGED TO PATIENTS	.005220	2,962
57	RENAL DIALYSIS	.082446	1,066
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	3.065071	
60 01	CLINIC MULTI SPECIALTY	1.634048	
61	EMERGENCY	.020432	64
62	OBSERVATION BEDS (NON-DIS	.048156	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		83,786

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC			159,218			
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			159,218			

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			135,731,375			65,319	
38	RECOVERY ROOM			6,288,889			19,024	
39	DELIVERY ROOM & LABOR ROO			11,884,371				
41	RADIOLOGY-DIAGNOSTIC	159,218		125,763,164	.001266		232,792	295
44	LABORATORY			52,069,085			228,321	
49	RESPIRATORY THERAPY			9,290,792			97,702	
49	01 SLEEP LAB			4,191,236				
50	PHYSICAL THERAPY			5,439,240			564,720	
51	OCCUPATIONAL THERAPY			1,812,974			463,922	
52	SPEECH PATHOLOGY			918,543			121,653	
52	01 AUDIOLOGY			475,669				
53	ELECTROCARDIOLOGY			66,908,857			38,511	
55	MEDICAL SUPPLIES CHARGED			18,278,240			129,110	
56	DRUGS CHARGED TO PATIENTS			54,799,096			567,437	
57	RENAL DIALYSIS			9,422,134			12,925	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			152,172				
60	01 CLINIC MULTI SPECIALTY			74,253				
61	EMERGENCY			40,908,395			3,142	
62	OBSERVATION BEDS (NON-DIS			7,813,565				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	159,218		552,222,050			2,544,578	295

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES	OUTPUT PROG D,V COL 5.03	OUTPUT PROG D,V COL 5.04	OUTPUT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2007	I	PART VI
I	15-T089	I		I	

TITLE XVIII, PART B

SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1  
.332344

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-5089 I I

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,965,974	135,731,375			
38	RECOVERY ROOM		365,095	6,288,889			
39	DELIVERY ROOM & LABOR ROO		554,612	11,884,371			
41	RADIOLOGY-DIAGNOSTIC		3,045,341	125,763,164			
44	LABORATORY		207,381	52,069,085	7,229		
49	RESPIRATORY THERAPY		261,998	9,290,792	17,419		
49 01	SLEEP LAB		110,912	4,191,236	1,483		
50	PHYSICAL THERAPY		237,192	5,439,240		167	
51	OCCUPATIONAL THERAPY		156,514	1,812,974		167	
52	SPEECH PATHOLOGY		23,794	918,543		167	
52 01	AUDIOLOGY		4,620	475,669			
53	ELECTROCARDIOLOGY		700,228	66,908,857	2,899		
55	MEDICAL SUPPLIES CHARGED		16,018	18,278,240		710	
56	DRUGS CHARGED TO PATIENTS		286,077	54,799,096	16,734		
57	RENAL DIALYSIS		776,817	9,422,134			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		466,418	152,172			
60 01	CLINIC MULTI SPECIALTY		121,333	74,253			
61	EMERGENCY		835,835	40,908,395	7,908		
62	OBSERVATION BEDS (NON-DIS		376,273	7,813,565			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		10,512,432	552,222,050	54,883		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-S089 I I

TITLE XVIII, PART A SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.014484	
38	RECOVERY ROOM	.058054	
39	DELIVERY ROOM & LABOR ROO	.046667	
41	RADIOLOGY-DIAGNOSTIC	.024215	175
44	LABORATORY	.003983	69
49	RESPIRATORY THERAPY	.028200	42
49 01	SLEEP LAB	.026463	
50	PHYSICAL THERAPY	.043608	7
51	OCCUPATIONAL THERAPY	.086330	14
52	SPEECH PATHOLOGY	.025904	4
52 01	AUDIOLOGY	.009713	
53	ELECTROCARDIOLOGY	.010465	30
55	MEDICAL SUPPLIES CHARGED	.000876	1
56	DRUGS CHARGED TO PATIENTS	.005220	87
57	RENAL DIALYSIS	.082446	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	3.065071	
60 01	CLINIC MULTI SPECIALTY	1.634048	
61	EMERGENCY	.020432	162
62	OBSERVATION BEDS (NON-DIS	.048156	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		591

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC			159,218			
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			159,218			

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7	9
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			135,731,375					
38	RECOVERY ROOM			6,288,889					
39	DELIVERY ROOM & LABOR ROO			11,884,371					
41	RADIOLOGY-DIAGNOSTIC	159,218		125,763,164	.001266		7,229		9
44	LABORATORY			52,069,085			17,419		
49	RESPIRATORY THERAPY			9,290,792			1,483		
49	01 SLEEP LAB			4,191,236					
50	PHYSICAL THERAPY			5,439,240				167	
51	OCCUPATIONAL THERAPY			1,812,974				167	
52	SPEECH PATHOLOGY			918,543				167	
52	01 AUDIOLOGY			475,669					
53	ELECTROCARDIOLOGY			66,908,857			2,899		
55	MEDICAL SUPPLIES CHARGED			18,278,240			710		
56	DRUGS CHARGED TO PATIENTS			54,799,096			16,734		
57	RENAL DIALYSIS			9,422,134					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			152,172					
60	01 CLINIC MULTI SPECIALTY			74,253					
61	EMERGENCY			40,908,395			7,908		
62	OBSERVATION BEDS (NON-DIS			7,813,565					
	OTHER REIMBURS COST CNTRS								
101	TOTAL	159,218		552,222,050			54,883		9

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
I COMPONENT NO: I TO 6/30/2007 I PART VI  
I 15-S089 I I

TITLE XVIII, PART B

SUBPROVIDER 2

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES  
2 PROGRAM VACCINE CHARGES  
3 PROGRAM COSTS

1  
.332344

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-5296 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC MULTI SPECIALTY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-5296 I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY--DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49	01 SLEEP LAB		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
52	01 AUDIOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC MULTI SPECIALTY		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC					159,218					
44	LABORATORY										
49	RESPIRATORY THERAPY										
49	01 SLEEP LAB										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 AUDIOLOGY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 CLINIC MULTI SPECIALTY										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					159,218					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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			135,731,375			183,144	
38	RECOVERY ROOM			6,288,889				
39	DELIVERY ROOM & LABOR ROO			11,884,371				
41	RADIOLOGY-DIAGNOSTIC	159,218		125,763,164	.001266		326,363	413
44	LABORATORY			52,069,085			884,197	
49	RESPIRATORY THERAPY			9,290,792			498,900	
49	01 SLEEP LAB			4,191,236				
50	PHYSICAL THERAPY			5,439,240			516,507	
51	OCCUPATIONAL THERAPY			1,812,974			294,647	
52	SPEECH PATHOLOGY			918,543			68,581	
52	01 AUDIOLOGY			475,669			1,534	
53	ELECTROCARDIOLOGY			66,908,857			84,157	
55	MEDICAL SUPPLIES CHARGED			18,278,240			613,730	
56	DRUGS CHARGED TO PATIENTS			54,799,096			2,006,529	
57	RENAL DIALYSIS			9,422,134				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			152,172				
60	01 CLINIC MULTI SPECIALTY			74,253				
61	EMERGENCY			40,908,395				
62	OBSERVATION BEDS (NON-DIS			7,813,565				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	159,218		552,222,050			5,478,289	413

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART IV  
 I 15-5296 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
44	RADIOLOGY-DIAGNOSTIC						
49	LABORATORY						
49	RESPIRATORY THERAPY						
50	01 SLEEP LAB						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	01 AUDIOLOGY						
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
60	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	01 CLINIC MULTI SPECIALTY						
62	EMERGENCY						
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS TOTAL						

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-0089	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	65,552
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	65,552
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	65,552
	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	35,150
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
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	44,419,724
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	44,419,724

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	82,146,234
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	82,146,234
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	540740
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,253.15
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	44,419,724
	COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0089 I I

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 677.63  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 23,818,695  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 23,818,695

	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	10,713,248	8,527	1,256.39	4,563	5,732,908
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
 49 TOTAL PROGRAM INPATIENT COSTS 43,207,541  
 72,759,144

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,896,625  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,231,830  
 52 TOTAL PROGRAM EXCLUDABLE COST 5,128,455  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 67,630,689

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-0089 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	5,316
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	677.63
85	OBSERVATION BED COST	3,602,281

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	44,419,724		3,602,281	
87	NEW CAPITAL-RELATED COST	44,419,724		3,602,281	
88	NON PHYSICIAN ANESTHETIST	44,419,724	.104454	3,602,281	376,273
89	MEDICAL EDUCATION	44,419,724		3,602,281	
89.01	MEDICAL EDUCATION - ALLIED HEA			3,602,281	
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-T089	I		I	

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)	3,881
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,881
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,881
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)	2,997
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	3,085,108
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	3,085,108

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,194,621
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,194,621
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.965720
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	823.14
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	3,085,108

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
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 I 15-T089 I I

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 794.93  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,382,405  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,382,405

	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					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					1,314,316

3,696,721

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 323,826  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 84,081  
 52 TOTAL PROGRAM EXCLUDABLE COST 407,907  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,288,814

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
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 I 15-T089 I I

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	794.93
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	3,085,108			
87	NEW CAPITAL-RELATED COST	419,330	.135921		
88	NON PHYSICIAN ANESTHETIST	3,085,108			
89	MEDICAL EDUCATION	3,085,108			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-S089	I		I	

TITLE XVIII PART A

SUBPROVIDER II

TEFRA

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	235
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	235
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	235
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	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)	
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)	121
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,040,920
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,040,920

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	131,125
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	131,125
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	15.564690
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	557.98
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,040,920

TITLE XVIII PART A SUBPROVIDER II TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 8,684.77  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,050,857  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,050,857

	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					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					15,349
49 TOTAL PROGRAM INPATIENT COSTS					1,066,206

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 299,664  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 600  
 52 TOTAL PROGRAM EXCLUDABLE COST 300,264  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 765,942

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 15  
 55 TARGET AMOUNT PER DISCHARGE 6,123.80  
 56 TARGET AMOUNT 91,857  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT -674,085  
 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 5,368.40  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET 5,590.23  
 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 9,186  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 401,307  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-S089 I I

TITLE XVIII PART A

SUBPROVIDER II

TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	8,684.77
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST	581,991	2,040,920		
88	NON PHYSICIAN ANESTHETIST		2,040,920	.285161	
89	MEDICAL EDUCATION		2,040,920		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-5296	I		I	

TITLE XVIII PART A

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,033
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,033
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	9,033
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)	7,862
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	4,146,206
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	4,146,206

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,707,983
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,707,983
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.531105
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	299.79
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	4,146,206

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-5296 I I

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	4,146,206
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	459.01	
68	PROGRAM ROUTINE SERVICE COST	3,608,737	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3,608,737	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	695,063	
72	PER DIEM CAPITAL-RELATED COSTS	76.95	
73	PROGRAM CAPITAL-RELATED COSTS	604,981	
74	INPATIENT ROUTINE SERVICE COST	3,003,756	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	3,003,756	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,608,737	
80	PROGRAM INPATIENT ANCILLARY SERVICES	2,075,502	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	5,684,239	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART I  
 I 15-0089 I I

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)	65,552
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	65,552
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	65,552
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,474
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)	7,526
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,780

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	48,367,341
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	48,367,341

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	82,146,234
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	82,146,234
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.588796
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1,253.15
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	48,367,341

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					737.85
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,563,291
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,563,291
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	4,215,462	7,526	560.12	1,780	997,014
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	11,308,428	8,527	1,326.19	369	489,364
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					3,997,851
						8,047,520

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-0089 I I

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	5,316
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	737.85
85	OBSERVATION BED COST	3,922,411

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART I  
 I 15-T089 I I

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,881
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,881
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,881
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)	135
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	3,109,401
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	3,109,401

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,109,401

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-T089 I I

TITLE XIX - I/P SUBPROVIDER I 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 801.19  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 108,161  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 108,161

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					108,161

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-T089 I I

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	801.19
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART I  
 I 15-S089 I I

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	235
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	235
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	235
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)	45
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 XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,040,920
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,040,920

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,040,920

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-5089 I I

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

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 8,684.77  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 390,815  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 390,815

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					390,815

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-S089 I I

TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	8,684.77
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0089 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		36,724,377	
31	INTENSIVE CARE UNIT		11,625,854	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.291867	43,323,993	12,644,844
38	RECOVERY ROOM	.497796	2,006,659	998,907
39	DELIVERY ROOM & LABOR ROOM	.399068	43,612	17,404
41	RADIOLOGY-DIAGNOSTIC	.171870	21,788,541	3,744,797
44	LABORATORY	.253619	17,945,268	4,551,261
49	RESPIRATORY THERAPY	.634089	5,044,389	3,198,592
49	01 SLEEP LAB	.336467	221,143	74,407
50	PHYSICAL THERAPY	.722095	1,228,943	887,414
51	OCCUPATIONAL THERAPY	.954871	478,292	456,707
52	SPEECH PATHOLOGY	.455020	369,380	168,075
52	01 AUDIOLOGY	.768667	909	699
53	ELECTROCARDIOLOGY	.208179	26,877,199	5,595,268
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.088443	11,345,936	1,003,469
56	DRUGS CHARGED TO PATIENTS	.332344	22,295,928	7,409,918
57	RENAL DIALYSIS	.844147	510,751	431,149
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	18.614877	520	9,680
60	01 CLINIC MULTI SPECIALTY	8.316230	499	4,150
61	EMERGENCY	.273822	6,803,929	1,863,065
62	OBSERVATION BEDS (NON-DISTINCT PART)	.461029	320,447	147,735
	OTHER REIMBURS COST CNTRS			
101	TOTAL		160,606,338	43,207,541
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		160,606,338	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-T089 I

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
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		2,490,008	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.291867	65,319	19,064
38	RECOVERY ROOM	.497796	19,024	9,470
39	DELIVERY ROOM & LABOR ROOM	.399068		
41	RADIOLOGY-DIAGNOSTIC	.171870	232,792	40,010
44	LABORATORY	.253619	228,321	57,907
49	RESPIRATORY THERAPY	.634089	97,702	61,952
49	01 SLEEP LAB	.336467		
50	PHYSICAL THERAPY	.722095	564,720	407,781
51	OCCUPATIONAL THERAPY	.954871	463,922	442,986
52	SPEECH PATHOLOGY	.455020	121,653	55,355
52	01 AUDIOLOGY	.768667		
53	ELECTROCARDIOLOGY	.208179	38,511	8,017
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.088443	129,110	11,419
56	DRUGS CHARGED TO PATIENTS	.332344	567,437	188,584
57	RENAL DIALYSIS	.844147	12,925	10,911
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	18.614877		
60	01 CLINIC MULTI SPECIALTY	8.316230		
61	EMERGENCY	.273822	3,142	860
62	OBSERVATION BEDS (NON-DISTINCT PART)	.461029		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,544,578	1,314,316
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,544,578	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-5089 I

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		81,748	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.291867		
38	RECOVERY ROOM	.497796		
39	DELIVERY ROOM & LABOR ROOM	.399068		
41	RADIOLOGY-DIAGNOSTIC	.171870	7,229	1,242
44	LABORATORY	.253619	17,419	4,418
49	RESPIRATORY THERAPY	.634089	1,483	940
49	01 SLEEP LAB	.336467		
50	PHYSICAL THERAPY	.722095	167	121
51	OCCUPATIONAL THERAPY	.954871	167	159
52	SPEECH PATHOLOGY	.455020	167	76
52	01 AUDIOLOGY	.768667		
53	ELECTROCARDIOLOGY	.208179	2,899	604
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.088443	710	63
56	DRUGS CHARGED TO PATIENTS	.332344	16,734	5,561
57	RENAL DIALYSIS	.844147		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	18.614877		
60	01 CLINIC MULTI SPECIALTY	8.316230		
61	EMERGENCY	.273822	7,908	2,165
62	OBSERVATION BEDS (NON-DISTINCT PART)	.461029		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		54,883	15,349
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		54,883	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-5296 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.291867	183,144	53,454
38	RECOVERY ROOM	.497796		
39	DELIVERY ROOM & LABOR ROOM	.399068		
41	RADIOLOGY-DIAGNOSTIC	.171870	326,363	56,092
44	LABORATORY	.253619	884,197	224,249
49	RESPIRATORY THERAPY	.634089	498,900	316,347
49	01 SLEEP LAB	.336467		
50	PHYSICAL THERAPY	.722095	516,507	372,967
51	OCCUPATIONAL THERAPY	.954871	294,647	281,350
52	SPEECH PATHOLOGY	.455020	68,581	31,206
52	01 AUDIOLOGY	.768667	1,534	1,179
53	ELECTROCARDIOLOGY	.208179	84,157	17,520
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.088443	613,730	54,280
56	DRUGS CHARGED TO PATIENTS	.332344	2,006,529	666,858
57	RENAL DIALYSIS	.844147		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	18.614877		
60	01 CLINIC MULTI SPECIALTY	8.316230		
61	EMERGENCY	.273822		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.461029		
62	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,478,289	2,075,502
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,478,289	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0089 I

TITLE XIX HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT		4,959,463	
31	SUBPROVIDER		1,113,162	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.296073	2,965,472	877,996
38	RECOVERY ROOM	.497796	173,226	86,231
39	DELIVERY ROOM & LABOR ROOM	.399068	3,217,529	1,284,013
41	RADIOLOGY-DIAGNOSTIC	.173126	1,950,493	337,681
44	LABORATORY	.291643	1,691,544	493,327
49	RESPIRATORY THERAPY	.639319	509,678	325,847
49	01 SLEEP LAB	.336467	14,845	4,995
50	PHYSICAL THERAPY	.722095	81,822	59,083
51	OCCUPATIONAL THERAPY	.954871	38,389	36,657
52	SPEECH PATHOLOGY	.455020	34,627	15,756
52	01 AUDIOLOGY	.768667		
53	ELECTROCARDIOLOGY	.213081	1,059,037	225,661
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.088443		
56	DRUGS CHARGED TO PATIENTS	.332344		
57	RENAL DIALYSIS	.844147	23,281	19,653
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	24.441809		
60	01 CLINIC MULTI SPECIALTY	8.316230		
61	EMERGENCY	.281542	820,306	230,951
62	OBSERVATION BEDS (NON-DISTINCT PART)	.461029		
62	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,580,249	3,997,851
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,580,249	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2007 I PART A  
 I 15-0089 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

1	DRG AMOUNT		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 AND BEFORE JANUARY 1		
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	54,478,552	
	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)	842,647	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	276.55	
	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.	50.70	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEET 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		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	50.70	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	57.93	
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)	50.70	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	50.70	
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	50.70	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	50.70	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.183330	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.190144	
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.183330	
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	5,073,533	
	SUM OF LINES 3.21 - 3.23	5,073,533	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	5,283,275	
	PLUS E-3, PT VI, LINE 23	209,742	
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.22	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.91	
4.02	SUM OF LINES 4 AND 4.01	24.13	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	9.12	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,968,444	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	65,572,918	
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		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2007 I PART A  
 I 15-0089 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	65,572,918	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,449,736	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE	2,208,691	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	13,200	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	27,584	
17 PRIMARY PAYER PAYMENTS	73,272,129	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	223,092	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	73,049,037	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	5,628,400	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	151,022	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,075,878	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	753,115	
22 SUBTOTAL	687,478	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	68,022,730	
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		
27 SEQUESTRATION ADJUSTMENT	68,022,730	
28 INTERIM PAYMENTS		
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	67,274,440	
29 BALANCE DUE PROVIDER (PROGRAM)		
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	748,290	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2007	I	PART B
I	15-0089	I		I	

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,692
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	21,403,603
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	17,501,290
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.821
1.04	LINE 1.01 TIMES LINE 1.03.	17,572,358
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99.60
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.	43,151
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,692
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	4,424
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	4,424
	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)	4,424
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,732
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,692
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	17,544,441
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	306
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,533,017
19	SUBTOTAL (SEE INSTRUCTIONS)	13,012,810
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	584,963
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	13,597,773
24	PRIMARY PAYER PAYMENTS	21,622
25	SUBTOTAL	13,576,151
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	118,701
27	BAD DEBTS (SEE INSTRUCTIONS)	967,390
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	677,173
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	643,151
28	SUBTOTAL	14,372,025
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	14,372,025
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	14,026,382
34	INTERIM PAYMENTS	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	345,643
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2007	I	PART B
I	15-T089	I		I	

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 1

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT  
18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)  
19 SUBTOTAL (SEE INSTRUCTIONS)  
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  
24 PRIMARY PAYER PAYMENTS  
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  
26 COMPOSITE RATE ESRD  
27 BAD DEBTS (SEE INSTRUCTIONS)  
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  
28 SUBTOTAL  
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.  
30 OTHER ADJUSTMENTS (SPECIFY)  
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.  
32 SUBTOTAL  
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
34 INTERIM PAYMENTS  
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
35 BALANCE DUE PROVIDER/PROGRAM  
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2007	I	PART B
I	15-5089	I		I	

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 2

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
  - 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
  - 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
  - 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
  - 1.04 LINE 1.01 TIMES LINE 1.03.
  - 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
  - 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
  - 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
  - 2 INTERNS AND RESIDENTS
  - 3 ORGAN ACQUISITIONS
  - 4 COST OF TEACHING PHYSICIANS
  - 5 TOTAL COST (SEE INSTRUCTIONS)
- COMPUTATION OF LESSER OF COST OR CHARGES
- 6 REASONABLE CHARGES
  - 7 ANCILLARY SERVICE CHARGES
  - 8 INTERNS AND RESIDENTS SERVICE CHARGES
  - 9 ORGAN ACQUISITION CHARGES
  - 10 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
  - 11 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
  - 13 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
  - 14 RATIO OF LINE 11 TO LINE 12
  - 15 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
  - 16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
  - 17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
  - 18 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
  - 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)
- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 19 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
  - 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
  - 20 SUBTOTAL (SEE INSTRUCTIONS)
  - 21 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
  - 22 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
  - 23 ESRD DIRECT MEDICAL EDUCATION COSTS
  - 24 SUBTOTAL
  - 25 PRIMARY PAYER PAYMENTS
  - 26 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 27 COMPOSITE RATE ESRD
  - 28 BAD DEBTS (SEE INSTRUCTIONS)
  - 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
  - 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
  - 29 SUBTOTAL
  - 30 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
  - 31 OTHER ADJUSTMENTS (SPECIFY)
  - 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
  - 32 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
  - 33 SUBTOTAL
  - 34 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
  - 35 INTERIM PAYMENTS
  - 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
  - 36 BALANCE DUE PROVIDER/PROGRAM
  - 37 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0089 I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		64,391,384		12,947,755
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	6/30/2007	2,883,056	6/30/2007	1,078,627
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		2,883,056		1,078,627
4 TOTAL INTERIM PAYMENTS		67,274,440		14,026,382
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				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-T089 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,659,574		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		3,659,574		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-5089 I I

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		82,147		
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	10/ 3/2007	4,892	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		4,892	
4 TOTAL INTERIM PAYMENTS			87,039	NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		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				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2007 I PART I  
 I 15-1089 I

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	3,289,595
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0273
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	125,768
1.05	OUTLIER PAYMENTS	232,066
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,694,789
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.17
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.)	.17
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)	.17
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.632877
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	.014397
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	47,360
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,694,789
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,694,789
7	DEDUCTIBLES	73,752
8	SUBTOTAL	3,621,037
9	COINSURANCE	18,746
10	SUBTOTAL	3,602,291
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	10,475
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,333
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5,490
12	SUBTOTAL	3,609,624
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	295
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
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)	3,609,919
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,659,574
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-49,655
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-T089	I		I	

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

- 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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	401,307
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	200,654
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	34,983
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	1.16
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)	.643836
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	34,983
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	280,915
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	140,458
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-)	105,475
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	341,112
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	341,112
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	341,112
7	DEDUCTIBLES	7,616
8	SUBTOTAL	333,496
9	COINSURANCE	
10	SUBTOTAL	333,496
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	33,598
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,519
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	15,154
12	SUBTOTAL	357,015
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)	
15	OUTLIER RECONCILIATION ADJUSTMENT	
15.99	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
16	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	357,020
17	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
18	INTERIM PAYMENTS	87,039
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	269,981
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

		IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)	
I	PROVIDER NO:	I PERIOD:	I PREPARED 11/26/2007
I	15-0089	I FROM 7/ 1/2006	I WORKSHEET E-3
I	COMPONENT NO:	I TO 6/30/2007	I PART I
I	15-S089	I	I

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

- 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

IN LIEU OF FORM CMS-2552-96-E-3 (5/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I 15-5296 I I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			4,587
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			-4,587
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			4,587
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			-4,587
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			2,592,433
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			413
34	SUBTOTAL			2,588,259
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			2,588,259
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			2,588,259
42	COINSURANCE			114,636
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			16,844
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			3,015
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			12,695
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			2,486,318
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			2,486,318
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			2,486,318
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			2,473,210
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			13,108
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
76	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET E-3  
 I COMPONENT NO: I TO 6/30/2007 I PART III  
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			8,047,520	
2				
3				
4				
5				
6			8,047,520	
7				
8				
9			8,047,520	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			6,072,625	
11			12,580,249	
12				
13				
14				
15				
16			18,652,874	
	CUSTOMARY CHARGES			
17				
18				
19				
20			18,652,874	
21			10,605,354	
22				
23			8,047,520	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			8,047,520	
31				
32			8,047,520	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			8,047,520	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			8,047,520	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			8,047,520	
53				
54				
55			8,047,520	
56				
57			6,628,886	
57.01				
58			1,418,634	
59				

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		57.92
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		57.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		62.44
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		57.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		42.44
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		20.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		
3.10	SEE INSTRUCTIONS		62.44
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		57.92
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		18.55
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		19.69
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		19.22
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	RES INIT YEARS	19.22
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		74,082.00
3.18	SEE INSTRUCTIONS		1,423,856
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		38.51
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		37.81
3.21	SEE INSTRUCTIONS		
3.22	SEE INSTRUCTIONS	RES INIT YEARS	38.56
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		38.56
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,235.00
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,016,742
			4,440,598

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		42,831
5	TOTAL INPATIENT DAYS		72,879
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.		.587700
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	LN 6 * LN 3.25 + E-3, 6 L 11	2,793,654
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	2,609,739 183,915	
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		72,879
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		9,422,134
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)		81,130,808
13	ORGAN ACQUISITION COSTS		
14	COST OF TEACHING PHYSICIANS		
15	PRIMARY PAYER PAYMENTS		227,679
16	TOTAL PART A REASONABLE COST		80,903,129

TITLE XVIII

PART B REASONABLE COST		
17	REASONABLE COST	
18	PRIMARY PAYER PAYMENTS	21,448,446
19	TOTAL PART B REASONABLE COST	21,622
20	TOTAL REASONABLE COST	21,426,824
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	102,329,953
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.790610
		.209390
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,793,654
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,208,691
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	584,963

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	4.00	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	4.52	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	4.00	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	78,235.00	
9 MULTIPLY LINE 7 TIMES LINE 8	312,940	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.587700	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	183,915	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )		

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IME FTE CAP		

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).	4.00	
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	7.23	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	4.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.014464	
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.003850	
21 ORG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	54,478,552	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	209,742	

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
15-0089I PERIOD:  
I FROM 7/ 1/2006  
I TO 6/30/2007I PREPARED 11/26/2007  
I WORKSHEET G

ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 CURRENT ASSETS				
2 CASH ON HAND AND IN BANKS	1,972,044			
3 TEMPORARY INVESTMENTS				
4 NOTES RECEIVABLE				
5 ACCOUNTS RECEIVABLE	111,467,566			
6 OTHER RECEIVABLES	2,415,098			
7 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-64,528,222			
8 INVENTORY	3,954,533			
9 PREPAID EXPENSES	328,155			
10 OTHER CURRENT ASSETS				
11 DUE FROM OTHER FUNDS				
12 TOTAL CURRENT ASSETS	55,609,174			
13 FIXED ASSETS				
14 LAND				
15 LAND IMPROVEMENTS				
16.01 LESS ACCUMULATED DEPRECIATION				
17 BUILDINGS				
18.01 LESS ACCUMULATED DEPRECIATION				
19 LEASEHOLD IMPROVEMENTS				
20.01 LESS ACCUMULATED DEPRECIATION				
21 FIXED EQUIPMENT	328,752,341			
22.01 LESS ACCUMULATED DEPRECIATION	-164,302,740			
23 AUTOMOBILES AND TRUCKS				
24.01 LESS ACCUMULATED DEPRECIATION				
25 MAJOR MOVABLE EQUIPMENT				
26.01 LESS ACCUMULATED DEPRECIATION				
27 MINOR EQUIPMENT DEPRECIABLE				
28.01 LESS ACCUMULATED DEPRECIATION				
29 MINOR EQUIPMENT-NONDEPRECIABLE				
30 TOTAL FIXED ASSETS	164,449,601			
31 OTHER ASSETS				
32 INVESTMENTS				
33 DEPOSITS ON LEASES				
34 DUE FROM OWNERS/OFFICERS				
35 OTHER ASSETS	3,667,261			
36 TOTAL OTHER ASSETS	3,667,261			
37 TOTAL ASSETS	223,726,036			

## BALANCE SHEET

I IN LIEU OF FORM CMS-2552-96 (06/2003)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I  
 I I TO 6/30/2007 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE				
29 SALARIES, WAGES & FEES PAYABLE	8,602,150			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,996,436			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	12,598,586			
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	11,047,772			
42 TOTAL LONG-TERM LIABILITIES	11,047,772			
43 TOTAL LIABILITIES	23,646,358			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	200,079,678			
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	200,079,678			
52 TOTAL LIABILITIES AND FUND BALANCES	223,726,036			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		190,070,554		
2 OF PERIOD				
3 NET INCOME (LOSS)		-16,389,976		
4 TOTAL		173,680,578		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 NON OPERATING INCOME	6,433,068			
7 OTHER OPERATING INCOME	10,649,766			
8 GAIN ON DISPOSAL	6,070,734			
9 OTHER ADJ BTWN YEARS	3,609,505			
10 TOTAL ADDITIONS		26,763,073		
11 SUBTOTAL		200,443,651		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 INTERCOMPANY ELIM & ADDIT	363,973			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		363,973		
19 FUND BALANCE AT END OF		200,079,678		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 NON OPERATING INCOME				
7 OTHER OPERATING INCOME				
8 GAIN ON DISPOSAL				
9 OTHER ADJ BTWN YEARS				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 INTERCOMPANY ELIM & ADDIT				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET G-2  
 I I TO 6/30/2007 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	364,687,147		364,687,147
2 00 SUBPROVIDER			
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	364,687,147		364,687,147
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	364,687,147		364,687,147
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES		288,955,814	288,955,814
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
23 01 HOSPICE 2			
23 02 HOSPICE 3			
24 00			
25 00 TOTAL PATIENT REVENUES	364,687,147	288,955,814	653,642,961

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	258,947,499		
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	258,947,499		

## STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET G-3  
 I I TO 6/30/2007 I

## DESCRIPTION

1	TOTAL PATIENT REVENUES	653,642,961
2	LESS: ALLOWANCES AND DISCOUNTS ON	411,085,438
3	NET PATIENT REVENUES	242,557,523
4	LESS: TOTAL OPERATING EXPENSES	258,947,499
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-16,389,976
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
25	TOTAL OTHER INCOME	
26	TOTAL OTHER EXPENSES	-16,389,976
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-16,389,976

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I  
 I SATELLITE NO: I TO 6/30/2007 I WORKSHEET I-1  
 I I I

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

\_\_\_ HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	905,706	HOURS OF SERVICE	34,314.00	16.50
2 LICENSED PRACTICAL NURSES	234,531	HOURS OF SERVICE	14,710.00	7.07
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	347,963	HOURS OF SERVICE	27,781.00	13.36
5 SOCIAL WORKERS	44,080	HOURS OF SERVICE	1,792.00	.86
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	105,245	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,637,525			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	225,449	PERCENTAGE OF TIME		
14 SUPPLIES	170,481	REQUISITIONS		
15 DRUGS	1,914,509	REQUISITIONS		
16 OTHER	897,655	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	4,845,619			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	310,861	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	133	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	570,348	SALARY		
23 ADMINISTRATIVE AND GENERAL	670,245	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	1,010,103	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	9,172	REQUISITIONS		
27 PHARMACY	130,855	REQUISITIONS		
28 OTHER ALLOCATED COST	406,332	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	7,953,668			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	7,953,668			

\* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0089  
 I PERIOD: FROM 7/ 1/2006 TO 6/30/2007  
 I SATELLITE NO:  
 I PREPARED 11/26/2007  
 I WORKSHEET I-3

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

\_\_\_ HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1 BUILDING (SQUARE FEET)	2 EQUIPMENT (% OF TIME)	3 RNS (HOURS)	4 OTHER (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,320,964	225,582	905,706	626,574	570,348
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING	19,445	19,445.00	19,445.00	19,445.00	19,445
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	14	14.00	14.00	14.00	14
7	CCDP HOME	20	20.00	20.00	20.00	20
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	3,241	3,241.00	3,241.00	3,241.00	3,241
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
15	OTHER					
16	TOTAL STATISTICAL BASIS	22,720	22,720.00	22,720.00	22,720.00	22,720
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	58.141021	9.928785	39.863820	27.578081	25.103345

COMPOSITE PAYMENT SERVICES		6 DRUGS (REQUIST.)	7 MEDICAL SUPPLIES (REQUIST.)	8 ROUTINE ANCILLARY SERVICES (CHARGES)	9 SUBTOTAL (SUM OF COLS. 1-8)	10 OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,045,364	179,653		5,874,191	2,079,477
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING	19,445	19,445			
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	14	14			
7	CCDP HOME	20	20			
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD	3,241	3,241			
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
15	OTHER					
16	TOTAL STATISTICAL BASIS	22,720	22,720		5,874,191	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	90.024824	7.907262			.354002

COMPUTATION OF AVERAGE COST PER TREATMENT  
 FOR OUTPATIENT RENAL DIALYSIS

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

\_\_\_ HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	13,118	6,807,179	518.92	9,803	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	14	4,900	350.00	2	
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	20	7,002	350.10	6	
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	PATIENT WEEKS	1,134,587		PATIENT WEEKS	
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	13,152	7,953,668		9,811	
	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT	
	5	6	6.01	7	
1 MAINTENANCE - HEMODIALYSIS	5,086,973	142.79		1,399,770	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	700	142.79		286	
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	2,101	142.79		857	
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	5,089,774			1,400,913	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

I PROVIDER NO: 15-0089 I PERIOD: FROM 7/1/2006 TO 6/30/2007 I PREPARED 11/26/2007  
 I SATELLITE NO: I TO I WORKSHEET I-4  
 I RATE 1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

\_\_\_ HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1	1	2	3	4	4.01
2	13,118	6,807,179	518.92	3,926	
3					
4					
5	14	4,900	350.00		
6					
7	20	7,002	350.10		
8					
9	PATIENT WEEKS	1,134,587		PATIENT WEEKS	
10					
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	13,152	7,953,668	3,926	
	TOTAL PROGRAM EXPENSES	5	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
		2,037,280	138.67	6.01	7
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	2,037,280			544,418

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	
I	SATELLITE NO:	I	TO 6/30/2007	I	WORKSHEET I-5
I		I		I	RATE 1

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	7,127,054
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	1,945,331
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	41
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	214,096
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	118,701
5	01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	137,390
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	95,436
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	1,556,232
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	293,663
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	118,701

RECLASSIFICATION AND ADJUSTMENT  
 OF TRIAL BALANCE EXPENSES

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	117,338			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	275,517			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				1,927
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING	49,354			
20 DIETARY COUNSELING				
21 COUNSELING - OTHER	70,538			
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	512,747			1,927

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K  
I HOSPICE NO: I TO 6/30/2007 I  
I 15-1570 I I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	578,257	695,595		695,595
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		275,517		275,517
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		1,927		1,927
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING		49,354		49,354
20 DIETARY COUNSELING				
21 COUNSELING - OTHER		70,538		70,538
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	578,257	1,092,931		1,092,931

RECLASSIFICATION AND ADJUSTMENT  
 OF TRIAL BALANCE EXPENSES

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
ADMINISTRATIVE AND GENERAL		695,595
7 INPATIENT CARE SERVICE		
8 INPATIENT - GENERAL CARE		
9 INPATIENT - RESPITE CARE		
10 VISITING SERVICES		
11 PHYSICIAN SERVICES		
12 NURSING CARE		275,517
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,927
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		49,354
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		70,538
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,092,931

COMPENSATION ANALYSIS  
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-1  
 I HOSPICE NO: I TO 6/30/2007 I  
 I 15-1570 I I

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	117,338			
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
9 VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			70,538	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
19 OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	117,338		70,538	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2007	I	
I	15-1570	I		I	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20	275,517			
11				
12				
13				
14				
15				
16				
17				49,354
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	275,517			49,354

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-1  
 I HOSPICE NO: I TO 6/30/2007 I  
 I 15-1570 I I

HOSPICE 1

	TOTAL (1)
	9
1 GENERAL SERVICE COST CENTERS	
2 CAPITAL RELATED COSTS-BLDG AND FIXT.	
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4 PLANT OPERATION AND MAINTENANCE	
5 TRANSPORTATION - STAFF	
6 VOLUNTEER SERVICE COORDINATION	
7 ADMINISTRATIVE AND GENERAL	117,338
8 INPATIENT CARE SERVICE	
9 INPATIENT - GENERAL CARE	
10 INPATIENT - RESPITE CARE	
11 VISITING SERVICES	
12 PHYSICIAN SERVICES	
13 NURSING CARE	
14.20 NURSING CARE-CONTINUOUS HOME CARE	275,517
15 PHYSICAL THERAPY	
16 OCCUPATIONAL THERAPY	
17 SPEECH/LANGUAGE PATHOLOGY	
18 MEDICAL SOCIAL SERVICES	
19 SPIRITUAL COUNSELING	
20 DIETARY COUNSELING	49,354
21 COUNSELING - OTHER	70,538
22 HOME HEALTH AIDE AND HOMEMAKER	
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24 OTHER HOSPICE SERVICE COSTS	
25 OTHER	
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27.30 ANALGESICS	
28.31 SEDATIVES / HYPNOTICS	
29.32 OTHER - SPECIFY	
30 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31 PATIENT TRANSPORTATION	
32 IMAGING SERVICES	
33 LABS AND DIAGNOSTICS	
34 MEDICAL SUPPLIES	
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36 RADIATION THERAPY	
37 CHEMOTHERAPY	
38 OTHER	
39 BEREAVEMENT PROGRAM COSTS	
40 VOLUNTEER PROGRAM COSTS	
41 FUNDRAISING	
42 OTHER PROGRAM COSTS	
43 TOTAL (SUM OF LINES 1 THRU 33)	512,747

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-3 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-3  
 I HOSPICE NO: I TO 6/30/2007 I  
 I 15-1570 I I

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96-K-3 (05/2007)  
I 15-0089 I FROM 7/ 1/2006 I PREPARED 11/26/2007  
I HOSPICE NO: I TO 6/30/2007 I WORKSHEET K-3  
I 15-1570 I I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		1,927		
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		1,927		

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2007
I	15-0089	I	FROM 7/ 1/2006	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2007	I	
I	15-1570	I		I	

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	1,927
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,927

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1 GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	695,595			
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
9 VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	275,517			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,927			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING	49,354			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER	70,538			
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
18.20 OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,092,931			

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			695,595	695,595
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			275,517	482,334
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			1,927	3,373
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING			49,354	86,401
20 DIETARY COUNSELING				
21 COUNSELING - OTHER			70,538	123,487
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			397,336	695,595

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	757,851
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	5,300
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	135,755
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	194,025
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,092,931

COST ALLOCATION -  
 HOSPICE STATISTICAL BASIS

HOSPICE 1

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

COST ALLOCATION -  
 HOSPICE STATISTICAL BASIS

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	5	6A	6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-695,595	397,336
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			
14.20 NURSING CARE-CONTINUOUS HOME CARE			275,517
15 PHYSICAL THERAPY			1,927
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			49,354
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			70,538
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			695,595
45 UNIT COST MULTIPLIER	.000000		1.750647

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE COST CENTER	HOSPICE 1				
	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		27,817		
2.00 INPATIENT - GENERAL CARE	7			16	178,589
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	757,851			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	5,300			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15	135,755			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17	194,025			
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00 OTHER	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER -- SPECIFY	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00 OTHER	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,092,931	27,817	16	178,589
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	COMMUNICATIONS/ PHONES	DATA PROCESSING	PURCHASING, RECI EVING, AND GENERAL	ADMITTING
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			5,613	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			5,613	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-5  
 I HOSPICE NO: I TO 6/30/2007 I PART I  
 I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	6.05	6A.05	6.06	7
1.00 ADMINISTRATIVE AND GENERAL		212,035	20,147	64,613
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		757,851	72,008	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		5,300	504	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING		135,755	12,899	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		194,025	18,435	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,304,966	123,993	64,613
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	15,830			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	15,830			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-5  
 I HOSPICE NO: I TO 6/30/2007 I PART I  
 I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	12,919			104
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	12,919			104
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	17	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-5  
 I HOSPICE NO: I TO 6/30/2007 I PART I  
 I 15-1570 I I I

HOSPICE 1

HOSPICE COST CENTER	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	325,648		325,648	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	829,859		829,859	225,809
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	5,804		5,804	1,579
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING	148,654		148,654	40,449
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	212,460		212,460	57,811
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,522,425		1,522,425	.272104
30.00 UNIT COST MULTIPLIER				

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	1,055,668
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	7,383
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	
10.00 SPIRITUAL COUNSELING	189,103
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	270,271
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00 OTHER	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER -- SPECIFY	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00 OTHER	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,522,425
30.00 UNIT COST MULTIPLIER	

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

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-5  
I HOSPICE NO: I TO 6/30/2007 I PART II  
I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS/ PHONES (PHONE LINES)
	3	4	5	
1.00 ADMINISTRATIVE AND GENERAL				6.01
2.00 INPATIENT - GENERAL CARE	2,164	4,872	512,747	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,164	4,872	512,747	
30.00 TOTAL COST TO BE ALLOCATED	27,817	16	178,589	
31.00 UNIT COST MULTIPLIER	12.854436	.003284	.348298	.000000

HOSPICE COST CENTER	DATA PROCESSING (GROSS CHARGES)	PURCHASING, RECI EVING, AND GENERAL (STOCK ISSUES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCO UNTS RECEIVABLE (GROSS CHARGES)
	6.02	6.03	6.04	6.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		604,608		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		604,608		
30.00 TOTAL COST TO BE ALLOCATED		5,613		
31.00 UNIT COST MULTIPLIER	.000000	.009284	.000000	.000000

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-5  
 I HOSPICE NO: I TO 6/30/2007 I PART II  
 I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6A.06	(ACCUMULATED COST)	(SQUARE FEET)	(SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL		6.06	7	8
2.00 INPATIENT - GENERAL CARE		212,035	2,164	2,164
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		757,851		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		5,300		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING		135,755		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER		194,025		
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,304,966	2,164	2,164
30.00 TOTAL COST TO BE ALLOCATED		123,993	64,613	15,830
31.00 UNIT COST MULTIPLIER		.095016	29.858133	7.315157

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				922
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				922
30.00 TOTAL COST TO BE ALLOCATED				12,919
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	14.011931

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-0089 I FROM 7/ 1/2006 I WORKSHEET K-5  
I HOSPICE NO: I TO 6/30/2007 I PART II  
I 15-1570 I I

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
1.00 ADMINISTRATIVE AND GENERAL	14	15	16	17
2.00 INPATIENT - GENERAL CARE				231
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				231
30.00 TOTAL COST TO BE ALLOCATED				104
31.00 UNIT COST MULIPLIER	.000000	.000000	.450216	.000000

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (100% RADIOLOGY)
1.00 ADMINISTRATIVE AND GENERAL	22	23	24
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00 OTHER			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER -- SPECIFY			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00 OTHER			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000

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

IN LIEU OF FORM CMS-2552-96-K-5-III (09/2000)  
 PROVIDER NO: 15-0089 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 HOSPICE NO: 15-1570  
 PREPARED 11/26/2007  
 WORKSHEET K-5  
 PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.722095	
2	OCCUPATIONAL THERAPY	51	.954871	
3	SPEECH PATHOLOGY	52	.455020	
3.01	AUDIOLOGY	52.01	.768667	
4	DRUGS CHARGED TO PATIENTS	56	.332344	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.253619	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.088443	
8	EMERGENCY	61	.273822	
9	RADIOLOGY-DIAGNOSTIC	41	.171870	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,522,425
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				10,382
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				146.64
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	8,529			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,250,693			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST		605		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		88,717		
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,248	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			183,007	

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-0089 I FROM 7/ 1/2006 I WORKSHEET L  
 I COMPONENT NO: I TO 6/30/2007 I PARTS I-IV  
 I 15-0089 I  
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,733,548
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	74,792
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	188.39
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	54.70
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	8.54
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	404,245
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	5.22
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.91
	DAYS REPORTED ON 5-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.13
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.01
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	237,151
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,449,736
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	