

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0086	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/20/2008 TIME 17:01

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: DEARBORN COUNTY HOSPITAL 15-0086 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 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)
 Executive Director
 TITLE
 05/21/2008
 DATE

 ECR ENCRYPTION INFORMATION
 DATE: 5/20/2008 TIME 17:01

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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0		-18,101	10,698	0
5 HOSPITAL-BASED SNF	0		3,910	-29	0
7 HOSPITAL-BASED HHA	0		0	-1	0
100 TOTAL	0		-14,191	10,668	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 600 WILSON CREEK ROAD
 01 CITY: LAWRENCEBURG P.O. BOX: STATE: IN ZIP CODE: 47025- COUNTY: DEARBORN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0					V XVIII XIX
00	HOSPITAL	DEARBORN COUNTY HOSPITAL	15-0086	7/1/1966	4 5 6
06.00	HOSPITAL-BASED SNF	DEARBORN COUNTY HOSPITAL SUBACUTE	15-5602	8/28/1996	N P O
09.00	HOSPITAL-BASED HHA	HEALTH SERVICES CORP. OF SE IN	15-7055	10/1/1978	N P N
10.00	HOSP-BASED HOSPICE	HOSPICE OF SOUTHEASTERN INDIANA	15-1531	12/22/1994	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 TYPE OF CONTROL 1 2

19 HOSPITAL
 20 SUBPROVIDER 1

21.01 OTHER INFORMATION
 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.
 21.02 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
 21.03 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).
 21.04 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 17140
 21.05 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
 21.06 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
 23.01 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
 23.02 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23.03 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 23.04 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.05 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.06 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.07 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 24.01 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE // //
 24.02 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 24.03 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 25.01 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 25.02 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
 25.03 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
 25.04 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.05 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.06 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
 25.07 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26.01 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.
 26.02 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.03 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // //
 26.04 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // //
 26.05 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 // //

01 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
 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
01	100	0.9601	0.9784	
02	0.00	1	1640	17140

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

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

	%	Y/N
03 STAFFING	115.17%	Y
04 RECRUITMENT	0.00%	
05 RETENTION	0.00%	
06 TRAINING	0.00%	

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

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

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

03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

01 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

02 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

03 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

04 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

05 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

06 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

01 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.

02 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

03 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

	V	XVIII	XIX
01	1	2	3
01	N	Y	N
02	N	N	N
03	N	N	N
04	N	N	N

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

02 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)

03 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

04 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

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

THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR ARGES, 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
00 HOSPITAL	N	N	N	N	N
00 SNF	N	N			
00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 53.01 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 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: / /
 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
- 54.02 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	FEES
	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.		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
- 57 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

- 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). 0

58.01 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) 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). 0

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE 3	O/P VISITS / NOT LTCH 4	TRIPS TOTAL 5
1 ADULTS & PEDIATRICS		75			7,582	1,807
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS		75			7,582	1,807
6 INTENSIVE CARE UNIT		8			1,127	141
11 NURSERY						664
12 TOTAL		83			8,709	2,612
13 RPCH VISITS						
15 SKILLED NURSING FACILITY		12			3,031	
18 HOME HEALTH AGENCY					6,162	
21 HOSPICE					3,256	
25 TOTAL		95				
26 OBSERVATION BED DAYS						105
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES / NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			14,276				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			14,276				
6 INTENSIVE CARE UNIT			2,054				
11 NURSERY			1,075				
12 TOTAL			17,405				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,901				
18 HOME HEALTH AGENCY			9,798				
21 HOSPICE			3,608				
25 TOTAL							
26 OBSERVATION BED DAYS	14	91	1,497	257	1,240		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES / TITLE XVIII 13	DISCHARGES / TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS				1,832	685	4,008
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		585.30		1,832	685	4,008
13 RPCH VISITS						
15 SKILLED NURSING FACILITY		20.00				
18 HOME HEALTH AGENCY		20.50				
21 HOSPICE		4.60				
25 TOTAL		630.40				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET S-3
 I I TO 12/31/2007 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	30,748,541		30,748,541	1,341,068.00	22.93	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	1,342,865		1,342,865	13,746.00	97.69	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,024,423		1,024,423	41,530.00	24.67	
8.01	EXCLUDED AREA SALARIES	1,477,558	57,079	1,534,637	68,356.00	22.45	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	334,741		334,741	6,515.00	51.38	
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	175,000		175,000	1,195.50	146.38	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	8,179,992		8,179,992			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	779,729		779,729			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						CMS 339
19.01	PHYSICIAN PART B	200,915		200,915			CMS 339
20	WAGE-RELATED COSTS (RHC/FQHC) INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	300,880		300,880	12,039.00	24.99	
22.01	ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	3,400,152	-33,856	3,366,296	168,707.00	19.95	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	934,840	28,513	963,353	40,143.00	24.00	
25	LAUNDRY & LINEN SERVICE	151,655		151,655	12,291.00	12.34	
26	HOUSEKEEPING	643,605	-5,881	637,724	57,007.00	11.19	
26.01	HOUSEKEEPING UNDER CONTRACT	75,799		75,799	2,080.00	36.44	
27	DIETARY	1,109,646	-553,170	556,476	32,665.00	17.04	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		553,170	553,170	41,167.00	13.44	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	635,633	-14,285	621,348	18,433.00	33.71	
31	CENTRAL SERVICE AND SUPPLY	310,788		310,788	20,396.00	15.24	
32	PHARMACY	1,159,300	4,900	1,164,200	38,389.00	30.33	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	735,658		735,658	40,645.00	18.10	
34	SOCIAL SERVICE	155,173		155,173	6,401.00	24.24	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	29,405,676		29,405,676	1,327,322.00	22.15	
2	EXCLUDED AREA SALARIES	2,501,981	57,079	2,559,060	109,886.00	23.29	
3	SUBTOTAL SALARIES	26,903,695	-57,079	26,846,616	1,217,436.00	22.05	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	509,741		509,741	7,710.50	66.11	
5	SUBTOTAL WAGE-RELATED COSTS	8,179,992		8,179,992		30.47	
6	TOTAL	35,593,428	-57,079	35,536,349	1,225,146.50	29.01	
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	9,613,129	-20,609	9,592,520	490,363.00	19.56	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0086
HHA NO: 15-7055
COUNTY:
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 5/20/2008
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,692	636	78
2 UNDUPLICATED CENSUS COUNT		360.00	36.00	186.00

	TOTAL 5
1 HOME HEALTH AIDE HOURS	2,406
2 UNDUPLICATED CENSUS COUNT	582.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.16		2.16
5 OTHER ADMINISTRATIVE PERSONEL	2.23		2.23
6 DIRECTING NURSING SERVICE	6.72		6.72
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.20		2.20
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.70		.70
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.11		.11
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.31		.31
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	4.72		4.72
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		17140
20.01		99915

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

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	2,323	48	115	35
22 SKILLED NURSING VISIT CHARGES	441,500	9,173	21,837	6,671
23 PHYSICAL THERAPY VISITS	1,565	0	54	43
24 PHYSICAL THERAPY VISIT CHARGES	326,712	0	11,307	8,943
25 OCCUPATIONAL THERAPY VISITS	407	0	6	9
26 OCCUPATIONAL THERAPY VISIT CHARGES	84,719	0	1,259	1,850
27 SPEECH PATHOLOGY VISITS	20	0	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,195	0	629	0
29 MEDICAL SOCIAL SERVICE VISITS	80	1	4	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	22,654	285	1,142	571
31 HOME HEALTH AIDE VISITS	1,311	0	7	4
32 HOME HEALTH AIDE VISIT CHARGES	164,012	0	944	889
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,706	49	189	93
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,043,792	9,458	37,118	18,924
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	368	0	67	9
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	23,858	148	2,190	117

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0086
HHA NO: 15-7055
COUNTY:
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 5/20/2008
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	40	2,561
22 SKILLED NURSING VISIT CHARGES	0	7,557	486,738
23 PHYSICAL THERAPY VISITS	0	38	1,700
24 PHYSICAL THERAPY VISIT CHARGES	0	7,951	354,913
25 OCCUPATIONAL THERAPY VISITS	0	19	441
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	3,985	91,813
27 SPEECH PATHOLOGY VISITS	0	14	37
28 SPEECH PATHOLOGY VISIT CHARGES	0	2,937	7,761
29 MEDICAL SOCIAL SERVICE VISITS	0	4	91
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	1,116	25,768
31 HOME HEALTH AIDE VISITS	0	10	1,332
32 HOME HEALTH AIDE VISIT CHARGES	0	1,167	167,012
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	125	6,162
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	24,713	1,134,005
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	5	449
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	194	26,507

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET S-7
I TO 12/31/2007 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		32				
3	RUA						
3	.01 RUX						
3	.02 RUL		6				
4	RVC						
5	RVB		13				
6	RVA						
6	.01 RVX		28				
6	.02 RVL		60				
7	RHC		30				
8	RHB		43				
9	RHA		28				
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB		41				
12	RMA		96				
12	.01 RMX		585				
12	.02 RML		1,424				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		89				
16	SE2		312				
17	SE1						
18	SSC						
19	SSB						
20	SSA		228				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		16				
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		3,031				

(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): 0.9601
 Wage Index Factor (after 10/01): 0.9784
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1640
 SNF CBSA Code : 17140

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0086
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 5/20/2008
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)	SWING BED SNF	TOTAL
		RUGS DAYS	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) : 0.9601
 Wage Index Factor (after 10/01) : 0.9784
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1640
 SNF CBSA Code : 17140

HOSPICE IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET S-9
I	15-1531	I		I	

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	3,214			
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE	43			
5 TOTAL HOSPICE DAYS	3,257			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	331	3,545
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE	20	63
5 TOTAL HOSPICE DAYS	351	3,608

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	77			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	42.30			
9 UNDUPLICATED CENSUS COUNT	70			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	27	104
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	13.00	34.69
9 UNDUPLICATED CENSUS COUNT	26	96

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	291,538
17.01	GROSS MEDICAID REVENUES	3,467,849
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	146,545
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,905,932
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	668,496
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.401219
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	268,213
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	13,377,357
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,367,250
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,456,300
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,590,390
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,635,463

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0086 I

I PERIOD: I PREPARED 5/20/2008 I FROM 1/ 1/2007 I WORKSHEET A I TO 12/31/2007 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		3,866,779	3,866,779	-3,794,957	71,822
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				1,546	1,546
3	0300 NEW CAP REL COSTS-BLDG & FIXT		291,093	291,093	1,624,633	1,915,726
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		277,257	277,257	2,110,567	2,387,824
5	0500 EMPLOYEE BENEFITS	300,880	9,191,743	9,492,623		9,492,623
6.01	0610 NONPATIENT TELEPHONES	114,714	256,870	371,584		371,584
6.02	0620 DATA PROCESSING	460,197	347,675	807,872		807,872
6.03	0630 PURCHASING, RECEIVING AND STORES	224,454	65,065	289,519		289,519
6.04	0640 ADMITTING	804,983	94,148	899,131		899,131
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	723,045	396,982	1,120,027	-45,806	1,074,221
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	1,072,759	2,535,840	3,608,599	-88,861	3,519,738
8	0800 OPERATION OF PLANT	934,840	1,593,509	2,528,349	19,280	2,547,629
9	0900 LAUNDRY & LINEN SERVICE	151,655	115,753	267,408		267,408
10	1000 HOUSEKEEPING	643,605	228,023	871,628	1,360	872,988
11	1100 DIETARY	1,109,646	719,137	1,828,783	-930,717	898,066
12	1200 CAFETERIA				930,717	930,717
14	1400 NURSING ADMINISTRATION	635,633	33,388	669,021	-14,285	654,736
15	1500 CENTRAL SERVICES & SUPPLY	310,788	89,193	399,981		399,981
16	1600 PHARMACY	1,159,300	101,371	1,260,671	4,900	1,265,571
17	1700 MEDICAL RECORDS & LIBRARY	735,658	96,045	831,703	-13,814	817,889
18	1800 SOCIAL SERVICE	155,173	2,525	157,698		157,698
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	5,267,883	777,824	6,045,707	-608,477	5,437,230
33	3300 INTENSIVE CARE UNIT	1,187,096	58,716	1,245,812		1,245,812
34	3400 NURSERY				400,559	400,559
37	3700 SKILLED NURSING FACILITY	1,024,423	54,049	1,078,472		1,078,472
38	3800 ANCILLARY SRVC COST CNTRS					
39	3900 OPERATING ROOM	1,458,954	3,255,938	4,714,892		4,714,892
40	4000 RECOVERY ROOM	716,098	38,139	754,237		754,237
41	4100 DELIVERY ROOM & LABOR ROOM				207,918	207,918
41.01	4101 ANESTHESIOLOGY		511,255	511,255		511,255
42	4200 RADIOLOGY-DIAGNOSTIC	2,347,027	1,549,170	3,896,197	-63,140	3,833,057
44	4400 ULTRASOUND	223,714	28,290	252,004		252,004
49	4900 RADIOLOGY-THERAPEUTIC	275,599	427,935	703,534	1,114	704,648
50	5000 LABORATORY	2,008,475	2,857,492	4,865,967	13,111	4,879,078
51	5100 RESPIRATORY THERAPY	751,590	133,019	884,609	4,050	888,659
52	5200 PHYSICAL THERAPY	874,101	98,021	972,122	4,619	976,741
53	5300 OCCUPATIONAL THERAPY	253,029	73,638	326,667	1,159	327,826
55	5500 SPEECH PATHOLOGY	102,752	4,005	106,757	401	107,158
56	5600 ELECTROCARDIOLOGY	381,614	788,861	1,170,475	2,216	1,172,691
61	6100 MEDICAL SUPPLIES CHARGED TO PATIENTS		608,415	608,415		608,415
62	6200 DRUGS CHARGED TO PATIENTS		3,007,876	3,007,876		3,007,876
71	7100 OUTPAT SERVICE COST CNTRS					
88	8800 EMERGENCY	2,861,298	231,158	3,092,456		3,092,456
90	9000 OBSERVATION BEDS (NON-DISTINCT PART)					
93	9300 OTHER REIMBURS COST CNTRS					
95	9500 HOME HEALTH AGENCY	1,059,825	157,811	1,217,636	11,644	1,229,280
96	9600 SPEC PURPOSE COST CENTERS					
98	9800 INTEREST EXPENSE					
98.01	9801 OTHER CAPITAL RELATED COSTS					
98.02	9802 HOSPICE	267,161	176,538	443,699	2,641	446,340
98.03	9803 SUBTOTALS	30,597,969	35,140,546	65,738,515	-217,622	65,520,893
100	1000 NONREIMBURS COST CENTERS					
101	1010 GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,992	788	81,780		81,780
101.01	10101 PHYSICIANS' PRIVATE OFFICES		87,268	87,268	217,622	304,890
101.02	10102 PHYSICIAN CLINIC	69,580	5,405	74,985		74,985
101.03	10103 LIFELINE		54,647	54,647		54,647
101.04	10104 CREDIT UNION					
101.05	10105 COMMUNITY MENTAL HEALTH CENTER					
TOTAL		30,748,541	35,288,654	66,037,195	-0-	66,037,195

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 15-0086 I
I II PERIOD: I
I FROM 1/ 1/2007 I PREPARED 5/20/2008
I TO 12/31/2007 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-84	71,738
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1,546
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-301,541	1,614,185
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-2,508	2,385,316
5	0500 EMPLOYEE BENEFITS		9,492,623
6.01	0610 NONPATIENT TELEPHONES	-10,455	361,129
6.02	0620 DATA PROCESSING		807,872
6.03	0630 PURCHASING, RECEIVING AND STORES		289,519
6.04	0640 ADMITTING		899,131
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		1,074,221
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-1,718,092	1,801,646
8	0800 OPERATION OF PLANT	-86,254	2,461,375
9	0900 LAUNDRY & LINEN SERVICE		267,408
10	1000 HOUSEKEEPING		872,988
11	1100 DIETARY		898,066
12	1200 CAFETERIA	-345,569	585,148
14	1400 NURSING ADMINISTRATION		654,736
15	1500 CENTRAL SERVICES & SUPPLY		399,981
16	1600 PHARMACY	-128	1,265,443
17	1700 MEDICAL RECORDS & LIBRARY	-2,961	814,928
18	1800 SOCIAL SERVICE		157,698
25	2500 INPAT ROUTINE SRVC CNTRS		
26	2600 ADULTS & PEDIATRICS	-223,698	5,213,532
33	3300 INTENSIVE CARE UNIT		1,245,812
34	3400 NURSERY		400,559
37	3700 SKILLED NURSING FACILITY	-15,000	1,063,472
38	3800 ANCILLARY SRVC COST CNTRS		
39	3900 OPERATING ROOM		4,714,892
40	4000 RECOVERY ROOM		754,237
41	4100 DELIVERY ROOM & LABOR ROOM		207,918
42	4200 ANESTHESIOLOGY	-409,992	101,263
44	4400 RADIOLOGY-DIAGNOSTIC	-154,540	3,678,517
49	4900 RADIOLOGY-THERAPEUTIC		252,004
50	5000 LABORATORY	-50,972	704,648
51	5100 RESPIRATORY THERAPY	-14,035	4,828,106
52	5200 PHYSICAL THERAPY		874,624
53	5300 OCCUPATIONAL THERAPY		976,741
55	5500 SPEECH PATHOLOGY		327,826
56	5600 ELECTROCARDIOLOGY	-349,290	107,158
61	6100 MEDICAL SUPPLIES CHARGED TO PATIENTS		823,401
62	6200 DRUGS CHARGED TO PATIENTS	-725,696	608,415
71	7100 OUTPAT SERVICE COST CNTRS		2,282,180
88	8800 EMERGENCY	-1,471,030	1,621,426
90	9000 OBSERVATION BEDS (NON-DISTINCT PART)		
93	9300 OTHER REIMBURS COST CNTRS		
95	9500 HOME HEALTH AGENCY		1,229,280
96	9600 SPEC PURPOSE COST CENTERS		
98	9800 INTEREST EXPENSE		-0-
98.01	9801 OTHER CAPITAL RELATED COSTS		-0-
98.02	9802 HOSPICE	-360	445,980
98.03	9803 SUBTOTALS	-5,882,205	59,638,688
100	1000 NONREIMBURS COST CENTERS		
101	1010 GIFT, FLOWER, COFFEE SHOP & CANTEEN		81,780
	1011 PHYSICIANS' PRIVATE OFFICES		304,890
	1012 PHYSICIAN CLINIC		74,985
	1013 LIFELINE		54,647
	1014 CREDIT UNION		
	1015 COMMUNITY MENTAL HEALTH CENTER		
	TOTAL	-5,882,205	60,154,990

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIAN CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
98.02	LIFELINE	9802	PHYSICIANS' PRIVATE OFFICES
98.03	CREDIT UNION	9803	PHYSICIANS' PRIVATE OFFICES
100	COMMUNITY MENTAL HEALTH CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150086

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		OTHER 5
			LINE NO 3	SALARY 4	
1 RECLASS CAFETERIA COSTS	A	CAFETERIA	12	553,170	377,547
2 RECLASS OB AND NURSERY COSTS	B	NURSERY	33	400,559	
3		DELIVERY ROOM & LABOR ROOM	39	207,918	
4 RECLASS SUPERVISION OF OPERATIONS	C	OPERATION OF PLANT	8	31,570	
5		PHARMACY	16	4,900	
6		RADIOLOGY-THERAPEUTIC	42	1,114	
7		LABORATORY	44	13,111	
8		RESPIRATORY THERAPY	49	4,050	
9		PHYSICAL THERAPY	50	4,619	
10		OCCUPATIONAL THERAPY	51	1,159	
11		SPEECH PATHOLOGY	52	401	
12		ELECTROCARDIOLOGY	53	2,216	
3 RECLASS UTILIZATION REVIEW COSTS	D	OTHER ADMINISTRATIVE AND GENERAL	6.06		13,814
4 RECLASS SECURITY GUARD	E	PHYSICIANS' PRIVATE OFFICES	98	3,057	9,233
5 RECLASS POB DEPRECIATION	F	PHYSICIANS' PRIVATE OFFICES	98		148,482
16					
17 RECLASS POB HOUSEKEEPING COSTS	G	PHYSICIANS' PRIVATE OFFICES	98	5,881	
18		HOUSEKEEPING	10		7,241
9 RECLASS PHYSICIAN BILLING	H	PHYSICIANS' PRIVATE OFFICES	98	20,538	11,474
0 RECLASS AMBULANCE BILLING	I	PHYSICIANS' PRIVATE OFFICES	98	13,318	476
1 RECLASS NURSING DIRECTOR	J	HOME HEALTH AGENCY	71	11,644	
22		HOSPICE	93	2,641	
23 RECLASS DEPRECIATION	K	OLD CAP REL COSTS-MVBLE EQUIP	2		282
24		NEW CAP REL COSTS-BLDG & FIXT	3		1,643,277
5		NEW CAP REL COSTS-MVBLE EQUIP	4		2,080,916
6					
7 RECLASS INSURANCE	L	OTHER CAPITAL RELATED COSTS	90		90,271
28		PHYSICIANS' PRIVATE OFFICES	98		12,404
36 TOTAL RECLASSIFICATIONS				1,281,866	4,395,417

(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: 150086	PERIOD: FROM 1/ 1/2007 TO 12/31/2007	PREPARED 5/20/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
1 RECLASS CAFETERIA COSTS	A	DIETARY 6	11	553,170	377,547	
2 RECLASS OB AND NURSERY COSTS	B	ADULTS & PEDIATRICS	25	608,477		
4 RECLASS SUPERVISION OF OPERATIONS	C	RADIOLOGY-DIAGNOSTIC	41	63,140		
3 RECLASS UTILIZATION REVIEW COSTS	D	MEDICAL RECORDS & LIBRARY	17		13,814	
4 RECLASS SECURITY GUARD	E	OPERATION OF PLANT	8	3,057	9,233	
5 RECLASS POB DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1		87,375	9
16 RECLASS POB HOUSEKEEPING COSTS	G	NEW CAP REL COSTS-BLDG & FIXT	3		61,107	9
17 RECLASS POB HOUSEKEEPING COSTS	G	HOUSEKEEPING	10	5,881		
18 RECLASS PHYSICIAN BILLING	H	PHYSICIANS' PRIVATE OFFICES	98		7,241	
9 RECLASS PHYSICIAN BILLING	H	CASHIERING/ACCOUNTS RECEIVABLE	6.05	20,538	11,474	
0 RECLASS AMBULANCE BILLING	I	CASHIERING/ACCOUNTS RECEIVABLE	6.05	13,318	476	
1 RECLASS NURSING DIRECTOR	J	NURSING ADMINISTRATION	14	14,285		
23 RECLASS DEPRECIATION	K					9
24 RECLASS DEPRECIATION	K					9
5 RECLASS DEPRECIATION	K					9
6 RECLASS DEPRECIATION	K					9
7 RECLASS INSURANCE	L	OLD CAP REL COSTS-BLDG & FIXT	1		3,724,475	
28 RECLASS INSURANCE	L	OTHER ADMINISTRATIVE AND GENERAL	6.06		90,271	12
36 TOTAL RECLASSIFICATIONS		OTHER ADMINISTRATIVE AND GENERAL	6.06	1,281,866	4,395,417	

(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 : RECLASS CAFETERIA COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	930,717
TOTAL RECLASSIFICATIONS FOR CODE A			930,717

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	930,717	
TOTAL RECLASSIFICATIONS FOR CODE A			930,717

RECLASS CODE: B
 EXPLANATION : RECLASS OB AND NURSERY COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	400,559
2.00	DELIVERY ROOM & LABOR ROOM	39	207,918
TOTAL RECLASSIFICATIONS FOR CODE B			608,477

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	608,477	
TOTAL RECLASSIFICATIONS FOR CODE B			608,477

RECLASS CODE: C
 EXPLANATION : RECLASS SUPERVISION OF OPERATIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	31,570
2.00	PHARMACY	16	4,900
3.00	RADIOLOGY-THERAPEUTIC	42	1,114
4.00	LABORATORY	44	13,111
5.00	RESPIRATORY THERAPY	49	4,050
6.00	PHYSICAL THERAPY	50	4,619
7.00	OCCUPATIONAL THERAPY	51	1,159
8.00	SPEECH PATHOLOGY	52	401
9.00	ELECTROCARDIOLOGY	53	2,216
TOTAL RECLASSIFICATIONS FOR CODE C			63,140

DECREASE			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	63,140	
TOTAL RECLASSIFICATIONS FOR CODE C			63,140

RECLASS CODE: D
 EXPLANATION : RECLASS UTILIZATION REVIEW COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	13,814
TOTAL RECLASSIFICATIONS FOR CODE D			13,814

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	13,814	
TOTAL RECLASSIFICATIONS FOR CODE D			13,814

RECLASS CODE: E
 EXPLANATION : RECLASS SECURITY GUARD

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	12,290
TOTAL RECLASSIFICATIONS FOR CODE E			12,290

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	12,290	
TOTAL RECLASSIFICATIONS FOR CODE E			12,290

RECLASS CODE: F
 EXPLANATION : RECLASS POB DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	148,482
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			148,482

DECREASE			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	87,375	
NEW CAP REL COSTS-BLDG & FIXT	3	61,107	
TOTAL RECLASSIFICATIONS FOR CODE F			148,482

RECLASS CODE: G
 EXPLANATION : RECLASS POB HOUSEKEEPING COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	5,881
2.00	HOUSEKEEPING	10	7,241
TOTAL RECLASSIFICATIONS FOR CODE G			13,122

DECREASE			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	5,881	
PHYSICIANS' PRIVATE OFFICES	98	7,241	
TOTAL RECLASSIFICATIONS FOR CODE G			13,122

RECLASS CODE: H
 EXPLANATION : RECLASS PHYSICIAN BILLING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	32,012
TOTAL RECLASSIFICATIONS FOR CODE H			32,012

DECREASE			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	32,012	
TOTAL RECLASSIFICATIONS FOR CODE H			32,012

RECLASS CODE: I
 EXPLANATION : RECLASS AMBULANCE BILLING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	13,794
TOTAL RECLASSIFICATIONS FOR CODE I			13,794

DECREASE			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	13,794	
TOTAL RECLASSIFICATIONS FOR CODE I			13,794

RECLASSIFICATIONS

PROVIDER NO:
150086

PERIOD: 5/20/2008
FROM 1/ 1/2007 WORKSHEET A-6
TO 12/31/2007 NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : RECLASS NURSING DIRECTOR

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	HOME HEALTH AGENCY	11,644
2.00	HOSPICE	2,641
TOTAL RECLASSIFICATIONS FOR CODE J		14,285

DECREASE		
COST CENTER	LINE	AMOUNT
NURSING ADMINISTRATION	14	14,285
		0
TOTAL RECLASSIFICATIONS FOR CODE J		14,285

RECLASS CODE: K
EXPLANATION : RECLASS DEPRECIATION

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	282
2.00	NEW CAP REL COSTS-BLDG & FIXT	1,643,277
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2,080,916
4.00		0
TOTAL RECLASSIFICATIONS FOR CODE K		3,724,475

DECREASE		
COST CENTER	LINE	AMOUNT
OLD CAP REL COSTS-BLDG & FIXT	1	3,724,475
		0
TOTAL RECLASSIFICATIONS FOR CODE K		3,724,475

RECLASS CODE: L
EXPLANATION : RECLASS INSURANCE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90,271
2.00	PHYSICIANS' PRIVATE OFFICES	12,404
TOTAL RECLASSIFICATIONS FOR CODE L		102,675

DECREASE		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.06	90,271
OTHER ADMINISTRATIVE AND GENER	6.06	12,404
TOTAL RECLASSIFICATIONS FOR CODE L		102,675

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	75,208					75,208	
2	LAND IMPROVEMENTS	216,887					216,887	
3	BUILDINGS & FIXTURE	7,152,370					7,152,370	
4	BUILDING IMPROVEMEN	1,748,858					1,748,858	
5	FIXED EQUIPMENT	3,581,009					3,581,009	
6	MOVABLE EQUIPMENT	993,958				38,115	955,843	
7	SUBTOTAL	13,768,290				38,115	13,730,175	
8	RECONCILING ITEMS							
9	TOTAL	13,768,290				38,115	13,730,175	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	490,498	44,100		44,100		534,598	
3	BUILDINGS & FIXTURE	11,963,997	5,061,198		5,061,198		17,025,195	
4	BUILDING IMPROVEMEN	4,826,566	1,912,773		1,912,773		6,739,339	
5	FIXED EQUIPMENT	7,721,255	89,015		89,015		7,810,270	
6	MOVABLE EQUIPMENT	21,807,505	1,189,618		1,189,618	575,675	22,421,448	
7	SUBTOTAL	46,809,821	8,296,704		8,296,704	575,675	54,530,850	
8	RECONCILING ITEMS							
9	TOTAL	46,809,821	8,296,704		8,296,704	575,675	54,530,850	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITIALIZED GROSS ASSETS			ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS			TOTAL 8
			LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	12,774,332		12,774,332	.187139	16,893		16,893	
2	OLD CAP REL COSTS-MV	955,843		955,843	.014003	1,264		1,264	
3	NEW CAP REL COSTS-BL	32,109,402		32,109,402	.470392	42,463		42,463	
4	NEW CAP REL COSTS-MV	22,421,448		22,421,448	.328466	29,651		29,651	
5	TOTAL	68,261,025		68,261,025	1.000000	90,271		90,271	

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	54,845			16,893			71,738
2	OLD CAP REL COSTS-MV	282			1,264			1,546
3	NEW CAP REL COSTS-BL	1,485,159	86,563		42,463			1,614,185
4	NEW CAP REL COSTS-MV	2,078,408	277,257		29,651			2,385,316
5	TOTAL	3,618,694	363,820		90,271			4,072,785

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	3,866,779						3,866,779
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL		89,563	201,530				291,093
4	NEW CAP REL COSTS-MV		277,257					277,257
5	TOTAL	3,866,779	366,820	201,530				4,435,129

(1) All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
 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
 I 15-0086 I
 I I

DESCRIPTION (1)

(2)
 BASIS/CODE
 1

AMOUNT
 2

EXPENSE CLASSIFICATION ON
 WORKSHEET A TO/FROM WHICH THE
 AMOUNT IS TO BE ADJUSTED
 COST CENTER 3

LINE NO
 4

WKST.
 A-7
 REF.
 5

1	2	3	4	5
DESCRIPTION (1)	BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
5 INVESTMENT INCOME-OTHER				
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-6,213	OTHER ADMINISTRATIVE AND	6.06
7 REFUNDS AND REBATES OF EXPENSES				
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS				
9 TELEPHONE SERVICES	A	-10,455	NONPATIENT TELEPHONES	6.01
10 TELEVISION AND RADIO SERVICE	A	-2,169	NEW CAP REL COSTS-MVBLE E	4
11 PARKING LOT				
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,663,034		
13 SALE OF SCRAP, WASTE, ETC.				
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1			
15 LAUNDRY AND LINEN SERVICE				
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-296,284	CAFETERIA	12
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS				
18 SALE OF MED AND SURG SUPPLIES	B	-725,696	DRUGS CHARGED TO PATIENTS	56
19 SALE OF DRUGS TO OTHER THAN PATIENTS				
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,961	MEDICAL RECORDS & LIBRARY	17
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)				
22 VENDING MACHINES				
23 INCOME FROM IMPOSITION OF INTEREST				
24 INTRST EXP ON MEDICARE OVERPAYMENTS				
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3			
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20
34 PHYSICIANS' ASSISTANT				
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52
37 PHYSICIAN RECRUITMENT	A	-1,188,314	OTHER ADMINISTRATIVE AND	6.06
38 600 WILSON CREEK ROAD RENTAL	B	-45,737	OTHER ADMINISTRATIVE AND	6.06
39 MISCELLANEOUS INCOME	B	-28,692	OTHER ADMINISTRATIVE AND	6.06
40 HSC/WIC FEES	B	-6,600	OTHER ADMINISTRATIVE AND	6.06
41 EDUCATIONAL PROGRAMS	B	-12,842	ADULTS & PEDIATRICS	25
42 CAFETERIA GUESTS	A	-49,285	CAFETERIA	12
43 LUDLOW HILL CLINIC	A	-12,111	NEW CAP REL COSTS-BLDG &	3
44 LUDLOW HILL PROFESSIONAL BUILDING	A	-83,081	NEW CAP REL COSTS-BLDG &	3
45 LEASED BUILDING - MILAN	A	-1,819	NEW CAP REL COSTS-BLDG &	3
46 MENTAL HEALTH UTILITIES	A	-44,240	OPERATION OF PLANT	8
47 MENTAL HEALTH PHARMACY	A	-128	PHARMACY	16
48 ORTHOPAEDIC CLINIC	A	-45	OLD CAP REL COSTS-BLDG &	1
49 ORTHOPAEDIC CLINIC	A	-39	OLD CAP REL COSTS-BLDG &	1
49.01 CREDIT UNION DEPR	A	-339	NEW CAP REL COSTS-MVBLE E	4
49.02 NON ALLOWABLE INTEREST	A	-201,530	NEW CAP REL COSTS-BLDG &	3
49.03 NON ALLOWABLE REPAIRS	A	-42,014	OPERATION OF PLANT	8
49.04 AHA AND IHHA DUES	A	-6,419	OTHER ADMINISTRATIVE AND	6.06
49.05 AUXILIARY INSURANCE	A	-310	OTHER ADMINISTRATIVE AND	6.06
49.06 MISCELLANEOUS NON ALLOWABLE EXPENSES	A	-111,994	OTHER ADMINISTRATIVE AND	6.06
49.07 PHYSICALS (CLINIC INCOME)	A	-12,681	ADULTS & PEDIATRICS	25
49.08 HARRISON SUBLEASE	B	-3,000	NEW CAP REL COSTS-BLDG &	3
49.09 ADVERTISING (ACCT 1902-87)	A	-243,901	OTHER ADMINISTRATIVE AND	6.06
49.10 ADVERTISING STAFF TIME	A	-79,912	OTHER ADMINISTRATIVE AND	6.06
49.11 MISCELLANEOUS NON ALLOWABLE EXPENSES	A	-360	HOSPICE	93
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,882,205		

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 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	25 ADULTS & PEDS	198,175	198,175					
2	34 SNF	15,000	15,000					
3	40 ANESTHESIA	409,992	409,992					
4	41 RADIOLOGY	154,540	154,540					
5	44 LAB	175,000		175,000	215,700	1,196	124,028	6,201
6	49 RESPIRATORY THERAPY	14,035	14,035					
7	53 EKG, EEG, EMG	349,290	349,290					
8	61 EMERGENCY ROOM	1,471,030	1,471,030					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31	TOTAL	2,787,062	2,612,062	175,000		1,196	124,028	6,201

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 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 25	ADULTS & Peds							198,175
2 34	SNF							15,000
3 40	ANESTHESIA							409,992
4 41	RADIOLOGY							154,540
5 44	LAB							50,972
6 49	RESPIRATORY THERAPY					124,028	50,972	14,035
7 53	EKG, EEG, EMG							349,290
8 61	EMERGENCY ROOM							1,471,030
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
01	TOTAL					124,028	50,972	2,663,034

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I CMS-2552-96(9/1997)
 I 15-0086 I FROM 1/ 1/2007 I PREPARED 5/20/2008
 I I TO 12/31/2007 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQ FT EQUIP	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQ FT EQUIP	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	6	GROSS PHONES	ENTERED
6.02	DATA PROCESSING	7	DP EQUIP	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	20	SUPPLY EXPENSE	ENTERED
6.04	ADMITTING	21	ADMISSIONS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	22	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	24	DRUGS 100%	ENTERED
17	MEDICAL RECORDS & LIBRARY	26	ADJUSTED CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
	0	1	2	3	4	5	6.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	71,738	71,738					
002 OLD CAP REL COSTS-MVBLE E	1,546		1,546				
003 NEW CAP REL COSTS-BLDG &	1,614,185			1,614,185			
004 NEW CAP REL COSTS-MVBLE E	2,385,316				2,385,316		
005 EMPLOYEE BENEFITS	9,492,623	565	12	12,708	19,197	9,525,105	
006 01 NONPATIENT TELEPHONES	361,129	107	2	2,397	3,620	37,542	404,797
006 02 DATA PROCESSING	807,872	478	11	10,761	16,256	150,608	23,685
006 03 PURCHASING, RECEIVING AND	289,519	2,239	49	50,384	76,111	73,457	6,998
006 04 ADMITTING	899,131	715	16	16,083	24,295	263,446	14,534
006 05 CASHIERING/ACCOUNTS RECEI	1,074,221	904	20	20,340	30,725	225,550	33,374
006 06 OTHER ADMINISTRATIVE AND	1,801,646	3,777	83	84,977	128,368	351,081	16,687
008 OPERATION OF PLANT	2,461,375	13,173	290	296,400	447,745	315,276	17,225
009 LAUNDRY & LINEN SERVICE	267,408	558	12	12,551	18,959	49,632	1,615
010 HOUSEKEEPING	872,988	307	7	6,906	10,432	208,707	2,691
011 DIETARY	898,066	1,401	31	31,534	47,636	182,117	5,383
012 CAFETERIA	585,148	650	14	14,632	22,103	181,035	1,077
014 NURSING ADMINISTRATION	654,736	210	5	4,730	7,145	203,348	5,921
015 CENTRAL SERVICES & SUPPLY	399,981	1,750	39	39,387	59,498	101,711	5,383
016 PHARMACY	1,265,443	409	9	9,208	13,910	381,007	11,842
017 MEDICAL RECORDS & LIBRARY	814,928	1,013	22	22,799	34,441	240,758	41,449
018 SOCIAL SERVICE	157,698	121	3	2,720	4,109	50,783	3,230
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,213,532	13,374	295	300,956	454,632	1,524,886	49,523
033 INTENSIVE CARE UNIT	1,245,812	2,593	57	58,339	88,127	388,500	5,383
034 NURSERY	400,559	140	3	3,153	4,764	131,091	
034 SKILLED NURSING FACILITY	1,063,472	3,380	74	76,045	114,875	335,262	12,381
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	4,714,892	4,893	108	110,095	166,310	477,470	28,530
039 RECOVERY ROOM	754,237	2,578	57	58,008	87,627	234,357	538
040 DELIVERY ROOM & LABOR ROO	207,918	177	4	3,973	6,002	68,045	
041 ANESTHESIOLOGY	101,263	6		126	191		538
041 RADIOLOGY-DIAGNOSTIC	3,678,517	4,449	98	100,114	151,233	747,445	25,838
041 01 ULTRASOUND	252,004	76	2	1,703	2,572	73,215	1,077
042 RADIOLOGY-THERAPEUTIC	704,648	405	9	9,106	13,755	90,560	2,153
044 LABORATORY	4,828,106	1,616	36	36,359	54,925	661,602	20,455
049 RESPIRATORY THERAPY	874,624	142	3	3,185	4,811	247,298	2,153
050 PHYSICAL THERAPY	976,741	2,650	58	59,632	90,080	287,578	10,228
051 OCCUPATIONAL THERAPY	327,826	278	6	6,260	9,456	83,188	2,691
052 SPEECH PATHOLOGY	107,158	149	3	3,343	5,049	33,759	1,615
053 ELECTROCARDIOLOGY	823,401	310	7	6,977	10,540	125,616	11,842
055 MEDICAL SUPPLIES CHARGED	608,415						
056 DRUGS CHARGED TO PATIENTS	2,282,180						
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,621,426	3,393	75	76,345	115,327	496,936	16,149
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,229,280	1,081	24	24,321	36,739	350,659	5,921
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	445,980	110	2	2,483	3,751	88,298	538
095 SUBTOTALS	59,638,688	70,177	1,546	1,579,040	2,385,316	9,461,823	388,647
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	81,780	321		7,229		26,506	1,615
098 PHYSICIANS' PRIVATE OFFIC	304,890	874		19,670		14,005	4,845
098 01 PHYSICIAN CLINIC	74,985					22,771	6,460
098 02 LIFELINE	54,647						
098 03 CREDIT UNION		366		8,246			3,230
100 COMMUNITY MENTAL HEALTH C							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	60,154,990	71,738	1,546	1,614,185	2,385,316	9,525,105	404,797

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/1/2007 I WORKSHEET B
 I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	DATA PROCESSI	PURCHASING, R	ADMITTING	CASHIERING/AC	SUBTOTAL	OTHER ADMINIS	OPERATION OF
	NG	ECEIVING AND		COUNTS RECEI		TRATIVE AND	PLANT
	6.02	6.03	6.04	6.05	6a.05	6.06	8
01 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 NONPATIENT TELEPHONES							
02 DATA PROCESSING	1,009,671						
03 PURCHASING, RECEIVING AND	17,679	516,436					
04 ADMITTING	47,144	4,395	1,269,759				
006 05 CASHIERING/ACCOUNTS RECEI	68,752	1,422		1,455,308			
006 06 OTHER ADMINISTRATIVE AND	58,930	1,892			2,447,441	2,447,441	
008 OPERATION OF PLANT	23,572	9,301			3,584,357	152,016	3,736,373
009 LAUNDRY & LINEN SERVICE		4,827			355,562	15,080	41,865
010 HOUSEKEEPING	5,893	6,020			1,113,951	47,244	23,036
011 DIETARY	29,465	6,869			1,202,502	50,999	105,188
012 CAFETERIA					804,659	34,126	48,807
014 NURSING ADMINISTRATION	17,679	370			894,144	37,922	15,778
015 CENTRAL SERVICES & SUPPLY	7,857	39,510			655,116	27,784	131,379
016 PHARMACY	33,394	9,537			1,724,759	73,149	30,715
017 MEDICAL RECORDS & LIBRARY	51,073	1,130			1,207,613	51,216	76,051
018 SOCIAL SERVICE	5,893	96			224,653	9,528	9,072
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	111,967	19,833	932,964	127,768	8,749,730	371,090	1,003,884
033 INTENSIVE CARE UNIT	11,786	2,422	116,254	24,949	1,944,222	82,456	194,597
034 NURSERY			136,281	6,635	682,626	28,951	10,519
037 SKILLED NURSING FACILITY	17,679	1,860	84,260	9,020	1,718,308	72,875	253,660
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	29,465	208,835		152,816	5,893,414	249,946	367,237
040 RECOVERY ROOM		2,194		24,719	1,164,315	49,380	193,493
041 DELIVERY ROOM & LABOR ROO				21,892	308,011	13,063	13,254
042 ANESTHESIOLOGY		3,429		10,005	115,558	4,901	421
044 RADIOLOGY-DIAGNOSTIC	104,110	47,607		341,151	5,200,562	220,561	333,945
041 01 ULTRASOUND		763		28,686	360,098	15,272	5,680
042 RADIOLOGY-THERAPEUTIC	5,893	24,425		38,532	889,486	37,724	30,373
044 LABORATORY	88,395	98,870		272,796	6,063,160	257,145	121,281
049 RESPIRATORY THERAPY	31,429	4,810		27,372	1,195,827	50,716	10,624
050 PHYSICAL THERAPY	31,429	1,807		41,343	1,501,546	63,682	198,910
051 OCCUPATIONAL THERAPY		1,007		7,714	438,426	18,594	20,880
052 SPEECH PATHOLOGY		81		2,325	153,482	6,509	11,150
053 ELECTROCARDIOLOGY		2,497		41,471	1,022,661	43,372	23,273
055 MEDICAL SUPPLIES CHARGED				86,845	695,260	29,487	
056 DRUGS CHARGED TO PATIENTS				118,355	2,400,535	101,809	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	58,930	3,933		43,401	2,435,915	103,310	254,659
071 OBSERVATION BEDS (NON-DIS							
093 OTHER REIMBURS COST CNTRS	19,643	2,901		21,056	1,691,625	71,744	81,126
095 HOME HEALTH AGENCY							
096 SPEC PURPOSE COST CENTERS							
098 HOSPICE		3,355		6,457	550,974	23,367	8,284
099 SUBTOTALS	878,057	515,998	1,269,759	1,455,308	59,390,498	2,415,018	3,619,141
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		55			117,506	4,984	24,114
098 PHYSICIANS' PRIVATE OFFIC	119,828	102			464,214	19,688	65,611
098 01 PHYSICIAN CLINIC	11,786	243			116,245	4,930	
098 02 LIFELINE		38			54,685	2,319	
098 03 CREDIT UNION					11,842	502	27,507
100 COMMUNITY MENTAL HEALTH C							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,009,671	516,436	1,269,759	1,455,308	60,154,990	2,447,441	3,736,373

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
15-0086

I PERIOD:
I FROM 1/ 1/2007
I TO 12/31/2007

I PREPARED 5/20/2008
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL CES & SUPPLY	SERVI PHARMACY
	9	10	11	12	14	15	16
01 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 NONPATIENT TELEPHONES							
02 DATA PROCESSING							
03 PURCHASING, RECEIVING AND							
04 ADMITTING							
05 CASHIERING/ACCOUNTS RECEI							
06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
09 LAUNDRY & LINEN SERVICE	412,507						
10 HOUSEKEEPING	20,437	1,204,668					
11 DIETARY	15,849	34,514	1,409,052				
012 CAFETERIA		16,014		903,606			
014 NURSING ADMINISTRATION		5,177		17,291			
015 CENTRAL SERVICES & SUPPLY	25,126	43,108		19,132	970,312	901,645	
16 PHARMACY		10,078		36,010		3,141	1,877,852
17 MEDICAL RECORDS & LIBRARY		24,953		38,126		1	
18 SOCIAL SERVICE		2,977		6,004			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	191,355	329,391	805,135	198,569	450,385	29,240	
033 INTENSIVE CARE UNIT	18,333	63,850	70,740	42,074	95,432	3,176	
034 NURSERY		3,451		14,115	32,017		
037 SKILLED NURSING FACILITY	37,150	83,230	241,578	38,956	88,360	2,672	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	25,423	120,496		48,326	109,613	592,142	
040 RECOVERY ROOM	7,609	63,488	109,443	24,411	55,369	4,102	
041 DELIVERY ROOM & LABOR ROO		4,349		7,327	16,619		
042 ANESTHESIOLOGY		138				9,907	
043 RADIOLOGY-DIAGNOSTIC	11,300	109,573		92,795		52,207	
044 01 ULTRASOUND		1,864		6,378		235	
045 RADIOLOGY-THERAPEUTIC	4,350	9,966		8,157		59,029	
046 LABORATORY		39,794		96,396		5,517	
047 RESPIRATORY THERAPY		3,486		29,767		6,566	
048 PHYSICAL THERAPY	5,255	65,266		33,931		2,465	
049 OCCUPATIONAL THERAPY		6,851		8,504		1,943	
050 SPEECH PATHOLOGY		3,658		2,932		4	
051 ELECTROCARDIOLOGY		7,636		16,271		1,177	
052 MEDICAL SUPPLIES CHARGED						110,037	
053 DRUGS CHARGED TO PATIENTS							1,877,852
055 OUTPAT SERVICE COST CNTRS							
056 EMERGENCY	41,175	83,558	10,723	54,015	122,517	4,171	
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY		26,619		39,930		4,011	
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE		2,718		9,034		9,712	
098 SUBTOTALS	403,362	1,166,203	1,237,619	888,451	970,312	901,455	1,877,852
099 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		7,912		7,080			
098 PHYSICIANS' PRIVATE OFFIC		21,528		3,110			
098 01 PHYSICIAN CLINIC	1,656			4,965		190	
098 02 LIFELINE							
098 03 CREDIT UNION		9,025					
100 COMMUNITY MENTAL HEALTH C	7,489		171,433				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	412,507	1,204,668	1,409,052	903,606	970,312	901,645	1,877,852

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	25	26	27
01 GENERAL SERVICE COST CNTR					
02 OLD CAP REL COSTS-BLDG &					
03 OLD CAP REL COSTS-MVBLE E					
04 NEW CAP REL COSTS-BLDG &					
05 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
01 NONPATIENT TELEPHONES					
02 DATA PROCESSING					
03 PURCHASING, RECEIVING AND					
04 ADMITTING					
05 CASHIERING/ACCOUNTS RECEI					
06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
09 LAUNDRY & LINEN SERVICE					
10 HOUSEKEEPING					
11 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
16 PHARMACY					
17 MEDICAL RECORDS & LIBRARY	1,397,960				
18 SOCIAL SERVICE		252,234			
025 INPUT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	125,097	237,100	12,490,976		12,490,976
33 INTENSIVE CARE UNIT	24,428	7,567	2,546,875		2,546,875
34 NURSERY	6,496		778,175		778,175
037 SKILLED NURSING FACILITY	8,832		2,545,621		2,545,621
038 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	149,622		7,556,219		7,556,219
040 RECOVERY ROOM	24,202	2,522	1,698,334		1,698,334
041 DELIVERY ROOM & LABOR ROO	21,435		384,058		384,058
042 ANESTHESIOLOGY	9,796		140,721		140,721
043 RADIOLOGY-DIAGNOSTIC	334,031		6,354,974		6,354,974
044 ULTRASOUND	28,087		417,614		417,614
045 RADIOLOGY-THERAPEUTIC	37,727		1,076,812		1,076,812
046 LABORATORY	267,093		6,850,386		6,850,386
047 RESPIRATORY THERAPY	26,800		1,323,786		1,323,786
048 PHYSICAL THERAPY	40,478		1,911,533		1,911,533
049 OCCUPATIONAL THERAPY	7,553		502,751		502,751
050 SPEECH PATHOLOGY	2,276		180,011		180,011
051 ELECTROCARDIOLOGY	40,604		1,154,994		1,154,994
052 MEDICAL SUPPLIES CHARGED	85,029		919,813		919,813
053 DRUGS CHARGED TO PATIENTS	115,880		4,496,076		4,496,076
054 OUTPAT SERVICE COST CNTRS					
055 EMERGENCY	42,494	5,045	3,157,582		3,157,582
056 OBSERVATION BEDS (NON-DIS					
057 OTHER REIMBURS COST CNTRS					
058 HOME HEALTH AGENCY			1,915,055		1,915,055
059 SPEC PURPOSE COST CENTERS					
060 HOSPICE			604,089		604,089
061 SUBTOTALS	1,397,960	252,234	59,006,455		59,006,455
062 NONREIMBURS COST CENTERS					
063 GIFT, FLOWER, COFFEE SHOP			161,596		161,596
064 PHYSICIANS' PRIVATE OFFIC			574,151		574,151
065 PHYSICIAN CLINIC			127,986		127,986
066 LIFELINE			57,004		57,004
067 CREDIT UNION			48,876		48,876
068 COMMUNITY MENTAL HEALTH C			178,922		178,922
069 CROSS FOOT ADJUSTMENT					
070 NEGATIVE COST CENTER					
071 TOTAL	1,397,960	252,234	60,154,990		60,154,990

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		565	12			577	577
006 01 NONPATIENT TELEPHONES		107	2			109	2
006 02 DATA PROCESSING		478	11			489	9
006 03 PURCHASING, RECEIVING AND		2,239	49			2,288	4
006 04 ADMITTING		715	16			731	16
006 05 CASHIERING/ACCOUNTS RECEI		904	20			924	14
006 06 OTHER ADMINISTRATIVE AND		3,777	83			3,860	21
008 OPERATION OF PLANT		13,173	290			13,463	19
009 LAUNDRY & LINEN SERVICE		558	12			570	3
010 HOUSEKEEPING		307	7			314	13
011 DIETARY		1,401	31			1,432	11
012 CAFETERIA		650	14			664	11
014 NURSING ADMINISTRATION		210	5			215	12
015 CENTRAL SERVICES & SUPPLY		1,750	39			1,789	6
016 PHARMACY		409	9			418	23
017 MEDICAL RECORDS & LIBRARY		1,013	22			1,035	15
018 SOCIAL SERVICE		121	3			124	3
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		13,374	295			13,669	92
026 INTENSIVE CARE UNIT		2,593	57			2,650	24
033 NURSERY		140	3			143	8
034 SKILLED NURSING FACILITY		3,380	74			3,454	20
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		4,893	108			5,001	29
038 RECOVERY ROOM		2,578	57			2,635	14
039 DELIVERY ROOM & LABOR ROO		177	4			181	4
040 ANESTHESIOLOGY		6				6	
041 RADIOLOGY-DIAGNOSTIC		4,449	98			4,547	46
041 01 ULTRASOUND		76	2			78	4
042 RADIOLOGY-THERAPEUTIC		405	9			414	6
044 LABORATORY		1,616	36			1,652	40
049 RESPIRATORY THERAPY		142	3			145	15
050 PHYSICAL THERAPY		2,650	58			2,708	18
051 OCCUPATIONAL THERAPY		278	6			284	5
052 SPEECH PATHOLOGY		149	3			152	2
053 ELECTROCARDIOLOGY		310	7			317	8
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		3,393	75			3,468	30
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		1,081	24			1,105	21
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		110	2			112	5
095 SUBTOTALS		70,177	1,546			71,723	573
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		321				321	2
098 PHYSICIANS' PRIVATE OFFIC		874				874	1
098 01 PHYSICIANS CLINIC							1
098 02 LIFELINE							
098 03 CREDIT UNION		366				366	
100 COMMUNITY MENTAL HEALTH C							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		71,738	1,546			73,284	577

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	111						
006 02 DATA PROCESSING	6	504					
006 03 PURCHASING, RECEIVING AND	2	9	2,303				
006 04 ADMITTING	4	24	20	795			
006 05 CASHIERING/ACCOUNTS RECEI	9	34	6		987		
006 06 OTHER ADMINISTRATIVE AND	5	29	8			3,923	
008 OPERATION OF PLANT	5	12	41			244	13,784
009 LAUNDRY & LINEN SERVICE			21			24	154
010 HOUSEKEEPING	1	3	27			76	85
011 DIETARY	1	15	31			82	388
012 CAFETERIA						55	180
014 NURSING ADMINISTRATION	2	9	2			61	58
015 CENTRAL SERVICES & SUPPLY	1	4	176			45	485
016 PHARMACY	3	17	42			117	113
017 MEDICAL RECORDS & LIBRARY	11	25	5			82	281
018 SOCIAL SERVICE	1	3				15	33
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	16	56	88	584	88	594	3,704
033 INTENSIVE CARE UNIT	1	6	11	73	17	132	718
034 NURSERY				85	5	46	39
034 SKILLED NURSING FACILITY	3	9	8	53	6	117	936
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	8	15	937		105	401	1,355
038 RECOVERY ROOM			10		17	79	714
039 DELIVERY ROOM & LABOR ROO					15	21	49
040 ANESTHESIOLOGY			15		7	8	2
041 RADIOLOGY-DIAGNOSTIC	7	52	212		217	354	1,232
041 01 ULTRASOUND			3		20	24	21
042 RADIOLOGY-THERAPEUTIC	1	3	109		27	60	112
044 LABORATORY	6	44	440		188	412	447
049 RESPIRATORY THERAPY	1	16	21		19	81	39
050 PHYSICAL THERAPY	3	16	8		29	102	734
051 OCCUPATIONAL THERAPY	1		4		5	30	77
052 SPEECH PATHOLOGY					2	10	41
053 ELECTROCARDIOLOGY	3		11		29	70	86
055 MEDICAL SUPPLIES CHARGED					60	47	
056 DRUGS CHARGED TO PATIENTS					82	163	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4	29	18		30	166	939
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS	2	10	13		15	115	299
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE			15		4	37	31
095 SUBTOTALS	107	440	2,302	795	987	3,870	13,352
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						8	89
098 PHYSICIANS' PRIVATE OFFIC	1	58				32	242
098 01 PHYSICIAN CLINIC	2	6	1			8	
098 02 LIFELINE						4	
098 03 CREDIT UNION	1					1	101
100 COMMUNITY MENTAL HEALTH C							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	111	504	2,303	795	987	3,923	13,784

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0086
 I PERIOD: 1/1/2007 TO 12/31/2007
 I PREPARED 5/20/2008
 I WORKSHEET B
 I PART II

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	SERVI PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	772						
010 HOUSEKEEPING	38	557					
011 DIETARY	30	16	2,006				
012 CAFETERIA		7		917			
014 NURSING ADMINISTRATION		2		18			
015 CENTRAL SERVICES & SUPPLY	47	20		19	379		
016 PHARMACY		5		37		2,592	
017 MEDICAL RECORDS & LIBRARY		12		39		9	784
018 SOCIAL SERVICE		1		6			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	358	151	1,146	201	175	84	
033 INTENSIVE CARE UNIT	34	30	101	43	37	9	
034 NURSERY		2		14	13		
037 SKILLED NURSING FACILITY	70	38	344	40	35	8	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	48	56		49	43	1,701	
040 RECOVERY ROOM	14	29	156	25	22	12	
041 DELIVERY ROOM & LABOR ROO		2		7	6		
042 ANESTHESIOLOGY							28
041 01 RADIOLOGY-DIAGNOSTIC	21	51		94		150	
041 01 ULTRASOUND		1		6		1	
042 01 RADIOLOGY-THERAPEUTIC	8	5		8		170	
044 01 LABORATORY		18		98		16	
049 01 RESPIRATORY THERAPY		2		30		19	
050 01 PHYSICAL THERAPY	10	30		34		7	
051 01 OCCUPATIONAL THERAPY		3		9		6	
052 01 SPEECH PATHOLOGY		2		3			
053 01 ELECTROCARDIOLOGY		4		17		3	
055 01 MEDICAL SUPPLIES CHARGED						316	
056 01 DRUGS CHARGED TO PATIENTS							784
061 01 OUTPAT SERVICE COST CNTRS							
062 01 EMERGENCY	77	39	15	55	48	12	
071 01 OBSERVATION BEDS (NON-DIS							
071 01 OTHER REIMBURS COST CNTRS							
071 01 HOME HEALTH AGENCY		12		41		12	
093 01 SPEC PURPOSE COST CENTERS							
095 01 HOSPICE		1		9		28	
095 01 SUBTOTALS	755	539	1,762	902	379	2,591	784
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP		4		7			
098 01 PHYSICIANS' PRIVATE OFFIC		10		3			
098 01 01 PHYSICIAN CLINIC	3			5		1	
098 01 02 LIFELINE							
098 01 03 CREDIT UNION		4					
100 01 COMMUNITY MENTAL HEALTH C	14		244				
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	772	557	2,006	917	379	2,592	784

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
GENERAL SERVICE COST CNTR	17	18	25	26	27
001 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
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	1,505				
018 SOCIAL SERVICE		186			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	139	174	21,319		21,319
033 INTENSIVE CARE UNIT	27	6	3,919		3,919
034 NURSERY	7		362		362
037 SKILLED NURSING FACILITY	10		5,151		5,151
038 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	166		9,914		9,914
040 RECOVERY ROOM	27	2	3,756		3,756
041 DELIVERY ROOM & LABOR ROO	24		309		309
042 ANESTHESIOLOGY	11		77		77
041 RADIOLOGY-DIAGNOSTIC	325		7,308		7,308
041 01 ULTRASOUND	31		189		189
042 RADIOLOGY-THERAPEUTIC	42		965		965
044 LABORATORY	296		3,657		3,657
049 RESPIRATORY THERAPY	30		418		418
050 PHYSICAL THERAPY	45		3,744		3,744
051 OCCUPATIONAL THERAPY	8		432		432
052 SPEECH PATHOLOGY	3		215		215
053 ELECTROCARDIOLOGY	45		593		593
055 MEDICAL SUPPLIES CHARGED	94		517		517
056 DRUGS CHARGED TO PATIENTS	128		1,157		1,157
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	47	4	4,981		4,981
071 OBSERVATION BEDS (NON-DIS					
093 OTHER REIMBURS COST CNTRS					
095 HOME HEALTH AGENCY			1,645		1,645
096 SPEC PURPOSE COST CENTERS					
098 HOSPICE			242		242
095 SUBTOTALS	1,505	186	70,870		70,870
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			431		431
098 PHYSICIANS' PRIVATE OFFIC			1,221		1,221
098 01 PHYSICIAN CLINIC			27		27
098 02 LIFELINE			4		4
098 03 CREDIT UNION			473		473
100 COMMUNITY MENTAL HEALTH C			258		258
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	1,505	186	73,284		73,284

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	0	1	2	3	4	4a	5
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS					12,708	19,197	31,905	31,905
006 01 NONPATIENT TELEPHONES					2,397	3,620	6,017	126
006 02 DATA PROCESSING					10,761	16,256	27,017	504
006 03 PURCHASING, RECEIVING AND					50,384	76,111	126,495	246
006 04 ADMITTING					16,083	24,295	40,378	882
006 05 CASHIERING/ACCOUNTS RECEI					20,340	30,725	51,065	755
006 06 OTHER ADMINISTRATIVE AND					84,977	128,368	213,345	1,176
008 OPERATION OF PLANT					296,400	447,745	744,145	1,056
009 LAUNDRY & LINEN SERVICE					12,551	18,959	31,510	166
010 HOUSEKEEPING					6,906	10,432	17,338	699
011 DIETARY					31,534	47,636	79,170	610
012 CAFETERIA					14,632	22,103	36,735	606
014 NURSING ADMINISTRATION					4,730	7,145	11,875	681
015 CENTRAL SERVICES & SUPPLY					39,387	59,498	98,885	341
016 PHARMACY					9,208	13,910	23,118	1,276
017 MEDICAL RECORDS & LIBRARY					22,799	34,441	57,240	806
018 SOCIAL SERVICE					2,720	4,109	6,829	170
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS					300,956	454,632	755,588	5,113
033 INTENSIVE CARE UNIT					58,339	88,127	146,466	1,301
034 NURSERY					3,153	4,764	7,917	439
037 SKILLED NURSING FACILITY					76,045	114,875	190,920	1,123
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM					110,095	166,310	276,405	1,599
040 RECOVERY ROOM					58,008	87,627	145,635	785
041 DELIVERY ROOM & LABOR ROO					3,973	6,002	9,975	228
042 ANESTHESIOLOGY					126	191	317	
044 RADIOLOGY-DIAGNOSTIC					100,114	151,233	251,347	2,503
041 01 ULTRASOUND					1,703	2,572	4,275	245
042 RADIOLOGY-THERAPEUTIC					9,106	13,755	22,861	303
044 LABORATORY					36,359	54,925	91,284	2,216
049 RESPIRATORY THERAPY					3,185	4,811	7,996	828
050 PHYSICAL THERAPY					59,632	90,080	149,712	963
051 OCCUPATIONAL THERAPY					6,260	9,456	15,716	279
052 SPEECH PATHOLOGY					3,343	5,049	8,392	113
053 ELECTROCARDIOLOGY					6,977	10,540	17,517	421
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY					76,345	115,327	191,672	1,664
071 OBSERVATION BEDS (NON-DIS								
093 OTHER REIMBURS COST CNTRS								
095 HOME HEALTH AGENCY					24,321	36,739	61,060	1,174
096 SPEC PURPOSE COST CENTERS								
098 HOSPICE					2,483	3,751	6,234	296
095 SUBTOTALS					1,579,040	2,385,316	3,964,356	31,693
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP					7,229		7,229	89
098 PHYSICIANS' PRIVATE OFFIC					19,670		19,670	47
098 01 PHYSICIAN CLINIC								76
098 02 LIFELINE								
098 03 CREDIT UNION					8,246		8,246	
100 COMMUNITY MENTAL HEALTH C								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL					1,614,185	2,385,316	3,999,501	31,905

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET B PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 NONPATIENT TELEPHONES	6,143						
02 DATA PROCESSING	359	27,880					
03 PURCHASING, RECEIVING AND	106	488	127,335				
04 ADMITTING	221	1,302	1,084	43,867			
05 CASHIERING/ACCOUNTS RECEI	506	1,898	351		54,575		
06 OTHER ADMINISTRATIVE AND	253	1,627	466			216,867	
OPERATION OF PLANT	261	651	2,293			13,470	761,876
09 LAUNDRY & LINEN SERVICE	25		1,190			1,336	8,537
10 HOUSEKEEPING	41	163	1,484			4,186	4,697
11 DIETARY	82	814	1,694			4,519	21,449
12 CAFETERIA	16					3,024	9,952
14 NURSING ADMINISTRATION	90	488	91			3,360	3,217
15 CENTRAL SERVICES & SUPPLY	82	217	9,742			2,462	26,789
16 PHARMACY	180	922	2,351			6,482	6,263
17 MEDICAL RECORDS & LIBRARY	629	1,410	279			4,538	15,507
18 SOCIAL SERVICE	49	163	24			844	1,850
INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	750	3,092	4,890	32,232	4,788	32,883	204,700
INTENSIVE CARE UNIT	82	325	597	4,016	935	7,306	39,680
NURSERY				4,708	249	2,565	2,145
SKILLED NURSING FACILITY	188	488	459	2,911	338	6,457	51,723
ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	433	814	51,491		5,726	22,147	74,882
RECOVERY ROOM	8		541		926	4,375	39,455
DELIVERY ROOM & LABOR ROO					820	1,158	2,703
ANESTHESIOLOGY	8		846		375	434	86
RADIOLOGY-DIAGNOSTIC	392	2,875	11,738		12,826	19,544	68,094
01 ULTRASOUND	16		188		1,075	1,353	1,158
RADIOLOGY-THERAPEUTIC	33	163	6,022		1,444	3,343	6,193
LABORATORY	310	2,441	24,378		10,222	22,785	24,730
RESPIRATORY THERAPY	33	868	1,186		1,026	4,494	2,166
PHYSICAL THERAPY	155	868	446		1,549	5,643	40,559
OCCUPATIONAL THERAPY	41		248		289	1,648	4,258
SPEECH PATHOLOGY	25		20		87	577	2,274
ELECTROCARDIOLOGY	180		616		1,554	3,843	4,746
MEDICAL SUPPLIES CHARGED					3,254	2,613	
DRUGS CHARGED TO PATIENTS					4,435	9,021	
OUTPAT SERVICE COST CNTRS							
EMERGENCY	245	1,627	970		1,626	9,154	51,927
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	90	542	715		789	6,357	16,542
SPEC PURPOSE COST CENTERS							
HOSPICE	8		827		242	2,071	1,689
095 SUBTOTALS	5,897	24,246	127,227	43,867	54,575	213,992	737,971
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	25		14			442	4,917
PHYSICIANS' PRIVATE OFFIC	74	3,309	25			1,745	13,379
01 PHYSICIAN CLINIC	98	325	60			437	
02 LIFELINE			9			206	
03 CREDIT UNION	49					45	5,609
COMMUNITY MENTAL HEALTH C							
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
103 TOTAL	6,143	27,880	127,335	43,867	54,575	216,867	761,876

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0086 I PERIOD: 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/20/2008 I WORKSHEET B PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	
	9	10	11	12	14	15	16
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	42,764						
010 HOUSEKEEPING	2,119	30,727					
011 DIETARY	1,643	880	110,861				
012 CAFETERIA		408		50,741			
014 NURSING ADMINISTRATION		132		971	20,905		
015 CENTRAL SERVICES & SUPPLY	2,605	1,100		1,074		143,297	
016 PHARMACY		257		2,022		499	43,370
017 MEDICAL RECORDS & LIBRARY		636		2,141			
018 SOCIAL SERVICE		76		337			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	19,836	8,402	63,345	11,148	9,702	4,647	
033 INTENSIVE CARE UNIT	1,901	1,629	5,566	2,363	2,056	505	
034 NURSERY		88		793	690		
037 SKILLED NURSING FACILITY	3,851	2,123	19,007	2,188	1,904	425	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,636	3,073		2,714	2,362	94,106	
040 RECOVERY ROOM	789	1,619	8,611	1,371	1,193	652	
041 DELIVERY ROOM & LABOR ROO		111		411	358		
041 01 ANESTHESIOLOGY		4				1,575	
041 RADIOLOGY-DIAGNOSTIC	1,171	2,795		5,211		8,297	
042 01 ULTRASOUND		48		358		37	
044 RADIOLOGY-THERAPEUTIC	451	254		458		9,381	
049 LABORATORY		1,015		5,413		877	
050 RESPIRATORY THERAPY		89		1,672		1,044	
051 PHYSICAL THERAPY	545	1,665		1,905		392	
052 OCCUPATIONAL THERAPY		175		478		309	
053 SPEECH PATHOLOGY		93		165		1	
055 ELECTROCARDIOLOGY		195		914		187	
056 MEDICAL SUPPLIES CHARGED						17,488	
061 DRUGS CHARGED TO PATIENTS							43,370
062 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,269	2,131	844	3,033	2,640	663	
071 OBSERVATION BEDS (NON-DIS							
093 OTHER REIMBURS COST CNTRS		679		2,242		638	
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS		69		507		1,544	
096 HOSPICE							
096 SUBTOTALS	41,816	29,746	97,373	49,889	20,905	143,267	43,370
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		202		398			
098 01 PHYSICIANS' PRIVATE OFFIC		549		175			
098 02 PHYSICIAN CLINIC	172			279		30	
098 03 LIFELINE							
100 03 CREDIT UNION		230					
101 COMMUNITY MENTAL HEALTH C	776		13,488				
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
003 TOTAL	42,764	30,727	110,861	50,741	20,905	143,297	43,370

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0086
 I PERIOD: FROM 1/1/2007 TO 12/31/2007
 I PREPARED 5/20/2008
 I WORKSHEET B
 I PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
GENERAL SERVICE COST CNTR	17	18	25	26	27
001 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
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	83,186				
018 SOCIAL SERVICE		10,342			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	7,446	9,722	1,178,284		1,178,284
026 INTENSIVE CARE UNIT	1,454	310	216,492		216,492
033 NURSERY	387		19,981		19,981
034 SKILLED NURSING FACILITY	526		284,631		284,631
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	8,906		547,294		547,294
038 RECOVERY ROOM	1,441	103	207,504		207,504
039 DELIVERY ROOM & LABOR ROO	1,276		17,040		17,040
040 ANESTHESIOLOGY	583		4,228		4,228
041 RADIOLOGY-DIAGNOSTIC	19,857		406,650		406,650
041 01 ULTRASOUND	1,672		10,425		10,425
042 RADIOLOGY-THERAPEUTIC	2,246		53,152		53,152
044 LABORATORY	15,898		201,569		201,569
049 RESPIRATORY THERAPY	1,595		22,997		22,997
050 PHYSICAL THERAPY	2,409		206,811		206,811
051 OCCUPATIONAL THERAPY	450		23,891		23,891
052 SPEECH PATHOLOGY	135		11,882		11,882
053 ELECTROCARDIOLOGY	2,417		32,590		32,590
055 MEDICAL SUPPLIES CHARGED	5,061		28,416		28,416
056 DRUGS CHARGED TO PATIENTS	6,898		63,724		63,724
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	2,529	207	275,201		275,201
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			90,828		90,828
SPEC PURPOSE COST CENTERS					
093 HOSPICE			13,487		13,487
095 SUBTOTALS	83,186	10,342	3,917,077		3,917,077
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			13,316		13,316
098 PHYSICIANS' PRIVATE OFFIC			38,973		38,973
098 01 PHYSICIAN CLINIC			1,477		1,477
098 02 LIFELINE			215		215
098 03 CREDIT UNION			14,179		14,179
100 COMMUNITY MENTAL HEALTH C			14,264		14,264
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	83,186	10,342	3,999,501		3,999,501

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG &)	OSTS-MVBLE)	OSTS-BLDG &)	OSTS-MVBLE)	FITS)	LEPHONES)
	(SQUARE FEET)	(SQ FT EQUIP)	(SQUARE FEET)	(SQ FT EQUIP)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	204,752					
003 OLD CAP REL COSTS-MVB		200,294				
004 NEW CAP REL COSTS-BLD			204,752			
005 NEW CAP REL COSTS-MVB				200,294		
006 EMPLOYEE BENEFITS	1,612	1,612	1,612	1,612	29,104,796	
01 NONPATIENT TELEPHONES	304	304	304	304	114,714	752
006 02 DATA PROCESSING	1,365	1,365	1,365	1,365	460,197	44
006 03 PURCHASING, RECEIVING	6,391	6,391	6,391	6,391	224,454	13
006 04 ADMITTING	2,040	2,040	2,040	2,040	804,983	27
006 05 CASHIERING/ACCOUNTS R	2,580	2,580	2,580	2,580	689,189	62
006 06 OTHER ADMINISTRATIVE	10,779	10,779	10,779	10,779	1,072,759	31
008 OPERATION OF PLANT	37,597	37,597	37,597	37,597	963,353	32
009 LAUNDRY & LINEN SERVI	1,592	1,592	1,592	1,592	151,655	3
010 HOUSEKEEPING	876	876	876	876	637,724	5
011 DIETARY	4,000	4,000	4,000	4,000	556,476	10
012 CAFETERIA	1,856	1,856	1,856	1,856	553,170	2
014 NURSING ADMINISTRATIO	600	600	600	600	621,348	11
015 CENTRAL SERVICES & SU	4,996	4,996	4,996	4,996	310,788	10
016 PHARMACY	1,168	1,168	1,168	1,168	1,164,200	22
017 MEDICAL RECORDS & LIB	2,892	2,892	2,892	2,892	735,658	77
018 SOCIAL SERVICE	345	345	345	345	155,173	6
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	38,175	38,175	38,175	38,175	4,659,406	92
033 INTENSIVE CARE UNIT	7,400	7,400	7,400	7,400	1,187,096	10
034 NURSERY	400	400	400	400	400,559	
037 SKILLED NURSING FACIL	9,646	9,646	9,646	9,646	1,024,423	23
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	13,965	13,965	13,965	13,965	1,458,954	53
040 RECOVERY ROOM	7,358	7,358	7,358	7,358	716,098	1
041 DELIVERY ROOM & LABOR	504	504	504	504	207,918	
042 ANESTHESIOLOGY	16	16	16	16		1
044 RADIOLOGY-DIAGNOSTIC	12,699	12,699	12,699	12,699	2,283,887	48
049 ULTRASOUND	216	216	216	216	223,714	2
050 RADIOLOGY-THERAPEUTIC	1,155	1,155	1,155	1,155	276,713	4
051 LABORATORY	4,612	4,612	4,612	4,612	2,021,586	38
052 RESPIRATORY THERAPY	404	404	404	404	755,640	4
053 PHYSICAL THERAPY	7,564	7,564	7,564	7,564	878,720	19
055 OCCUPATIONAL THERAPY	794	794	794	794	254,188	5
056 SPEECH PATHOLOGY	424	424	424	424	103,153	3
061 ELECTROCARDIOLOGY	885	885	885	885	383,830	22
062 MEDICAL SUPPLIES CHAR						
071 DRUGS CHARGED TO PATI						
093 OUTPAT SERVICE COST C						
095 EMERGENCY	9,684	9,684	9,684	9,684	1,518,433	30
096 OBSERVATION BEDS (NON						
098 OTHER REIMBURS COST C						
099 HOME HEALTH AGENCY	3,085	3,085	3,085	3,085	1,071,469	11
100 SPEC PURPOSE COST CEN						
101 HOSPICE	315	315	315	315	269,802	1
102 SUBTOTALS	200,294	200,294	200,294	200,294	28,911,430	722
103 NONREIMBURS COST CENT						
104 GIFT, FLOWER, COFFEE	917		917		80,992	3
105 PHYSICIANS' PRIVATE O	2,495		2,495		42,794	9
106 01 PHYSICIAN CLINIC					69,580	12
107 02 LIFELINE						
108 03 CREDIT UNION	1,046		1,046			6
109 COMMUNITY MENTAL HEAL						
110 CROSS FOOT ADJUSTMENT						
111 NEGATIVE COST CENTER						
112 COST TO BE ALLOCATED	71,738	1,546	1,614,185	2,385,316	9,525,105	404,797
113 (WRKSHT B, PART I)						
114 UNIT COST MULTIPLIER	.350365	.007719	7.883610	11.909074	.327269	538.293883
115 (WRKSHT B, PT I)						111
116 COST TO BE ALLOCATED					577	
117 (WRKSHT B, PART II)						
118 UNIT COST MULTIPLIER					.000020	
119 (WRKSHT B, PT II)						
120 COST TO BE ALLOCATED					31,905	.147606
121 (WRKSHT B, PART III)						6,143
122 UNIT COST MULTIPLIER					.001096	8.168883
123 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	
	(DP EQUIP)	(SUPPLY EXPENSE)	(ADMISSIONS)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	8
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
01 NONPATIENT TELEPHONES							
02 DATA PROCESSING	514						
03 PURCHASING, RECEIVING	9	7,348,087					
04 ADMITTING	24	62,536	5,199				
05 CASHIERING/ACCOUNTS R	35	20,232		143,502,167			
06 OTHER ADMINISTRATIVE	30	26,916			-2,447,441	57,707,549	
08 OPERATION OF PLANT	12	132,345				3,584,357	142,084
09 LAUNDRY & LINEN SERVI		68,679				355,562	1,592
10 HOUSEKEEPING	3	85,648				1,113,951	876
11 DIETARY	15	97,736				1,202,502	4,000
12 CAFETERIA						804,659	1,856
14 NURSING ADMINISTRATIO	9	5,270				894,144	600
15 CENTRAL SERVICES & SU	4	562,165				655,116	4,996
16 PHARMACY	17	135,694				1,724,759	1,168
17 MEDICAL RECORDS & LIB	26	16,080				1,207,613	2,892
18 SOCIAL SERVICE	3	1,370				224,653	345
25 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	57	282,187	3,820	12,599,117		8,749,730	38,175
26 INTENSIVE CARE UNIT	6	34,467	476	2,460,258		1,944,222	7,400
33 NURSERY			558	654,250		682,626	400
34 SKILLED NURSING FACIL	9	26,465	345	889,502		1,718,308	9,646
37 ANCILLARY SRVC COST C							
OPERATING ROOM	15	2,971,392		15,069,148		5,893,414	13,965
38 RECOVERY ROOM		31,222		2,437,514		1,164,315	7,358
39 DELIVERY ROOM & LABOR				2,158,782		308,011	504
40 ANESTHESIOLOGY		48,793		986,635		115,558	16
41 RADIOLOGY-DIAGNOSTIC	53	677,373		33,635,465		5,200,562	12,699
41 ULTRASOUND		10,855		2,828,753		360,098	216
42 RADIOLOGY-THERAPEUTIC	3	347,530		3,799,662		889,486	1,155
44 LABORATORY	45	1,406,760		26,900,307		6,063,160	4,612
49 RESPIRATORY THERAPY	16	68,440		2,699,153		1,195,827	404
50 PHYSICAL THERAPY	16	25,711		4,076,795		1,501,546	7,564
51 OCCUPATIONAL THERAPY		14,321		760,671		438,426	794
52 SPEECH PATHOLOGY		1,155		229,253		153,482	424
53 ELECTROCARDIOLOGY		35,523		4,089,459		1,022,661	885
55 MEDICAL SUPPLIES CHAR				8,563,707		695,260	
56 DRUGS CHARGED TO PATI				11,670,903		2,400,535	
61 OUTPAT SERVICE COST C							
EMERGENCY	30	55,963		4,279,760		2,435,915	9,684
62 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
71 HOME HEALTH AGENCY	10	41,278		2,076,303		1,691,625	3,085
93 SPEC PURPOSE COST CEN							
HOSPICE		47,741		636,770		550,974	315
95 SUBTOTALS	447	7,341,847	5,199	143,502,167	-2,447,441	56,943,057	137,626
96 NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE		788				117,506	917
98 PHYSICIANS' PRIVATE O	61	1,449				464,214	2,495
98 01 PHYSICIAN CLINIC	6	3,464				116,245	
98 02 LIFELINE		539				54,685	
98 03 CREDIT UNION						11,842	1,046
100 COMMUNITY MENTAL HEAL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,009,671	516,436	1,269,759	1,455,308		2,447,441	3,736,373
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.070282		.010141		.042411	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	1,964,340467	2,303	244,231391	987		3,923	26,296930
(WRKSHT B, PART II)	504		795				13,784
106 UNIT COST MULTIPLIER		.000313		.000007		.000068	
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	980545		.152914				.097013
(WRKSHT B, PART III)	27,880	127,335	43,867	54,575		216,867	761,876
108 UNIT COST MULTIPLIER		.017329		.000380		.003758	
(WRKSHT B, PT III)	54.241245		8.437584				5.362152

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET B-1
 I TO 12/31/2007 I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MANHOURS)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(DRUGS 100%)
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	756,834						
010 HOUSEKEEPING	37,496	139,616					
011 DIETARY	29,079	4,000	75,691				
012 CAFETERIA		1,856		963,305			
014 NURSING ADMINISTRATIO		600		18,433	456,054		
015 CENTRAL SERVICES & SU	46,100	4,996		20,396		4,261,991	
016 PHARMACY		1,168		38,389		14,847	100
017 MEDICAL RECORDS & LIB		2,892		40,645		3	
018 SOCIAL SERVICE		345		6,401			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	351,080	38,175	43,250	211,684	211,684	138,217	
033 INTENSIVE CARE UNIT	33,636	7,400	3,800	44,854	44,854	15,013	
034 NURSERY		400		15,048	15,048		
037 SKILLED NURSING FACIL	68,160	9,646	12,977	41,530	41,530	12,629	
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	46,644	13,965		51,519	51,519	2,798,995	
040 RECOVERY ROOM	13,960	7,358	5,879	26,024	26,024	19,389	
041 DELIVERY ROOM & LABOR		504		7,811	7,811		
042 ANESTHESIOLOGY		16				46,831	
041 01 RADIOLOGY-DIAGNOSTIC	20,733	12,699		98,926		246,777	
042 01 ULTRASOUND		216		6,799		1,110	
043 01 RADIOLOGY-THERAPEUTIC	7,981	1,155		8,696		279,025	
044 01 LABORATORY		4,612		102,765		26,076	
049 01 RESPIRATORY THERAPY		404		31,734		31,038	
050 01 PHYSICAL THERAPY	9,642	7,564		36,173		11,654	
051 01 OCCUPATIONAL THERAPY		794		9,066		9,184	
052 01 SPEECH PATHOLOGY		424		3,126		21	
053 01 ELECTROCARDIOLOGY		885		17,346		5,565	
055 01 MEDICAL SUPPLIES CHAR						520,135	
056 01 DRUGS CHARGED TO PATI							100
061 01 OUTPAT SERVICE COST C							
062 01 EMERGENCY	75,544	9,684	576	57,584	57,584	19,714	
071 01 OBSERVATION BEDS (NON							
093 01 OTHER REIMBURS COST C		3,085		42,568		18,961	
095 01 HOME HEALTH AGENCY							
096 01 SPEC PURPOSE COST CEN							
098 01 HOSPICE		315		9,631		45,909	
099 01 SUBTOTALS	740,055	135,158	66,482	947,148	456,054	4,261,093	100
096 01 NONREIMBURS COST CENT							
098 01 GIFT, FLOWER, COFFEE		917		7,548			
098 01 PHYSICIANS' PRIVATE O		2,495		3,316			
098 02 PHYSICIAN CLINIC	3,039			5,293		898	
098 03 LIFELINE							
100 03 CREDIT UNION		1,046					
101 01 COMMUNITY MENTAL HEAL	13,740		9,209				
102 01 CROSS FOOT ADJUSTMENT							
103 01 NEGATIVE COST CENTER							
104 01 COST TO BE ALLOCATED	412,507	1,204,668	1,409,052	903,606	970,312	901,645	1,877,852
105 01 (WRKSHT B, PART I)							
106 01 UNIT COST MULTIPLIER		8.628438		.938027		.211555	
107 01 (WRKSHT B, PT I)	.545043		18.615846		2.127625		18,778.520000
108 01 COST TO BE ALLOCATED	772	557	2,006	917	379	2,592	784
109 01 (WRKSHT B, PART II)							
110 01 UNIT COST MULTIPLIER		.003990		.000952		.000608	
111 01 (WRKSHT B, PT II)	.001020		.026502		.000831		7.840000
112 01 COST TO BE ALLOCATED	42,764	30,727	110,861	50,741	20,905	143,297	43,370
113 01 (WRKSHT B, PART III)							
114 01 UNIT COST MULTIPLIER	.056504	.220082	1.464652	.052674	.045839	.033622	433.700000
115 01 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER MEDICAL RECOR SOCIAL SERVIC
 DESCRIPTION DS & LIBRARY E
 (ADJUSTED (TIME
 CHARGES) SPENT)

17 18

COST CENTER	DESCRIPTION	ADJUSTED CHARGES	TIME SPENT
	GENERAL SERVICE COST		
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	01 NONPATIENT TELEPHONES		
006	02 DATA PROCESSING		
006	03 PURCHASING, RECEIVING		
006	04 ADMITTING		
006	05 CASHIERING/ACCOUNTS R		
006	06 OTHER ADMINISTRATIVE		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB	140,789,094	
018	SOCIAL SERVICE		100
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	12,599,117	94
026	INTENSIVE CARE UNIT	2,460,258	3
033	NURSERY	654,250	
034	SKILLED NURSING FACIL	889,502	
	ANCILLARY SRVC COST C		
037	OPERATING ROOM	15,069,148	
038	RECOVERY ROOM	2,437,514	1
039	DELIVERY ROOM & LABOR	2,158,782	
040	ANESTHESIOLOGY	986,635	
041	RADIOLOGY-DIAGNOSTIC	33,635,465	
041	01 ULTRASOUND	2,828,753	
042	RADIOLOGY-THERAPEUTIC	3,799,662	
044	LABORATORY	26,900,307	
049	RESPIRATORY THERAPY	2,699,153	
050	PHYSICAL THERAPY	4,076,795	
051	OCCUPATIONAL THERAPY	760,671	
052	SPEECH PATHOLOGY	229,253	
053	ELECTROCARDIOLOGY	4,089,459	
055	MEDICAL SUPPLIES CHAR	8,563,707	
056	DRUGS CHARGED TO PATI	11,670,903	
	OUTPAT SERVICE COST C		
061	EMERGENCY	4,279,760	2
062	OBSERVATION BEDS (NON		
	OTHER REIMBURS COST C		
071	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CEN		
093	HOSPICE		
095	SUBTOTALS	140,789,094	100
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
098	01 PHYSICIANS CLINIC		
098	02 LIFELINE		
098	03 CREDIT UNION		
100	COMMUNITY MENTAL HEAL		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	1,397,960	252,234
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		2,522.340000
	(WRKSHT B, PT I)	.009929	
105	COST TO BE ALLOCATED	1,505	186
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		1.860000
	(WRKSHT B, PT II)	.000011	
107	COST TO BE ALLOCATED	83,186	10,342
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		103.420000
	(WRKSHT B, PT III)	.000591	

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	12,490,976		12,490,976		12,490,976
26	INTENSIVE CARE UNIT	2,546,875		2,546,875		2,546,875
33	NURSERY	778,175		778,175		778,175
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,545,621		2,545,621		2,545,621
37	OPERATING ROOM	7,556,219		7,556,219		7,556,219
38	RECOVERY ROOM	1,698,334		1,698,334		1,698,334
39	DELIVERY ROOM & LABOR ROO	384,058		384,058		384,058
40	ANESTHESIOLOGY	140,721		140,721		140,721
41	RADIOLOGY-DIAGNOSTIC	6,354,974		6,354,974		6,354,974
41	01 ULTRASOUND	417,614		417,614		417,614
42	RADIOLOGY-THERAPEUTIC	1,076,812		1,076,812		1,076,812
44	LABORATORY	6,850,386		6,850,386	50,972	6,901,358
49	RESPIRATORY THERAPY	1,323,786		1,323,786		1,323,786
50	PHYSICAL THERAPY	1,911,533		1,911,533		1,911,533
51	OCCUPATIONAL THERAPY	502,751		502,751		502,751
52	SPEECH PATHOLOGY	180,011		180,011		180,011
53	ELECTROCARDIOLOGY	1,154,994		1,154,994		1,154,994
55	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	919,813		919,813		919,813
56	OUTPAT SERVICE COST CNTRS	4,496,076		4,496,076		4,496,076
61	EMERGENCY	3,157,582		3,157,582		3,157,582
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,185,504		1,185,504		1,185,504
01	SUBTOTAL	57,672,815		57,672,815	50,972	57,723,787
02	LESS OBSERVATION BEDS	1,185,504		1,185,504		1,185,504
03	TOTAL	56,487,311		56,487,311	50,972	56,538,283

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

ST 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	11,346,708		11,346,708			
26	INTENSIVE CARE UNIT	2,460,258		2,460,258			
33	NURSERY	654,250		654,250			
34	SKILLED NURSING FACILITY	889,502		889,502			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,888,977	10,180,172	15,069,149	.501436	.501436	.501436
38	RECOVERY ROOM	365,215	2,072,298	2,437,513	.696749	.696749	.696749
39	DELIVERY ROOM & LABOR ROO	1,852,076	306,706	2,158,782	.177905	.177905	.177905
40	ANESTHESIOLOGY	380,782	605,853	986,635	.142627	.142627	.142627
41	RADIOLOGY-DIAGNOSTIC	5,297,528	28,337,937	33,635,465	.188937	.188937	.188937
01 41	ULTRASOUND	516,660	2,312,093	2,828,753	.147632	.147632	.147632
42	RADIOLOGY-THERAPEUTIC	1,691,193	2,108,469	3,799,662	.283397	.283397	.283397
44	LABORATORY	8,461,973	18,438,335	26,900,308	.254658	.254658	.254658
49	RESPIRATORY THERAPY	2,068,911	630,242	2,699,153	.490445	.490445	.490445
50	PHYSICAL THERAPY	1,512,911	2,563,884	4,076,795	.468881	.468881	.468881
51	OCCUPATIONAL THERAPY	406,356	354,315	760,671	.660931	.660931	.660931
52	SPEECH PATHOLOGY	93,722	135,531	229,253	.785207	.785207	.785207
53	ELECTROCARDIOLOGY	1,181,806	2,907,653	4,089,459	.282432	.282432	.282432
55	MEDICAL SUPPLIES CHARGED	6,664,747	1,898,960	8,563,707	.107408	.107408	.107408
56	DRUGS CHARGED TO PATIENTS	8,275,423	3,395,479	11,670,902	.385238	.385238	.385238
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	803,605	3,476,155	4,279,760	.737794	.737794	.737794
62	OBSERVATION BEDS (NON-DIS	240,140	1,012,269	1,252,409	.946579	.946579	.946579
	OTHER REIMBURS COST CNTRS						
01	SUBTOTAL	60,052,743	80,736,351	140,789,094			
02	LESS OBSERVATION BEDS						
03	TOTAL	60,052,743	80,736,351	140,789,094			

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			12,490,976		12,490,976
26	ADULTS & PEDIATRICS	12,490,976		12,490,976		12,490,976
33	INTENSIVE CARE UNIT	2,546,875		2,546,875		2,546,875
34	NURSERY	778,175		778,175		778,175
37	SKILLED NURSING FACILITY	2,545,621		2,545,621		2,545,621
38	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM	7,556,219		7,556,219		7,556,219
40	RECOVERY ROOM	1,698,334		1,698,334		1,698,334
41	DELIVERY ROOM & LABOR ROO	384,058		384,058		384,058
42	ANESTHESIOLOGY	140,721		140,721		140,721
43	RADIOLOGY-DIAGNOSTIC	6,354,974		6,354,974		6,354,974
44	ULTRASOUND	417,614		417,614		417,614
45	RADIOLOGY-THERAPEUTIC	1,076,812		1,076,812		1,076,812
46	LABORATORY	6,850,386		6,850,386	50,972	6,901,358
47	RESPIRATORY THERAPY	1,323,786		1,323,786		1,323,786
48	PHYSICAL THERAPY	1,911,533		1,911,533		1,911,533
49	OCCUPATIONAL THERAPY	502,751		502,751		502,751
50	SPEECH PATHOLOGY	180,011		180,011		180,011
51	ELECTROCARDIOLOGY	1,154,994		1,154,994		1,154,994
52	MEDICAL SUPPLIES CHARGED	919,813		919,813		919,813
53	DRUGS CHARGED TO PATIENTS	4,496,076		4,496,076		4,496,076
54	OUTPAT SERVICE COST CNTRS					
55	EMERGENCY	3,157,582		3,157,582		3,157,582
56	OBSERVATION BEDS (NON-DIS	1,185,504		1,185,504		1,185,504
57	OTHER REIMBURS COST CNTRS					
01	SUBTOTAL	57,672,815		57,672,815	50,972	57,723,787
02	LESS OBSERVATION BEDS	1,185,504		1,185,504		1,185,504
03	TOTAL	56,487,311		56,487,311	50,972	56,538,283

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0086
I PERIOD: FROM 1/ 1/2007 TO 12/31/2007
I PREPARED 5/20/2008
I WORKSHEET C
I PART I

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	11,346,708		11,346,708			
26	ADULTS & PEDIATRICS	2,460,258		2,460,258			
33	INTENSIVE CARE UNIT	654,250		654,250			
34	NURSERY	889,502		889,502			
	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,888,977	10,180,172	15,069,149	.501436	.501436	.501436
38	RECOVERY ROOM	365,215	2,072,298	2,437,513	.696749	.696749	.696749
39	DELIVERY ROOM & LABOR ROO	1,852,076	306,706	2,158,782	.177905	.177905	.177905
40	ANESTHESIOLOGY	380,782	605,853	986,635	.142627	.142627	.142627
41	RADIOLOGY-DIAGNOSTIC	5,297,528	28,337,937	33,635,465	.188937	.188937	.188937
01 41	ULTRASOUND	516,660	2,312,093	2,828,753	.147632	.147632	.147632
42	RADIOLOGY-THERAPEUTIC	1,691,193	2,108,469	3,799,662	.283397	.283397	.283397
44	LABORATORY	8,461,973	18,438,335	26,900,308	.254658	.254658	.256553
49	RESPIRATORY THERAPY	2,068,911	630,242	2,699,153	.490445	.490445	.490445
50	PHYSICAL THERAPY	1,512,911	2,563,884	4,076,795	.468881	.468881	.468881
51	OCCUPATIONAL THERAPY	406,356	354,315	760,671	.660931	.660931	.660931
52	SPEECH PATHOLOGY	93,722	135,531	229,253	.785207	.785207	.785207
53	ELECTROCARDIOLOGY	1,181,806	2,907,653	4,089,459	.282432	.282432	.282432
55	MEDICAL SUPPLIES CHARGED	6,664,747	1,898,960	8,563,707	.107408	.107408	.107408
56	DRUGS CHARGED TO PATIENTS	8,275,423	3,395,479	11,670,902	.385238	.385238	.385238
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	803,605	3,476,155	4,279,760	.737794	.737794	.737794
62	OBSERVATION BEDS (NON-DIS	240,140	1,012,269	1,252,409	.946579	.946579	.946579
	OTHER REIMBURS COST CNTRS						
01	SUBTOTAL	60,052,743	80,736,351	140,789,094			
02	LESS OBSERVATION BEDS						
03	TOTAL	60,052,743	80,736,351	140,789,094			

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

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

PROVIDER NO: 15-0086
 I PERIOD: 1/ 1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET C
 PART II

LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST	COST NET OF CAP AND OPER COST REDUCTION
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST		REDUCTION AMOUNT	
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,556,219	557,208	6,999,011			7,556,219
38	RECOVERY ROOM	1,698,334	211,260	1,487,074			1,698,334
39	DELIVERY ROOM & LABOR ROO	384,058	17,349	366,709			384,058
40	ANESTHESIOLOGY	140,721	4,305	136,416			140,721
41	RADIOLOGY-DIAGNOSTIC	6,354,974	413,958	5,941,016			6,354,974
41	01 ULTRASOUND	417,614	10,614	407,000			417,614
42	RADIOLOGY-THERAPEUTIC	1,076,812	54,117	1,022,695			1,076,812
44	LABORATORY	6,850,386	205,226	6,645,160			6,850,386
49	RESPIRATORY THERAPY	1,323,786	23,415	1,300,371			1,323,786
50	PHYSICAL THERAPY	1,911,533	210,555	1,700,978			1,911,533
51	OCCUPATIONAL THERAPY	502,751	24,323	478,428			502,751
52	SPEECH PATHOLOGY	180,011	12,097	167,914			180,011
53	ELECTROCARDIOLOGY	1,154,994	33,183	1,121,811			1,154,994
55	MEDICAL SUPPLIES CHARGED	919,813	28,933	890,880			919,813
56	DRUGS CHARGED TO PATIENTS	4,496,076	64,881	4,431,195			4,496,076
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,157,582	280,182	2,877,400			3,157,582
62	OBSERVATION BEDS (NON-DIS	1,185,504	113,854	1,071,650			1,185,504
	OTHER REIMBURS COST CNTRS						
01	SUBTOTAL	39,311,168	2,265,460	37,045,708			39,311,168
102	LESS OBSERVATION BEDS	1,185,504	113,854	1,071,650			1,185,504
103	TOTAL	38,125,664	2,151,606	35,974,058			38,125,664

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

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

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET C
 PART II

LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	15,069,149	.501436	.501436
38	RECOVERY ROOM	2,437,513	.696749	.696749
39	DELIVERY ROOM & LABOR ROO	2,158,782	.177905	.177905
40	ANESTHESIOLOGY	986,635	.142627	.142627
41	RADIOLOGY-DIAGNOSTIC	33,635,465	.188937	.188937
41	01 ULTRASOUND	2,828,753	.147632	.147632
42	RADIOLOGY-THERAPEUTIC	3,799,662	.283397	.283397
44	LABORATORY	26,900,308	.254658	.254658
49	RESPIRATORY THERAPY	2,699,153	.490445	.490445
50	PHYSICAL THERAPY	4,076,795	.468881	.468881
51	OCCUPATIONAL THERAPY	760,671	.660931	.660931
52	SPEECH PATHOLOGY	229,253	.785207	.785207
53	ELECTROCARDIOLOGY	4,089,459	.282432	.282432
55	MEDICAL SUPPLIES CHARGED	8,563,707	.107408	.107408
56	DRUGS CHARGED TO PATIENTS	11,670,902	.385238	.385238
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,279,760	.737794	.737794
62	OBSERVATION BEDS (NON-DIS	1,252,409	.946579	.946579
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	125,438,376		
102	LESS OBSERVATION BEDS	1,252,409		
103	TOTAL	124,185,967		

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

**NOT A CMS WORKSHEET ** (09/2000)
 PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 15-0086 I FROM 1/ 1/2007 I WORKSHEET C
 I TO 12/31/2007 I PART II

LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	7,556,219	557,208	6,999,011	55,721	405,943	7,094,555
39	RECOVERY ROOM	1,698,334	211,260	1,487,074	21,126	86,250	1,590,958
40	DELIVERY ROOM & LABOR ROO	384,058	17,349	366,709	1,735	21,269	361,054
41	ANESTHESIOLOGY	140,721	4,305	136,416	431	7,912	132,378
41	RADIOLOGY-DIAGNOSTIC	6,354,974	413,958	5,941,016	41,396	344,579	5,968,999
01 42	ULTRASOUND	417,614	10,614	407,000	1,061	23,606	392,947
44	RADIOLOGY-THERAPEUTIC	1,076,812	54,117	1,022,695	5,412	59,316	1,012,084
49	LABORATORY	6,850,386	205,226	6,645,160	20,523	385,419	6,444,444
50	RESPIRATORY THERAPY	1,323,786	23,415	1,300,371	2,342	75,422	1,246,022
51	PHYSICAL THERAPY	1,911,533	210,555	1,700,978	21,056	98,657	1,791,820
52	OCCUPATIONAL THERAPY	502,751	24,323	478,428	2,432	27,749	472,570
53	SPEECH PATHOLOGY	180,011	12,097	167,914	1,210	9,739	169,062
55	ELECTROCARDIOLOGY	1,154,994	33,183	1,121,811	3,318	65,065	1,086,611
56	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	919,813 4,496,076	28,933 64,881	890,880 4,431,195	2,893 6,488	51,671 257,009	865,249 4,232,579
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	3,157,582	280,182	2,877,400	28,018	166,889	2,962,675
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,185,504	113,854	1,071,650	11,385	62,156	1,111,963
102	SUBTOTAL	39,311,168	2,265,460	37,045,708	226,547	2,148,651	36,935,970
103	LESS OBSERVATION BEDS	1,185,504	113,854	1,071,650	11,385	62,156	1,111,963
	TOTAL	38,125,664	2,151,606	35,974,058	215,162	2,086,495	35,824,007

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DEARBORN COUNTY 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 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET C
 I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	15,069,149	.470800	.497739
38	RECOVERY ROOM	2,437,513	.652697	.688082
39	DELIVERY ROOM & LABOR ROO	2,158,782	.167249	.177101
40	ANESTHESIOLOGY	986,635	.134171	.142190
41	RADIOLOGY-DIAGNOSTIC	33,635,465	.177461	.187706
41 01	ULTRASOUND	2,828,753	.138912	.147257
42	RADIOLOGY-THERAPEUTIC	3,799,662	.266362	.281972
44	LABORATORY	26,900,308	.239568	.253895
49	RESPIRATORY THERAPY	2,699,153	.461634	.489577
50	PHYSICAL THERAPY	4,076,795	.439517	.463716
51	OCCUPATIONAL THERAPY	760,671	.621254	.657734
52	SPEECH PATHOLOGY	229,253	.737447	.779929
53	ELECTROCARDIOLOGY	4,089,459	.265710	.281621
55	MEDICAL SUPPLIES CHARGED	8,563,707	.101037	.107070
56	DRUGS CHARGED TO PATIENTS	11,670,902	.362661	.384682
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,279,760	.692253	.731248
62	OBSERVATION BEDS (NON-DIS	1,252,409	.887859	.937488
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	125,438,376		
102	LESS OBSERVATION BEDS	1,252,409		
103	TOTAL	124,185,967		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 PPS

TITLE XVIII, PART A

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	21,319		21,319	1,178,284		1,178,284
26	ADULTS & PEDIATRICS	3,919		3,919	216,492		216,492
33	INTENSIVE CARE UNIT	362		362	19,981		19,981
101	NURSERY						
	TOTAL	25,600		25,600	1,414,757		1,414,757

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	15,773	7,582	1.35	10,236	74.70	566,375
33	INTENSIVE CARE UNIT	2,054	1,127	1.91	2,153	105.40	118,786
	NURSERY	1,075		.34		18.59	
101	TOTAL	18,902	8,709		12,389		685,161

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 COMPONENT NO: 15-0086
 PREPARED 5/20/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	COSTS
		RELATED COST 1	RELATED COST 2	CHARGES 3	CHARGES 4	RATIO 5	
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,914	547,294	15,069,149	2,207,770	.000658	1,453
38	RECOVERY ROOM	3,756	207,504	2,437,513	140,514	.001541	217
39	DELIVERY ROOM & LABOR ROO	309	17,040	2,158,782	3,355	.000143	
40	ANESTHESIOLOGY	77	4,228	986,635	130,855	.000078	10
41	RADIOLOGY-DIAGNOSTIC	7,308	406,650	33,635,465	3,042,940	.000217	660
41 01	ULTRASOUND	189	10,425	2,828,753	208,998	.000067	14
42	RADIOLOGY-THERAPEUTIC	965	53,152	3,799,662	442,814	.000254	112
44	LABORATORY	3,657	201,569	26,900,308	4,827,610	.000136	657
49	RESPIRATORY THERAPY	418	22,997	2,699,153	1,232,267	.000155	191
50	PHYSICAL THERAPY	3,744	206,811	4,076,795	525,996	.000918	483
51	OCCUPATIONAL THERAPY	432	23,891	760,671	63,964	.000568	36
52	SPEECH PATHOLOGY	215	11,882	229,253	39,948	.000938	37
53	ELECTROCARDIOLOGY	593	32,590	4,089,459	722,822	.000145	105
55	MEDICAL SUPPLIES CHARGED	517	28,416	8,563,707	3,301,013	.000060	198
56	DRUGS CHARGED TO PATIENTS	1,157	63,724	11,670,902	4,222,909	.000099	418
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,981	275,201	4,279,760	472,166	.001164	550
62	OBSERVATION BEDS (NON-DIS	2,024	111,830	1,252,409		.001616	
	OTHER REIMBURS COST CNTRS						
01	TOTAL	40,256	2,225,204	125,438,376	21,585,941		5,141

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 COMPONENT NO: 15-0086
 PREPARED 5/20/2008
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.036319	80,184
39	RECOVERY ROOM	.085129	11,962
40	DELIVERY ROOM & LABOR ROO	.007893	26
41	ANESTHESIOLOGY	.004285	561
41	RADIOLOGY-DIAGNOSTIC	.012090	36,789
41	01 ULTRASOUND	.003685	770
42	RADIOLOGY-THERAPEUTIC	.013989	6,195
44	LABORATORY	.007493	36,173
49	RESPIRATORY THERAPY	.008520	10,499
50	PHYSICAL THERAPY	.050729	26,683
51	OCCUPATIONAL THERAPY	.031408	2,009
52	SPEECH PATHOLOGY	.051829	2,070
53	ELECTROCARDIOLOGY	.007969	5,760
55	MEDICAL SUPPLIES CHARGED	.003318	10,953
56	DRUGS CHARGED TO PATIENTS	.005460	23,057
61	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.064303	30,362
62	OBSERVATION BEDS (NON-DIS	.089292	
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		284,053

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

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET D
 PART III

PPS

POST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,773	
26	INTENSIVE CARE UNIT					2,054	
33	NURSERY					1,075	
34	SKILLED NURSING FACILITY					3,901	
101	TOTAL					22,803	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D
I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,582	
26	INTENSIVE CARE UNIT	1,127	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,031	
101	TOTAL	11,740	

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-0086 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	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							
38	OPERATING ROOM							
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41	01 ULTRASOUND							
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			15,069,149			2,207,770	
38	RECOVERY ROOM			2,437,513			140,514	
39	DELIVERY ROOM & LABOR ROO			2,158,782			3,355	
40	ANESTHESIOLOGY			986,635			130,855	
41	RADIOLOGY-DIAGNOSTIC			33,635,465			3,042,940	
41 01	ULTRASOUND			2,828,753			208,998	
42	RADIOLOGY-THERAPEUTIC			3,799,662			442,814	
44	LABORATORY			26,900,308			4,827,610	
49	RESPIRATORY THERAPY			2,699,153			1,232,267	
50	PHYSICAL THERAPY			4,076,795			525,996	
51	OCCUPATIONAL THERAPY			760,671			63,964	
52	SPEECH PATHOLOGY			229,253			39,948	
53	ELECTROCARDIOLOGY			4,089,459			722,822	
55	MEDICAL SUPPLIES CHARGED			8,563,707			3,301,013	
56	DRUGS CHARGED TO PATIENTS			11,670,902			4,222,909	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			4,279,760			472,166	
62	OBSERVATION BEDS (NON-DIS			1,252,409				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			125,438,376			21,585,941	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS		8.01	8.02	9	9.01	9.02
37	OPERATING ROOM	3,983,691					
38	RECOVERY ROOM	613,336					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	70,183					
41	RADIOLOGY-DIAGNOSTIC	7,719,833					
41	01 ULTRASOUND	366,700					
42	RADIOLOGY-THERAPEUTIC	247,581					
44	LABORATORY	502,711					
49	RESPIRATORY THERAPY	129,165					
50	PHYSICAL THERAPY	69,993					
51	OCCUPATIONAL THERAPY	176					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,168,283					
55	MEDICAL SUPPLIES CHARGED	309,751					
56	DRUGS CHARGED TO PATIENTS	328,608					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	694,357					
62	OBSERVATION BEDS (NON-DIS	500,702					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	16,705,070					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0086
 COMPONENT NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.501436	.501436			
38 RECOVERY ROOM	.696749	.696749			
39 DELIVERY ROOM & LABOR ROOM	.177905	.177905			
40 ANESTHESIOLOGY	.142627	.142627			
41 RADIOLOGY-DIAGNOSTIC	.188937	.188937			
01 41 ULTRASOUND	.147632	.147632			
42 RADIOLOGY-THERAPEUTIC	.283397	.283397			
44 LABORATORY	.254658	.254658			
49 RESPIRATORY THERAPY	.490445	.490445			
50 PHYSICAL THERAPY	.468881	.468881			
51 OCCUPATIONAL THERAPY	.660931	.660931			
52 SPEECH PATHOLOGY	.785207	.785207			
53 ELECTROCARDIOLOGY	.282432	.282432			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.107408	.107408			
56 DRUGS CHARGED TO PATIENTS	.385238	.385238			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.737794	.737794			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.946579	.946579			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0086
 COMPONENT NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET D
 PART V

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		3,983,691			
38 RECOVERY ROOM		613,336			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		70,183			
41 RADIOLOGY-DIAGNOSTIC		7,719,833			
41 01 ULTRASOUND		366,700			
42 RADIOLOGY-THERAPEUTIC		247,581			
44 LABORATORY		502,711			
49 RESPIRATORY THERAPY		129,165			
50 PHYSICAL THERAPY		69,993			
51 OCCUPATIONAL THERAPY		176			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,168,283			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		309,751			
56 DRUGS CHARGED TO PATIENTS		328,608			
61 OUTPAT SERVICE COST CNTRS					
62 EMERGENCY		694,357			
101 OBSERVATION BEDS (NON-DISTINCT PART)		500,702			
102 SUBTOTAL		16,705,070			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		16,705,070			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 COMPONENT NO: 15-0086
 PREPARED 5/20/2008
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
(A) 37 ANCILLARY SRVC COST CNTRS	7	8	9	9.01	9.02
37 OPERATING ROOM				1,997,566	
38 RECOVERY ROOM				427,341	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				10,010	
41 RADIOLOGY-DIAGNOSTIC				1,458,562	
01 41 ULTRASOUND				54,137	
42 RADIOLOGY-THERAPEUTIC				70,164	
44 LABORATORY				128,019	
49 RESPIRATORY THERAPY				63,348	
50 PHYSICAL THERAPY				32,818	
51 OCCUPATIONAL THERAPY				116	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				329,961	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				33,270	
56 DRUGS CHARGED TO PATIENTS				126,592	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				512,292	
62 OBSERVATION BEDS (NON-DISTINCT PART)				473,954	
101 SUBTOTAL				5,718,150	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				5,718,150	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0086 I

TITLE XVIII, PART B

HOSPITAL

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

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

(A) WORKSHEET A LINE NUMBERS

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DEARBORN COUNTY HOSPITAL

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2008
I	15-0086	I	FROM 1/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2007	I	PART VI	
I	15-0086	I		I		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.385238
3	PROGRAM COSTS	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0086
 COMPONENT NO: 15-5602
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
01	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY

LIST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ULTRASOUND		
42	RADIOLOGY-THERAPEUTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
01	TOTAL		

PPS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-5602 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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		2	2.01	2.02	2.03
	1.01						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC						
42	ULTRASOUND						
44	RADIOLOGY-THERAPEUTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED						
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
01	OTHER REIMBURS COST CNTRS						
	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			15,069,149			3,765	
39	RECOVERY ROOM			2,437,513			1,275	
40	DELIVERY ROOM & LABOR ROO			2,158,782				
41	ANESTHESIOLOGY			986,635				
42	RADIOLOGY-DIAGNOSTIC			33,635,465			56,511	
43	01 ULTRASOUND			2,828,753			4,403	
44	RADIOLOGY-THERAPEUTIC			3,799,662				
45	LABORATORY			26,900,308			270,339	
49	RESPIRATORY THERAPY			2,699,153			116,736	
50	PHYSICAL THERAPY			4,076,795			577,090	
51	OCCUPATIONAL THERAPY			760,671			218,557	
52	SPEECH PATHOLOGY			229,253			30,189	
53	ELECTROCARDIOLOGY			4,089,459			9,352	
55	MEDICAL SUPPLIES CHARGED			8,563,707			710,331	
56	DRUGS CHARGED TO PATIENTS			11,670,902			724,566	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			4,279,760				
62	OBSERVATION BEDS (NON-DIS			1,252,409				
101	OTHER REIMBURS COST CNTRS							
	TOTAL			125,438,376			2,723,114	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS		8.01	8.02			
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
01 42	ULTRASOUND						
44	RADIOLOGY-THERAPEUTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED						
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
01	OTHER REIMBURS COST CNTRS						
	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0086
PERIOD: FROM 1/ 1/2007 TO 12/31/2007
COMPONENT NO: 15-5602
PREPARED 5/20/2008
WORKSHEET D
PART VI

TITLE XVIII, PART B

SKILLED NURSING FACILITY

PART VI - VACCINE COST APPORTIONMENT

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

1
.385238
89
34

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2008
I	15-0086	I	FROM 1/ 1/2007	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2007	I	PART	I
I	15-0086	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)	15,773
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,773
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,900
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,873
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,582
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	12,490,976
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	12,490,976

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,253,367
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,216,180
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,263,949
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.942476
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	829.92
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	726.03
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	103.89
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	97.91
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	969,309
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	11,521,667

I PROVIDER NO: I PERIOD: I
 I 15-0086 I FROM 1/ 1/2007 I
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0086 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 791.92
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,004,337
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,004,337

	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	2,546,875	2,054	1,239.96	1,127	1,397,435
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 6,652,548
49 TOTAL PROGRAM INPATIENT COSTS					14,054,320

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 697,550
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 289,194
 52 TOTAL PROGRAM EXCLUDABLE COST 986,744
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 13,067,576

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-0086 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	1,497
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	791.92
85	OBSERVATION BED COST	1,185,504

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	1	2	3	4	5
86	21,319	12,490,976	.001707	1,185,504	2,024
87	1,178,284	12,490,976	.094331	1,185,504	111,830
88		12,490,976		1,185,504	
89		12,490,976		1,185,504	
89.01					
89.02					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2008
I	15-0086	I	FROM 1/ 1/2007	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I	
I	15-5602	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)	3,901
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,901
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,901
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,031
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	2,545,621
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	2,545,621

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	889,502
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	889,502
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.861850
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	2,545,621

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-5602 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	2,545,621
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	652.56
68	PROGRAM ROUTINE SERVICE COST	1,977,909
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,977,909
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	289,782
72	PER DIEM CAPITAL-RELATED COSTS	74.28
73	PROGRAM CAPITAL-RELATED COSTS	225,143
74	INPATIENT ROUTINE SERVICE COST	1,752,766
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,752,766
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,977,909
80	PROGRAM INPATIENT ANCILLARY SERVICES	937,009
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,914,918

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-0086 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)	15,773
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,773
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,900
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,873
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,807
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,075
16	NURSERY DAYS (TITLE V OR XIX ONLY)	664

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	12,490,976
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	12,490,976

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,253,367
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,216,180
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,263,949
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.942476
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	829.92
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	726.03
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	103.89
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	97.91
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	969,309
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	11,521,667

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					730.47
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,319,959
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,319,959
		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)	778,175	1,075	723.88	664	480,656
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,546,875	2,054	1,239.96	141	174,834
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,420,881
49	TOTAL PROGRAM INPATIENT COSTS					3,396,330

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 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-0086 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	1,497
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	791.92
85	OBSERVATION BED COST	1,185,504

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

TITLE XVIII, PART A HOSPITAL PPS

LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		4,759,443	
26	INTENSIVE CARE UNIT		1,380,588	
	ANCILLARY SRVC COST CNTRS			
27	OPERATING ROOM	.501436	2,207,770	1,107,055
28	RECOVERY ROOM	.696749	140,514	97,903
39	DELIVERY ROOM & LABOR ROOM	.177905	3,355	597
40	ANESTHESIOLOGY	.142627	130,855	18,663
41	RADIOLOGY-DIAGNOSTIC	.188937	3,042,940	574,924
41	01 ULTRASOUND	.147632	208,998	30,855
42	RADIOLOGY-THERAPEUTIC	.283397	442,814	125,492
44	LABORATORY	.256553	4,827,610	1,238,538
49	RESPIRATORY THERAPY	.490445	1,232,267	604,359
50	PHYSICAL THERAPY	.468881	525,996	246,630
51	OCCUPATIONAL THERAPY	.660931	63,964	42,276
52	SPEECH PATHOLOGY	.785207	39,948	31,367
53	ELECTROCARDIOLOGY	.282432	722,822	204,148
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.107408	3,301,013	354,555
56	DRUGS CHARGED TO PATIENTS	.385238	4,222,909	1,626,825
	OUTPAT SERVICE COST CNTRS			
51	EMERGENCY	.737794	472,166	348,361
52	OBSERVATION BEDS (NON-DISTINCT PART)	.946579		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		21,585,941	6,652,548
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		21,585,941	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-5602 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	ANCILLARY SRVC COST CNTRS			
28	OPERATING ROOM	.501436	3,765	1,888
29	RECOVERY ROOM	.696749	1,275	888
30	DELIVERY ROOM & LABOR ROOM	.177905		
31	ANESTHESIOLOGY	.142627		
32	RADIOLOGY-DIAGNOSTIC	.188937	56,511	10,677
33	01 ULTRASOUND	.147632	4,403	650
34	RADIOLOGY-THERAPEUTIC	.283397		
35	LABORATORY	.254658	270,339	68,844
36	RESPIRATORY THERAPY	.490445	116,736	57,253
37	PHYSICAL THERAPY	.468881	577,090	270,587
38	OCCUPATIONAL THERAPY	.660931	218,557	144,451
39	SPEECH PATHOLOGY	.785207	30,189	23,705
40	ELECTROCARDIOLOGY	.282432	9,352	2,641
41	MEDICAL SUPPLIES CHARGED TO PATIENTS	.107408	710,331	76,295
42	DRUGS CHARGED TO PATIENTS	.385238	724,566	279,130
43	OUTPAT SERVICE COST CNTRS			
44	EMERGENCY	.737794		
45	OBSERVATION BEDS (NON-DISTINCT PART)	.946579		
46	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,723,114	937,009
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,723,114	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0086 I

TITLE XIX

HOSPITAL

OTHER

ST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		1,195,632	
26	INTENSIVE CARE UNIT		173,112	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.501436	402,358	201,757
38	RECOVERY ROOM	.696749	28,933	20,159
39	DELIVERY ROOM & LABOR ROOM	.177905	1,182,381	210,351
40	ANESTHESIOLOGY	.142627	29,172	4,161
41	RADIOLOGY-DIAGNOSTIC	.188937	532,287	100,569
01 41	ULTRASOUND	.147632	95,291	14,068
42	RADIOLOGY-THERAPEUTIC	.283397	65,791	18,645
44	LABORATORY	.254658	920,754	234,477
49	RESPIRATORY THERAPY	.490445	167,680	82,238
50	PHYSICAL THERAPY	.468881	24,252	11,371
51	OCCUPATIONAL THERAPY	.660931	2,734	1,807
52	SPEECH PATHOLOGY	.785207	1,523	1,196
53	ELECTROCARDIOLOGY	.282432	80,029	22,603
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.107408	500,567	53,765
56	DRUGS CHARGED TO PATIENTS	.385238	929,399	358,040
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.737794	72,091	53,188
62	OBSERVATION BEDS (NON-DISTINCT PART)	.946579	34,319	32,486
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,069,561	1,420,881
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
03	NET CHARGES		5,069,561	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET E
I COMPONENT NO: I TO 12/31/2007 I PART A
I 15-0086 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 7,607,347
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 2,775,862
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

MANAGED CARE PATIENTS
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) 212,060
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 79.60

INDIRECT MEDICAL EDUCATION ADJUSTMENT
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT
3.21 - 3.23 VI, LINE 23

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).
4 DISPROPORTIONATE SHARE ADJUSTMENT 4.00
PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I 14.87
4.02 SUM OF LINES 4 AND 4.01 18.87
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 5.02
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 521,237

5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
TOTAL MEDICARE DISCHARGES ON WKST 5-3, 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) 11,116,506
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET E
I COMPONENT NO: I TO 12/31/2007 I PART B
I 15-0086 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 5,718,150
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 4,561,899
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .868
1.04 LINE 1.01 TIMES LINE 1.03. 4,963,354
1.05 LINE 1.02 DIVIDED BY LINE 1.04. 91.91
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.
10 TOTAL REASONABLE CHARGES

11 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) 4,561,899

18 COMPUTATION OF REIMBURSEMENT SETTLEMENT
18.01 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 1,413,336
19 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
20 SUBTOTAL (SEE INSTRUCTIONS) 3,148,563
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 3,148,563
25 PRIMARY PAYER PAYMENTS 6,691
25 SUBTOTAL 3,141,872

26 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
27 COMPOSITE RATE ESRD
27 BAD DEBTS (SEE INSTRUCTIONS) 232,454
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 162,718
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 157,231
28 SUBTOTAL 3,304,590
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 3,304,590
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
34 INTERIM PAYMENTS 3,293,892
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
35 BALANCE DUE PROVIDER/PROGRAM 10,698
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	5/20/2008
I	15-0086	I	FROM 1/1/2007	I	WORKSHEET	E
I	COMPONENT NO:	I	TO 12/31/2007	I	PART	B
I	15-5602	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	34
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)	34
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	89
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	89
	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)	89
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	55
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	34
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)	34
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	34
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	34
	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	34
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	34
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	63
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-29
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I
 I 15-0086 I FROM 1/ 1/2007 I
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0086 I I

TITLE XVIII	HOSPITAL	DESCRIPTION	INPATIENT-PART A		P A R T B	
			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1			1	2	3	4
1		TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,916,329		3,308,634
2		INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3		LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50	7/16/2007	3,231	7/16/2007	14,742
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
		ADJUSTMENTS TO PROGRAM .99				
		SUBTOTAL		-3,231		-14,742
4		TOTAL INTERIM PAYMENTS		10,913,098		3,293,892
		TO BE COMPLETED BY INTERMEDIARY				
5		LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
		TENTATIVE TO PROGRAM .99				
		SUBTOTAL		NONE		NONE
6		DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
		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 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET E-1
I COMPONENT NO: I TO 12/31/2007 I
I 15-5602 I I

TITLE XVIII SNF

DESCRIPTION

INPATIENT-PART A P A R T B
MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER					
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.					63
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99				
4	TOTAL INTERIM PAYMENTS		1,044,050		NONE	63
	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 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-5602 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			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
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			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29				1,106,794
30	OUTLIER PAYMENTS			
31	PROGRAM CAPITAL PAYMENTS			
32	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
33	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
34	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
35				1,106,794
36	SUBTOTAL			
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
38	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
39				1,106,794
40	XVIII ENTER AMOUNT FROM LINE 30			
41	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
42	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
43	EXCESS OF REASONABLE COST			
44				1,106,794
45	SUBTOTAL			
46				62,744
47	COINSURANCE			
48	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
49	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
50	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
51	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
52	38.01			5,024
53	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
54	38.02			1,309
55	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
56	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
57	38.03			3,910
58	UTILIZATION REVIEW			
59	SUBTOTAL (SEE INSTRUCTIONS)			
60				1,047,960
61	INPATIENT ROUTINE SERVICE COST			
62	MEDICARE INPATIENT ROUTINE CHARGES			
63	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
64	PAYMENT FOR SERVICES ON A CHARGE BASIS			
65	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
66	FOR PAYMENT OF PART A SERVICES			
67	RATIO OF LINE 43 TO 44			
68	TOTAL CUSTOMARY CHARGES			
69	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
70	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
71	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
72	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
73	OTHER ADJUSTMENTS (SPECIFY)			
74	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
75	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
76				1,047,960
77	SUBTOTAL			
78	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
79	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
80	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
81				1,047,960
82	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
83	INTERIM PAYMENTS			
84				1,044,050
85	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
86	BALANCE DUE PROVIDER/PROGRAM			
87				3,910
88	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
89	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

PROVIDER NO: 15-0086 PERIOD: FROM 1/1/2007 TO 12/31/2007 PREPARED 5/20/2008 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,718,847			
2	TEMPORARY INVESTMENTS	5,979,670			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	33,800,819			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-16,528,206			
7	INVENTORY	916,125			
8	PREPAID EXPENSES	914,102			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	29,801,357			
FIXED ASSETS					
12	LAND	75,208			
12.01	LAND IMPROVEMENTS	732,796			
13	LESS ACCUMULATED DEPRECIATION	-548,964			
14	BUILDINGS	54,734,051			
14.01	LESS ACCUMULATED DEPRECIATION	-18,077,254			
15	LEASEHOLD IMPROVEMENTS	256,715			
15.01	LESS ACCUMULATED DEPRECIATION	-174,115			
16	FIXED EQUIPMENT	11,391,279			
16.01	LESS ACCUMULATED DEPRECIATION	-9,018,582			
17	AUTOMOBILES AND TRUCKS	226,478			
17.01	LESS ACCUMULATED DEPRECIATION	-190,745			
18	MAJOR MOVABLE EQUIPMENT	24,641,491			
18.01	LESS ACCUMULATED DEPRECIATION	-16,422,572			
19	MINOR EQUIPMENT DEPRECIABLE	5,447			
19.01	LESS ACCUMULATED DEPRECIATION	-5,447			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	47,625,786			
OTHER ASSETS					
22	INVESTMENTS	40,768,862			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	40,768,862			
27	TOTAL ASSETS	118,196,005			

BALANCE SHEET

I
I
IPROVIDER NO:
15-0086I PERIOD:
I FROM 1/ 1/2007
I TO 12/31/2007I PREPARED 5/20/2008
I
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
28 CURRENT LIABILITIES				
29 ACCOUNTS PAYABLE	6,523,277			
30 SALARIES, WAGES & FEES PAYABLE	1,346,925			
31 PAYROLL TAXES PAYABLE	185,062			
32 NOTES AND LOANS PAYABLE (SHORT TERM)				
33 DEFERRED INCOME				
34 ACCELERATED PAYMENTS				
35 DUE TO OTHER FUNDS				
36 OTHER CURRENT LIABILITIES				
TOTAL CURRENT LIABILITIES	8,055,264			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	30,000,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	30,000,000			
43 TOTAL LIABILITIES	38,055,264			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	80,140,741			
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	80,140,741			
52 TOTAL LIABILITIES AND FUND BALANCES	118,196,005			

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	13,253,367		13,253,367
5 00 SWING BED - SNF			
6 00 SKILLED NURSING FACILITY	889,502		889,502
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,142,869		14,142,869
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 INTENSIVE CARE UNIT	2,460,258		2,460,258
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,460,258		2,460,258
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	16,603,127		16,603,127
18 00 ANCILLARY SERVICES	43,658,280	76,247,926	119,906,206
19 00 OUTPATIENT SERVICES	803,605	3,476,155	4,279,760
23 00 HOME HEALTH AGENCY		2,076,303	2,076,303
24 00 HOSPICE		636,770	636,770
25 00 PROFESSIONAL FEES	968,993	3,307,399	4,276,392
25 00 TOTAL PATIENT REVENUES	62,034,005	85,744,553	147,778,558

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		66,037,195	
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		66,037,195	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008
 WORKSHEET G-3

DESCRIPTION	
1 TOTAL PATIENT REVENUES	147,778,558
2 LESS: ALLOWANCES AND DISCOUNTS ON	81,241,194
3 NET PATIENT REVENUES	66,537,364
4 LESS: TOTAL OPERATING EXPENSES	66,037,195
5 NET INCOME FROM SERVICE TO PATIENT	500,169
OTHER INCOME	
6 CONTRIBUTIONS, DONATIONS, BEQUES	2,231,542
7 INCOME FROM INVESTMENTS	2,574,673
8 REVENUE FROM TELEPHONE AND TELEG	
9 REVENUE FROM TELEVISION AND RADI	
10 PURCHASE DISCOUNTS	6,213
11 REBATES AND REFUNDS OF EXPENSES	
12 PARKING LOT RECEIPTS	
13 REVENUE FROM LAUNDRY AND LINEN S	
14 REVENUE FROM MEALS SOLD TO EMPLO	319,050
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	725,696
18 REVENUE FROM SALE OF MEDICAL REC	2,961
19 TUITION (FEES, SALE OF TEXTBOOKS	
20 REVENUE FROM GIFTS, FLOWER, COFFE	
21 RENTAL OF VENDING MACHINES	
22 RENTAL OF HOSPITAL SPACE	533,630
23 GOVERNMENTAL APPROPRIATIONS	
24 MISCELLANEOUS	175,633
25 TOTAL OTHER INCOME	6,569,398
26 TOTAL	7,069,567
OTHER EXPENSES	
27	
28	
29	
30 TOTAL OTHER EXPENSES	
31 NET INCOME (OR LOSS) FOR THE PERIO	7,069,567

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	238,849		17,893	605	13,910	271,257
HHA REIMBURSABLE SERVICES						
6	389,971		30,714		23,876	444,561
7	166,907		13,145		10,218	190,270
8	41,658		3,281		2,551	47,490
9	8,222		647		503	9,372
10	16,657		1,311		1,020	18,988
11	166,715		13,130		10,207	190,052
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	42,490		14,800			57,290
23						
23.50						
24	1,071,469		94,921	605	62,285	1,229,280

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		271,257		271,257
HHA REIMBURSABLE SERVICES				
6		444,561		444,561
7		190,270		190,270
8		47,490		47,490
9		9,372		9,372
10		18,988		18,988
11		190,052		190,052
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		57,290		57,290
23				
23.50				
24		1,229,280		1,229,280

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	271,257				271,257	271,257
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	444,561				444,561	125,875
7	PHYSICAL THERAPY	190,270				190,270	53,873
8	OCCUPATIONAL THERAPY	47,490				47,490	13,446
9	SPEECH PATHOLOGY	9,372				9,372	2,654
10	MEDICAL SOCIAL SERVICES	18,988				18,988	5,376
11	HOME HEALTH AIDE	190,052				190,052	53,812
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE	57,290				57,290	16,221
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,229,280				1,229,280	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	570,436					
7	PHYSICAL THERAPY	244,143					
8	OCCUPATIONAL THERAPY	60,936					
9	SPEECH PATHOLOGY	12,026					
10	MEDICAL SOCIAL SERVICES	24,364					
11	HOME HEALTH AIDE	243,864					
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE	73,511					
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,229,280					

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2007 I PART II
 I 15-7055 I

HHA 1

	CAP-REL COST-BLDG & FIX (FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (FEET) 3	TRANSPORTATIO N (MILEAGE) 4	RECONCILIATIO N () 5A	ADMINISTRATIV E & GENERAL (COST ACCUM.) 5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-271,257	958,023
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					444,561
7	PHYSICAL THERAPY					190,270
8	OCCUPATIONAL THERAPY					47,490
9	SPEECH PATHOLOGY					9,372
10	MEDICAL SOCIAL SERVICES					18,988
11	HOME HEALTH AIDE					190,052
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					57,290
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-271,257	958,023
25	COST TO BE ALLOCATED					271,257
26	UNIT COST MULTIPLIER					.283142

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		1,081	24	24,321	36,739	78,168
2 SKILLED NURSING CARE	570,436					127,626
3 PHYSICAL THERAPY	244,143					54,623
4 OCCUPATIONAL THERAPY	60,936					13,633
5 SPEECH PATHOLOGY	12,026					2,691
6 MEDICAL SOCIAL SERVICES	24,364					5,451
7 HOME HEALTH AIDE	243,864					54,561
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE	73,511					13,906
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,229,280	1,081	24	24,321	36,739	350,659
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NONPATIENT T ELEPHONES 6.01	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL
1 ADMIN & GENERAL	5,921	19,643	2,901		21,056	189,854
2 SKILLED NURSING CARE						698,062
3 PHYSICAL THERAPY						298,766
4 OCCUPATIONAL THERAPY						74,569
5 SPEECH PATHOLOGY						14,717
6 MEDICAL SOCIAL SERVICES						29,815
7 HOME HEALTH AIDE						298,425
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						87,417
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,921	19,643	2,901		21,056	1,691,625
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OTHER ADMINI STRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	8,052	81,126		26,619		39,930
2 SKILLED NURSING CARE	29,606					
3 PHYSICAL THERAPY	12,671					
4 OCCUPATIONAL THERAPY	3,163					
5 SPEECH PATHOLOGY	624					
6 MEDICAL SOCIAL SERVICES	1,264					
7 HOME HEALTH AIDE	12,657					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE	3,707					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	71,744	81,126		26,619		39,930
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OTHER ADMINI STRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
HHA COST CENTER	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25
1 ADMIN & GENERAL		4,011				349,592
2 SKILLED NURSING CARE						727,668
3 PHYSICAL THERAPY						311,437
4 OCCUPATIONAL THERAPY						77,732
5 SPEECH PATHOLOGY						15,341
6 MEDICAL SOCIAL SERVICES						31,079
7 HOME HEALTH AIDE						311,082
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						91,124
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,011				1,915,055
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		349,592		
2 SKILLED NURSING CARE		727,668	162,500	890,168
3 PHYSICAL THERAPY		311,437	69,549	380,986
4 OCCUPATIONAL THERAPY		77,732	17,359	95,091
5 SPEECH PATHOLOGY		15,341	3,426	18,767
6 MEDICAL SOCIAL SERVICES		31,079	6,940	38,019
7 HOME HEALTH AIDE		311,082	69,469	380,551
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE		91,124	20,349	111,473
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		1,915,055	349,592	1,915,055
21 UNIT COST MULTIPLIER			0.223315	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (SQ FT EQUIP) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQ FT EQUIP) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	NONPATIENT TELEPHONES (PHONES) 6.01
1 ADMIN & GENERAL	3,085	3,085	3,085	3,085	238,849	11
2 SKILLED NURSING CARE					389,971	
3 PHYSICAL THERAPY					166,907	
4 OCCUPATIONAL THERAPY					41,658	
5 SPEECH PATHOLOGY					8,222	
6 MEDICAL SOCIAL SERVICES					16,657	
7 HOME HEALTH AIDE					166,715	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM					42,490	
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,085	3,085	3,085	3,085	1,071,469	11
21 COST TO BE ALLOCATED	1,081	24	24,321	36,739	350,659	5,921
22 UNIT COST MULTIPLIER	0.350405	0.007780	7.883630	11.908914	0.327269	538.272727

HHA COST CENTER	DATA PROCESSING (DP EQUIP) 6.02	PURCHASING, RECEIVING AND SUPPLY EXPENSE () 6.03	ADMITTING (ADMISSIONS) 6.04	CASHIERING/A CCOUNTS RECE (GROSS CHARGES) 6.05	RECONCILIATION () 6A.06	OTHER ADMINISTRATIVE AND ACCUM. COST () 6.06
1 ADMIN & GENERAL	10	41,278		2,076,303		189,854
2 SKILLED NURSING CARE						698,062
3 PHYSICAL THERAPY						298,766
4 OCCUPATIONAL THERAPY						74,569
5 SPEECH PATHOLOGY						14,717
6 MEDICAL SOCIAL SERVICES						29,815
7 HOME HEALTH AIDE						298,425
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						87,417
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	10	41,278		2,076,303		1,691,625
21 COST TO BE ALLOCATED	19,643	2,901		21,056		71,744
22 UNIT COST MULTIPLIER	1964.300000	0.070280		0.010141		0.042411

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MANHOURS) 12	NURSING ADMINISTRATION (DIRECT NRSGING HRS) 14
1 ADMIN & GENERAL	3,085		3,085		42,568	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,085		3,085		42,568	
21 COST TO BE ALLOCATED	81,126		26,619		39,930	
22 UNIT COST MULTIPLIER	26.296921		8.628525		0.938029	

HHA 1

HHA COST CENTER	CENTRAL SERV ICES & SUPPL (COSTED) REQUIS. 15	PHARMACY (DRUGS 100%) 16	MEDICAL RECO RDS & LIBRAR (ADJUSTED CHARGES) 17	SOCIAL SERVI CE (TIME SPENT) 18
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE	18,961			
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)	18,961			
21 COST TO BE ALLOCATED	4,011			
22 UNIT COST MULTIPLIER	0.211539			

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7055 I HHA 1

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

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

PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	890,168	2	890,168	4,160	213.98	6 1,580
2 PHYSICAL THERAPY	3	380,986		380,986	2,544	149.76	1,179
3 OCCUPATIONAL THERAPY	4	95,091		95,091	661	143.86	291
4 SPEECH PATHOLOGY	5	18,767		18,767	105	178.73	28
5 MEDICAL SOCIAL SERVICES	6	38,019		38,019	125	304.15	48
6 HOME HEALTH AIDE SERVICES	7	380,551		380,551	2,203	172.74	352
7 TOTAL		1,803,582		1,803,582	9,798		3,478

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	981	9 338,088	10 209,914	12 548,002
2 PHYSICAL THERAPY		521	176,567	78,025	254,592
3 OCCUPATIONAL THERAPY		150	41,863	21,579	63,442
4 SPEECH PATHOLOGY		9	5,004	1,609	6,613
5 MEDICAL SOCIAL SERVICES		43	14,599	13,078	27,677
6 HOME HEALTH AIDE SERVICES		980	60,804	169,285	230,089
7 TOTAL		2,684	636,925	493,490	1,130,415

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

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	11
8.01 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICES					
13.01 HOME HEALTH AIDE SERVICES					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7055 I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8						11,427
16 COST OF DRUGS	9				26,507		
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	15,080			
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.468881			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.660931			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.785207			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.107408			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.385238			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	149.76					
2 OCCUPATIONAL THERAPY	3	143.86					
3 SPEECH PATHOLOGY	4	178.73					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0086	I FROM 1/ 1/2007	I 5/20/2008
I HHA NO:	I TO 12/31/2007	I WORKSHEET H-7
I 15-7055	I	I PARTS I & II

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART A	PART B	PART B
1	NOT SUBJECT TO	SUBJECT TO
	DED & COINS	DED & COINS
	2	3

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 10 PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A	PART B
SERVICES	SERVICES
1	2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	559,369	323,409
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		2,021
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	13,110	5,965
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	8,290	1,592
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	4,718	6,543
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		1,096
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	585,487	340,626
13	EXCESS REASONABLE COST		
14	SUBTOTAL	585,487	340,626
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	585,487	340,626
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	585,487	340,626
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	585,487	340,626
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	585,487	340,626
25	INTERIM PAYMENTS	585,487	340,627
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		-1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

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

PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	890,168	2	890,168	4,160	213.98	6 280
2 PHYSICAL THERAPY	3	380,986		380,986	2,544	149.76	55
3 OCCUPATIONAL THERAPY	4	95,091		95,091	661	143.86	23
4 SPEECH PATHOLOGY	5	18,767		18,767	105	178.73	14
5 MEDICAL SOCIAL SERVICES	6	38,019		38,019	125	304.15	
6 HOME HEALTH AIDE SERVICES	7	380,551		380,551	2,203	172.74	628
7 TOTAL		1,803,582		1,803,582	9,798		1,000

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY			59,914		59,914
3 OCCUPATIONAL THERAPY			8,237		8,237
4 SPEECH PATHOLOGY			3,309		3,309
5 MEDICAL SOCIAL SERVICES			2,502		2,502
6 HOME HEALTH AIDE SERVICES			108,481		108,481
7 TOTAL			182,443		182,443

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7055 I I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES	8	1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8						
16 COST OF DRUGS	9						
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES		COST OF SERVICES		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
	1	2	3	4	5
1 PHYSICAL THERAPY	50	.468881			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.660931			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.785207			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.107408			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.385238			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				PROG VISITS ON OR AFTER
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	149.76					
2 OCCUPATIONAL THERAPY	3	143.86					
3 SPEECH PATHOLOGY	4	178.73					
4 TOTAL (SUM OF LINES 1-3)							

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2007 I
I 15-1531 I I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 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	108,837			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	97,640			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	38,596			
19 SPIRITUAL COUNSELING	11,333			
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	13,396			
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			18,712	
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)	269,802		18,712	

PROVIDER NO: 15-0086 HOSPICE NO: 15-1531
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/20/2008 WORKSHEET K

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE EXPENSES

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	12,722	121,559		121,559
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	28,126	28,126		28,126
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	7,500	7,500		7,500
13 NURSING CARE		97,640		97,640
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		38,596		38,596
19 SPIRITUAL COUNSELING		11,333		11,333
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER		13,396		13,396
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	46,349	46,349		46,349
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION		18,712		18,712
32 IMAGING SERVICES	2,586	2,586		2,586
33 LABS AND DIAGNOSTICS	667	667		667
34 MEDICAL SUPPLIES	45,909	45,909		45,909
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)	13,596	13,596		13,596
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS	11	11		11
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	157,466	445,980		445,980

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 15-0086
 I HOSPICE NO: 15-1531
 I PERIOD: FROM 1/ 1/2007 TO 12/31/2007
 I PREPARED 5/20/2008
 I WORKSHEET K
 I

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		
7 ADMINISTRATIVE AND GENERAL		121,559
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		28,126
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		7,500
13 NURSING CARE		97,640
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		38,596
19 SPIRITUAL COUNSELING		11,333
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		13,396
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		46,349
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		18,712
32 IMAGING SERVICES		2,586
33 LABS AND DIAGNOSTICS		667
34 MEDICAL SUPPLIES		45,909
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		13,596
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		11
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)		445,980

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2007 I
I 15-1531 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				
ADMINISTRATIVE AND GENERAL	2,641	22,729		58,962
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			38,596	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
19 OTHER HOSPICE SERVICE COSTS				
20 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)	2,641	22,729	38,596	58,962

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0086
HOSPICE NO: 15-1531
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 5/20/2008
WORKSHEET K-1

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				24,505
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	97,640			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				11,333
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			13,396	
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)	97,640		13,396	35,838

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2008
I	15-0086	I	FROM 1/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 12/31/2007	I	
I	15-1531	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	
6	ADMINISTRATIVE AND GENERAL	108,837
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	97,640
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	38,596
15	SPIRITUAL COUNSELING	11,333
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	13,396
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)	269,802

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET K-2
I	15-1531	I		I	

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	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
- 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
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22.20 HOME HEALTH AIDE AND HOMEMAKER
- 23 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET K-2
I	15-1531	I		I	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET K-2
I	15-1531	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
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET K-4
I	15-1531	I		I	PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	121,559		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE	28,126		
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	7,500		
13	NURSING CARE	97,640		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	38,596		
19	SPIRITUAL COUNSELING	11,333		
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	13,396		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	46,349		
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION	18,712		
32	IMAGING SERVICES	2,586		
33	LABS AND DIAGNOSTICS	667		
34	MEDICAL SUPPLIES	45,909		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	13,596		
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS	11		
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	445,980		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1531 I I I

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINITRATIVE & GENERAL 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			121,559	121,559
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE			28,126	10,539
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES			7,500	2,810
12 PHYSICIAN SERVICES			97,640	36,586
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY			38,596	14,462
18 MEDICAL SOCIAL SERVICES			11,333	4,246
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			13,396	5,019
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			46,349	17,367
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			18,712	7,011
32 IMAGING SERVICES			2,586	969
33 LABS AND DIAGNOSTICS			667	250
34 MEDICAL SUPPLIES			45,909	17,202
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			13,596	5,094
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			11	4
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			324,421	121,559

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET K-4
I	15-1531	I		I	PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	38,665
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	10,310
13	NURSING CARE	134,226
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	53,058
19	SPIRITUAL COUNSELING	15,579
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	18,415
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	63,716
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	25,723
32	IMAGING SERVICES	3,555
33	LABS AND DIAGNOSTICS	917
34	MEDICAL SUPPLIES	63,111
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	18,690
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	15
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	445,980

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2007 I PART II
I 15-1531 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
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AGREE WITH CO

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		-121,559	324,421
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			28,126
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			7,500
13 NURSING CARE			97,640
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			38,596
19 SPIRITUAL COUNSELING			11,333
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			13,396
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			46,349
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			18,712
32 IMAGING SERVICES			2,586
33 LABS AND DIAGNOSTICS			667
34 MEDICAL SUPPLIES			45,909
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			13,596
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER	AGREE WITH CO		
39			
40			
41			11
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			121,559
45 UNIT COST MULTIPLIER	.000000		.374695

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1531 I I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
			0	1	2
1.00 ADMINISTRATIVE AND GENERAL	6		110		2,483
2.00 INPATIENT - GENERAL CARE	7	38,665			
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	10,310			
5.00 NURSING CARE	10	134,226			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	53,058			
10.00 SPIRITUAL COUNSELING	15	15,579			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	18,415			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00 OTHER	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	63,716			
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	25,723			
18.00 IMAGING SERVICES	23	3,555			
19.00 LABS AND DIAGNOSTICS	24	917			
20.00 MEDICAL SUPPLIES	25	63,111			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	18,690			
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	15			
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		445,980	110	2	2,483
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL	3,751	35,619	538	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		31,955		
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		12,631		
10.00 SPIRITUAL COUNSELING		3,709		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		4,384		
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)	3,751	88,298	538	
30.00 UNIT COST MULTIPLIER				

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1531 I I

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
	6.03	6.04	6.05	6A.05
1.00 ADMINISTRATIVE AND GENERAL	3,355		6,457	52,315
2.00 INPATIENT - GENERAL CARE				38,665
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				10,310
5.00 NURSING CARE				166,181
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				65,689
10.00 SPIRITUAL COUNSELING				19,288
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				22,799
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				63,716
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				25,723
18.00 IMAGING SERVICES				3,555
19.00 LABS AND DIAGNOSTICS				917
20.00 MEDICAL SUPPLIES				63,111
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				18,690
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				15
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,355		6,457	550,974
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.06	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	2,219			2,718
2.00 INPATIENT - GENERAL CARE	1,640	8,284		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	437			
5.00 NURSING CARE	7,046			
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	2,786			
10.00 SPIRITUAL COUNSELING	818			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	967			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	2,702			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	1,091			
18.00 IMAGING SERVICES	151			
19.00 LABS AND DIAGNOSTICS	39			
20.00 MEDICAL SUPPLIES	2,677			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	793			
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS	1			
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	23,367	8,284		2,718
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

IN LIEU OF FORM CMS-2552-96-K-5-I (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1531 I I

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL		9,034		9,712
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)		9,034		9,712
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	16	17	18	25
1.00 ADMINISTRATIVE AND GENERAL				84,282
2.00 INPATIENT - GENERAL CARE				40,305
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				10,747
5.00 NURSING CARE				173,227
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				68,475
10.00 SPIRITUAL COUNSELING				20,106
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				23,766
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				66,418
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				26,814
18.00 IMAGING SERVICES				3,706
19.00 LABS AND DIAGNOSTICS				956
20.00 MEDICAL SUPPLIES				65,788
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				19,483
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				16
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				604,089
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		84,282		
2.00 INPATIENT - GENERAL CARE		40,305	6,535	46,840
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		10,747	1,743	12,490
5.00 NURSING CARE		173,227	28,086	201,313
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		68,475	11,103	79,578
10.00 SPIRITUAL COUNSELING		20,106	3,260	23,366
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		23,766	3,853	27,619
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		66,418	10,769	77,187
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION		26,814	4,348	31,162
18.00 IMAGING SERVICES		3,706	601	4,307
19.00 LABS AND DIAGNOSTICS		956	155	1,111
20.00 MEDICAL SUPPLIES		65,788	10,667	76,455
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		19,483	3,159	22,642
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS		16	3	19
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		604,089		604,089
30.00 UNIT COST MULTIPLIER			.162141	

(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: 15-0086
I PERIOD: FROM 1/1/2007 TO 12/31/2007
I HOSPICE NO: 15-1531
I PREPARED 5/20/2008
I WORKSHEET K-5
I PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(SQ FT EQUIP)	(SQUARE FEET)	(SQ FT EQUIP)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	315	315	315	315
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)	315	315	315	315
30.00 TOTAL COST TO BE ALLOCATED	110	2	2,483	3,751
31.00 UNIT COST MULTIPLIER	.349206	.006349	7.882540	11.907937

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	(GROSS SALARIES)	(PHONES)	(DP EQUIP)	(SUPPLY EXPENSE)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	108,837			47,741
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	97,640			
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	38,596			
10.00 SPIRITUAL COUNSELING	11,333			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	13,396			
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)	269,802	1		47,741
30.00 TOTAL COST TO BE ALLOCATED	88,298	538		3,355
31.00 UNIT COST MULTIPLIER	.327270	538.000000	.000000	.070275

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

HOSPICE 1

HOSPICE COST CENTER	ADMITTING (ADMISSIONS)	CASHIERING/ACCO UNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)
	6.04	6.05		6.06
1.00 ADMINISTRATIVE AND GENERAL		636,770		52,315
2.00 INPATIENT - GENERAL CARE				38,665
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				10,310
5.00 NURSING CARE				166,181
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				65,689
10.00 SPIRITUAL COUNSELING				19,288
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				22,799
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				63,716
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				25,723
18.00 IMAGING SERVICES				3,555
19.00 LABS AND DIAGNOSTICS				917
20.00 MEDICAL SUPPLIES				63,111
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				18,690
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				15
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		636,770		550,974
30.00 TOTAL COST TO BE ALLOCATED		6,457		23,367
31.00 UNIT COST MULTIPLIER	.000000	.010140		.042410

HOSPICE COST CENTER	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	315		315	
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)	315		315	
30.00 TOTAL COST TO BE ALLOCATED	8,284		2,718	
31.00 UNIT COST MULTIPLIER	26.298413	.000000	8.628571	.000000

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

I PROVIDER NO: 15-0086
 I PERIOD: FROM 1/1/2007 TO 12/31/2007
 I HOSPICE NO: 15-1531
 I PREPARED 5/20/2008
 I WORKSHEET K-5
 I PART II

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (MANHOURS) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (DRUGS 100%) 16
1.00 ADMINISTRATIVE AND GENERAL	9,631		45,909	
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)	9,631		45,909	
30.00 TOTAL COST TO BE ALLOCATED	9,034		9,712	
31.00 UNIT COST MULTIPLIER	.938013	.000000	.211549	.000000

MEDICAL RECORDS & LIBRARY SOCIAL SERVICE

HOSPICE COST CENTER	(ADJUSTED CHARGES) 17	(TIME SPENT) 18
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)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

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

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	.468881	
2	OCCUPATIONAL THERAPY	51	.660931	
3	SPEECH PATHOLOGY	52	.785207	
4	DRUGS CHARGED TO PATIENTS	56	.385238	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.254658	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.107408	
8	EMERGENCY	61	.737794	
9	RADIOLOGY-DIAGNOSTIC	41	.188937	
9.01	ULTRASOUND	41.01	.147632	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0086	I	FROM 1/ 1/2007	I	5/20/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET K-6
I	15-1531	I		I	

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1				604,089
2				3,608
3				167.43
4	3,257			
5	545,320			
6				
7				
8				
9				
10				
11				
12			351	
13			58,768	

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 5/20/2008
 I 15-0086 I FROM 1/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2007 I PARTS I-IV
 I 15-0086 I I

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	920,534
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	11,044
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	44.74
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	931,578

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)	