HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: 15-0133
I PERIOD:
I FROM 3/ 1/2006
I TO 2/28/2007
I PREPARED 7/31/2007
I WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 2101 EAST DUBOIS DRIVE
1.01 CITY: WARSAW P.O. BOX:
STATE: IN ZIP CODE: 46580- COUNTY: KOSCIUSKO

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00 HOSPITAL	KOSCIUSKO COMMUNITY HOSPITAL	15-0133		7/ 1/1966	O	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 3/ 1/2006 TO: 2/28/2007

18 TYPE OF CONTROL 1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER 1

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 2 Y

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. 2

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	1	2	3	4
	0	0.0000	0.0000	
	0.00	0		

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

		%	Y/N
28.03	STAFFING	0.00%	N
28.04	RECRUITMENT	0.00%	N
28.05	RETENTION	0.00%	N
28.06	TRAINING	0.00%	N
28.07	NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	0.00%	N
28.08	NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	0.00%	N
28.09	NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	0.00%	N
28.10		0.00%	N
28.11		0.00%	N
28.12		0.00%	N
28.13		0.00%	N
28.14		0.00%	N
28.15		0.00%	N
28.16	10000	0.00%	N
28.17	02YNNNN NNON 4 NNN NNN N NNNN N	0.00%	N
28.18	YNNNNNNN YNNNNYYNNNYNN NNNN NNO P	0.00%	N
28.19	NNNNNYYYYNN PNNNNN NNN 0Z	0.00%	N
28.20	0	0.00%	N

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

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

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

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

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

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

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

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

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

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

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

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION

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

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 679005
40.01 NAME: TRIAD HOSPITALS INC FI/CONTRACTOR NAME MUTUAL OF OMAHA FI/CONTRACTOR #
40.02 STREET: 5800 TENNYSON PARKWAY P.O. BOX:
40.03 CITY: PLANO STATE: TX ZIP CODE: 75024-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 542,752
PAID LOSSES: 22,634
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.
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
	3/ 1/2006	N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS 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
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS TITLE V 3	I/P DAYS TITLE XVIII 4	O/P VISITS NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	64	23,360			4,294		432
2	HMO							1,638
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	64	23,360			4,294		432
6	INTENSIVE CARE UNIT	8	2,920			736		116
11	NURSERY							209
12	TOTAL	72	26,280			5,030		757
13	RPCH VISITS							
25	TOTAL	72						
26	OBSERVATION BED DAYS							99
27	AMBULANCE TRIPS							
27 01	AMBULANCE TRIPS							
27 02	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS TITLE XIX ADMITTED 5.01	I/P DAYS OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	TRIPS OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	INTERNS & RES. FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			9,136				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			9,136				
6	INTENSIVE CARE UNIT			1,566				
11	NURSERY			1,728				
12	TOTAL			12,430				
13	RPCH VISITS							
25	TOTAL							
26	OBSERVATION BED DAYS	20	79	1,575	267	1,308		
27	AMBULANCE TRIPS							
27 01	AMBULANCE TRIPS							
27 02	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	DISCHARGES TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					1,378	195	3,571
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		505.57			1,378	195	3,571
13	RPCH VISITS							
25	TOTAL		505.57					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
27 01	AMBULANCE TRIPS							
27 02	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET S-3 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	29,875,803		29,875,803	1,336,672.00	22.35	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, T&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	10,552,277	113,807	10,666,084	318,832.00	33.45	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,880,984		1,880,984	34,359.00	54.75	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A	76,863		76,863	591.00	130.06	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	165,513		165,513	2,870.00	57.67	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,451,242		5,451,242			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,885,844		1,885,844			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	158,166		158,166	7,496.00	21.10	
22 ADMINISTRATIVE & GENERAL	3,650,983	-134,186	3,516,797	203,352.00	17.29	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	446,687	-113,807	332,880	25,380.00	13.12	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	523,558		523,558	52,521.00	9.97	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	607,007		607,007	53,596.00	11.33	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	522,155	134,186	656,341	21,363.00	30.72	
31 CENTRAL SERVICE AND SUPPLY	276,876		276,876	17,945.00	15.43	
32 PHARMACY	630,313		630,313	19,521.00	32.29	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	754,320		754,320	60,881.00	12.39	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY					
1 NET SALARIES	29,875,803		29,875,803	1,336,672.00	22.35
2 EXCLUDED AREA SALARIES	10,552,277	113,807	10,666,084	318,832.00	33.45
3 SUBTOTAL SALARIES	19,323,526	-113,807	19,209,719	1,017,840.00	18.87
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,123,360		2,123,360	37,820.00	56.14
5 SUBTOTAL WAGE-RELATED COSTS	5,451,242		5,451,242		28.38
6 TOTAL	26,898,128	-113,807	26,784,321	1,055,660.00	25.37
7 NET SALARIES					
8 EXCLUDED AREA SALARIES					
9 SUBTOTAL SALARIES					
10 SUBTOTAL OTHER WAGES & RELATED COSTS					
11 SUBTOTAL WAGE-RELATED COSTS					
12 TOTAL					
13 TOTAL OVERHEAD COSTS	7,570,065	-113,807	7,456,258	462,055.00	16.14

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 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	
17.01	GROSS MEDICAID REVENUES	3,234,605
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,234,605
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,037,950
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.282302
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	293,015
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	16,366,283
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,620,234
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,731,037
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,900,185
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,913,249

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0133 I PERIOD: FROM 3/ 1/2006 TO 2/28/2007 I PREPARED 7/31/2007 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS-IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		972,818	972,818	1,930,354	2,903,172
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,990,598	1,990,598	992,153	2,982,751
5	0500	EMPLOYEE BENEFITS	158,166	4,255,568	4,413,734	1,328,025	5,741,759
6.01	0610	ADMINISTRATIVE & GENERAL	1,418,810	5,713,501	7,132,311	-717,980	6,414,331
6.02	0660	ADMIN & GENERAL EXCEPT CC #98	2,232,173	1,817,248	4,049,421	-29,635	4,019,786
7	0700	MAINTENANCE & REPAIRS	446,687	1,143,628	1,590,315	-114,637	1,475,678
9	0900	LAUNDRY & LINEN SERVICE		293,183	293,183		293,183
10	1000	HOUSEKEEPING	523,558	129,087	652,645	-1,676	650,969
11	1100	DIETARY	607,007	543,910	1,150,917	-2,303	1,148,614
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	522,155	99,335	621,490	131,166	752,656
15	1500	CENTRAL SERVICES & SUPPLY	276,876	24,442	301,318	-145,971	155,347
16	1600	PHARMACY	630,313	4,019,969	4,650,282	-4,159,001	491,281
17	1700	MEDICAL RECORDS & LIBRARY	754,320	210,692	965,012	-2,119	962,893
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,292,499	662,726	3,955,225	-1,049,919	2,905,306
26	2600	INTENSIVE CARE UNIT	806,658	142,169	948,827	-48,005	900,822
33	3300	NURSERY		11	11	234,980	234,991
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,493,284	3,220,628	4,713,912	-2,781,543	1,932,369
38	3800	RECOVERY ROOM	155,410	29,860	185,270	-16,420	168,850
39	3900	DELIVERY ROOM & LABOR ROOM				581,690	581,690
40	4000	ANESTHESIOLOGY		385,972	385,972	-2,005	383,967
41	4100	RADIOLOGY-DIAGNOSTIC	1,330,927	991,672	2,322,599	-379,692	1,942,907
41.01	4101	MRI	211,753	289,413	501,166	-162,880	338,286
41.02	4102	ONCOLOGY	610,196	603,440	1,213,636	-229,332	984,304
41.03	4103	CAT SCAN	183,926	362,122	546,048	-213,485	332,563
43	4300	RADIOISOTOPE	177,002	214,476	391,478	-64	391,414
44	4400	LABORATORY	1,069,400	1,570,353	2,639,753	-178,292	2,461,461
49	4900	RESPIRATORY THERAPY	457,488	218,933	676,421	-50,559	625,862
50	5000	PHYSICAL THERAPY	391,854	1,461,225	1,853,079	-52,783	1,800,296
51	5100	OCCUPATIONAL THERAPY	38,153	354,142	392,295	-8,084	384,211
52	5200	SPEECH PATHOLOGY		28,399	28,399	-148	28,251
53	5300	ELECTROCARDIOLOGY	85,508	33,583	119,091	-1,845	117,246
55	5500	MEDICAL SUPPLIES CHARGED TO PATTENTS				3,750,899	3,750,899
56	5600	DRUGS CHARGED TO PATIENTS				3,899,673	3,899,673
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	164,831	257,172	422,003	-19,208	402,795
61	6100	EMERGENCY	1,284,572	418,498	1,703,070	-116,108	1,586,962
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	19,323,526	32,458,773	51,782,299	2,365,246	54,147,545
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,107	53,218	83,325	-1,917	81,408
98	9800	PHYSICIANS' PRIVATE OFFICES	10,010,570	6,108,662	16,119,232	-2,283,676	13,835,556
98.01	9801	WELLNESS CENTER	365,430	199,440	564,870	-46,338	518,532
100	7950	MARKETING	146,170	470,312	616,482	-33,315	583,167
101.		TOTAL	29,875,803	39,290,405	69,166,208	-0-	69,166,208

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	2,678,417	5,581,589
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	1,256,078	4,238,829
5	0500	EMPLOYEE BENEFITS		5,741,759
6.01	0610	ADMINISTRATIVE & GENERAL	-2,416,373	3,997,958
6.02	0660	ADMIN & GENERAL EXCEPT CC #98	785,409	4,805,195
7	0700	MAINTENANCE & REPAIRS	-11,465	1,464,213
9	0900	LAUNDRY & LINEN SERVICE	-48,075	245,108
10	1000	HOUSEKEEPING	-16,883	634,086
11	1100	DIETARY	-528,633	619,981
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION	-12,129	740,527
15	1500	CENTRAL SERVICES & SUPPLY		155,347
16	1600	PHARMACY		491,281
17	1700	MEDICAL RECORDS & LIBRARY	-695	962,198
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-4,279	2,901,027
26	2600	INTENSIVE CARE UNIT		900,822
33	3300	NURSERY	-1,674	233,317
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		1,932,369
38	3800	RECOVERY ROOM		168,850
39	3900	DELIVERY ROOM & LABOR ROOM		581,690
40	4000	ANESTHESIOLOGY	-327,174	56,793
41	4100	RADIOLOGY-DIAGNOSTIC	-964	1,941,943
41.01	4101	MRI	-11,727	326,559
41.02	4102	ONCOLOGY	-3,924	980,380
41.03	4103	CAT SCAN	-435	332,128
43	4300	RADIOISOTOPE	-335	391,079
44	4400	LABORATORY	-49,549	2,411,912
49	4900	RESPIRATORY THERAPY	-4,225	621,637
50	5000	PHYSICAL THERAPY		1,800,296
51	5100	OCCUPATIONAL THERAPY		384,211
52	5200	SPEECH PATHOLOGY		28,251
53	5300	ELECTROCARDIOLOGY	-97,532	19,714
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,750,899
56	5600	DRUGS CHARGED TO PATIENTS		3,899,673
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		402,795
61	6100	EMERGENCY	-15,946	1,571,016
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	1,167,887	55,315,432
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		81,408
98	9800	PHYSICIANS' PRIVATE OFFICES		13,835,556
98.01	9801	WELLNESS CENTER		518,532
100	7950	MARKETING		583,167
101.		TOTAL		70,334,095

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CNTR		
3	NEW CAP REL COSTS-BLDG & FIXE	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE & GENERAL	0610	NONPATIENT TELEPHONES
6.02	ADMIN & GENERAL EXCEPT CC #98	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC CNTRS		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
41.02	ONCOLOGY	4102	RADIOLOGY-DIAGNOSTIC
41.03	CAT SCAN	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTRDCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	0000	
	NONREIMBURS COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WELLNESS CENTER	9801	PHYSICIANS' PRIVATE OFFICES
100	MARKETING	7950	OTHER NONREIMBURSABLE COST CENTERS
101.	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	LINE NO 3	INCREASE SALARY 4	INCREASE OTHER 5
1	BLDG & EQUIP RENT/LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3		746,583
2			NEW CAP REL COSTS-MVBLE EQUIP	4		992,153
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	NURSING ADMINISTRATION	B	NURSING ADMINISTRATION	14	134,186	
26	MEDICAL SUPPLIES COGS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,750,899
27						
28						
29						
30						
31						
32						
33						
34						
35						
1	MEDICAL SUPPLIES COGS	C				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	BILLABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		3,899,673
19						
20						
21	PROPERTY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		65,907
22	PROPERTY TAX	G	NEW CAP REL COSTS-BLDG & FIXT	3		720,648
23						
24	NURSERY & LABOR/DELIVERY	H	NURSERY	33	189,211	45,769
25			DELIVERY ROOM & LABOR ROOM	39	468,389	113,301
26	PLANT OPS	I	PHYSICIANS' PRIVATE OFFICES	98	113,807	
27	EMPLOYEE BENEFITS	J	EMPLOYEE BENEFITS	5		1,331,187
28	DEPRECIATION EXP - PHYS OFF	K	NEW CAP REL COSTS-BLDG & FIXT	3		397,216
29	YELLOW PAGES	L	ADMINISTRATIVE & GENERAL	6.01		33,315
36	TOTAL RECLASSIFICATIONS				905,593	12,096,651

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (09/1996)

RECLASSIFICATIONS

PROVIDER NO: 150133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	BLDG & EQUIP RENT/LEASE	A	EMPLOYEE BENEFITS	5		3,162	10
2			ADMINISTRATIVE & GENERAL	6.01		34,000	10
3			ADMIN & GENERAL EXCEPT CC #98	6.02		14,516	
4			MAINTENANCE & REPAIRS	7		801	
5			DIETARY	11		2,303	
6			NURSING ADMINISTRATION	14		2,976	
7			CENTRAL SERVICES & SUPPLY	15		16,704	
8			PHARMACY	16		250,855	
9			MEDICAL RECORDS & LIBRARY	17		2,119	
10			ADULTS & PEDIATRICS	25		16,428	
11			INTENSIVE CARE UNIT	26		7,166	
12			OPERATING ROOM	37		7,078	
13			RECOVERY ROOM	38		27	
14			RADIOLOGY-DIAGNOSTIC	41		272,150	
15			MRI	41.01		123,985	
16			ONCOLOGY	41.02		207,764	
17			CAT SCAN	41.03		179,294	
18			LABORATORY	44		97,843	
19			RESPIRATORY THERAPY	49		29,679	
20			PHYSICAL THERAPY	50		16,146	
21			CLINIC	60		1,639	
22			EMERGENCY	61		2,710	
23			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		1,917	
24			PHYSICIANS' PRIVATE OFFICES	98		447,474	
25	NURSING ADMINISTRATION	B	ADMINISTRATIVE & GENERAL	6.01	134,186		
26	MEDICAL SUPPLIES COGS	C	ADMIN & GENERAL EXCEPT CC #98	6.02		15,119	
27			MAINTENANCE & REPAIRS	7		29	
28			HOUSEKEEPING	10		1,676	
29			NURSING ADMINISTRATION	14		44	
30			CENTRAL SERVICES & SUPPLY	15		129,267	
31			PHARMACY	16		8,702	
32			ADULTS & PEDIATRICS	25		216,821	
33			INTENSIVE CARE UNIT	26		40,839	
34			OPERATING ROOM	37		2,774,355	
35			RECOVERY ROOM	38		16,393	
1	MEDICAL SUPPLIES COGS	C	RADIOLOGY-DIAGNOSTIC	41		107,542	
2			MRI	41.01		38,895	
3			ONCOLOGY	41.02		21,568	
4			CAT SCAN	41.03		34,191	
5			LABORATORY	44		80,449	
6			RESPIRATORY THERAPY	49		20,880	
7			CLINIC	60		12,027	
8			PHYSICAL THERAPY	50		36,637	
9			OCCUPATIONAL THERAPY	51		8,084	
10			SPEECH PATHOLOGY	52		148	
11			ELECTROCARDIOLOGY	53		1,726	
12			CLINIC	60		5,542	
13			EMERGENCY	61		113,398	
14			PHYSICIANS' PRIVATE OFFICES	98		18,160	
15			WELLNESS CENTER	98.01		46,338	
16			ANESTHESIOLOGY	40		2,005	
17			RADIOISOTOPE	43		64	
18	BILLABLE DRUGS	D	PHARMACY	16		3,899,444	
19			OPERATING ROOM	37		110	
20			ELECTROCARDIOLOGY	53		119	
21	PROPERTY INSURANCE	F	ADMINISTRATIVE & GENERAL	6.01		65,907	12
22	PROPERTY TAX	G	ADMINISTRATIVE & GENERAL	6.01		517,202	13
23			PHYSICIANS' PRIVATE OFFICES	98		203,446	
24	NURSERY & LABOR/DELIVERY	H	ADULTS & PEDIATRICS	25	189,211	45,769	
25			ADULTS & PEDIATRICS	25	468,389	113,301	
26	PLANT OPS	I	MAINTENANCE & REPAIRS	7	113,807		
27	EMPLOYEE BENEFITS	J	PHYSICIANS' PRIVATE OFFICES	98		1,331,187	
28	DEPRECIATION EXP - PHYS OFF	K	PHYSICIANS' PRIVATE OFFICES	98		397,216	9
29	YELLOW PAGES	L	MARKETING	100		33,315	
30	TOTAL RECLASSIFICATIONS				905,593	12,096,651	

(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 : BLDG & EQUIP RENT/LEASE

INCREASE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	746,583
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	992,153
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			1,738,736

DECREASE

COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	3,162
ADMINISTRATIVE & GENERAL	6.01	34,000
ADMIN & GENERAL EXCEPT CC #98	6.02	14,516
MAINTENANCE & REPAIRS	7	801
DIETARY	11	2,303
NURSING ADMINISTRATION	14	2,976
CENTRAL SERVICES & SUPPLY	15	16,704
PHARMACY	16	250,855
MEDICAL RECORDS & LIBRARY	17	2,119
ADULTS & PEDIATRICS	25	16,428
INTENSIVE CARE UNIT	26	7,166
OPERATING ROOM	37	7,078
RECOVERY ROOM	38	27
RADIOLOGY-DIAGNOSTIC	41	272,150
MRI	41.01	123,985
ONCOLOGY	41.02	207,764
CAT SCAN	41.03	179,294
LABORATORY	44	97,843
RESPIRATORY THERAPY	49	29,679
PHYSICAL THERAPY	50	16,146
CLINIC	60	1,639
EMERGENCY	61	2,710
GIFT, FLOWER, COFFEE SHOP & CA	96	1,917
PHYSICIANS' PRIVATE OFFICES	98	447,474
		1,738,736

RECLASS CODE: B
EXPLANATION : NURSING ADMINISTRATION

INCREASE

LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	134,186
TOTAL RECLASSIFICATIONS FOR CODE B			134,186

DECREASE

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6.01	134,186
		134,186

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLIES COGS

INCREASE

LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,750,899
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			3,750,899

DECREASE

COST CENTER	LINE	AMOUNT
ADMIN & GENERAL EXCEPT CC #98	6.02	15,119
MAINTENANCE & REPAIRS	7	29
HOUSEKEEPING	10	1,676
NURSING ADMINISTRATION	14	44
CENTRAL SERVICES & SUPPLY	15	129,267
PHARMACY	16	8,702
ADULTS & PEDIATRICS	25	216,821
INTENSIVE CARE UNIT	26	40,839
OPERATING ROOM	37	2,774,355
RECOVERY ROOM	38	16,393
RADIOLOGY-DIAGNOSTIC	41	107,542
MRI	41.01	38,895
ONCOLOGY	41.02	21,568
CAT SCAN	41.03	34,191
LABORATORY	44	80,449
RESPIRATORY THERAPY	49	20,880
CLINIC	60	12,027
PHYSICAL THERAPY	50	36,637
OCCUPATIONAL THERAPY	51	8,084
SPEECH PATHOLOGY	52	148
ELECTROCARDIOLOGY	53	1,726
CLINIC	60	5,542
EMERGENCY	61	113,398
PHYSICIANS' PRIVATE OFFICES	98	18,160
WELLNESS CENTER	98.01	46,338
ANESTHESIOLOGY	40	2,005
RADIOISOTOPE	43	64
		3,750,899

RECLASS CODE: D
EXPLANATION : BILLABLE DRUGS

INCREASE

LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,899,673
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			3,899,673

DECREASE

COST CENTER	LINE	AMOUNT
PHARMACY	16	3,899,444
OPERATING ROOM	37	110
ELECTROCARDIOLOGY	53	119
		3,899,673

RECLASS CODE: F
EXPLANATION : PROPERTY INSURANCE

INCREASE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	65,907
TOTAL RECLASSIFICATIONS FOR CODE F			65,907

DECREASE

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6.01	65,907
		65,907

RECLASS CODE: G
EXPLANATION : PROPERTY TAX

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	720,648	ADMINISTRATIVE & GENERAL	6.01	517,202
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	203,446
TOTAL RECLASSIFICATIONS FOR CODE G			720,648			720,648

RECLASS CODE: H
EXPLANATION : NURSERY & LABOR/DELIVERY

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	234,980	ADULTS & PEDIATRICS	25	234,980
2.00	DELIVERY ROOM & LABOR ROOM	39	581,690	ADULTS & PEDIATRICS	25	581,690
TOTAL RECLASSIFICATIONS FOR CODE H			816,670			816,670

RECLASS CODE: I
EXPLANATION : PLANT OPS

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	113,807	MAINTENANCE & REPAIRS	7	113,807
TOTAL RECLASSIFICATIONS FOR CODE I			113,807			113,807

RECLASS CODE: J
EXPLANATION : EMPLOYEE BENEFITS

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,331,187	PHYSICIANS' PRIVATE OFFICES	98	1,331,187
TOTAL RECLASSIFICATIONS FOR CODE J			1,331,187			1,331,187

RECLASS CODE: K
EXPLANATION : DEPRECIATION EXP - PHYS OFF

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	397,216	PHYSICIANS' PRIVATE OFFICES	98	397,216
TOTAL RECLASSIFICATIONS FOR CODE K			397,216			397,216

RECLASS CODE: L
EXPLANATION : YELLOW PAGES

INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.01	33,315	MARKETING	100	33,315
TOTAL RECLASSIFICATIONS FOR CODE L			33,315			33,315

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

PROVIDER NO: 15-0133

PERIOD: FROM 3/ 1/2006 TO 2/28/2007

PREPARED 7/31/2007

WORKSHEET A-7

PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	2,150,000					2,150,000	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURES	28,897,319	389,872		389,872		29,287,191	
4	BUILDING IMPROVEMENTS							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	18,709,258	835,352		835,352	257,782	19,286,828	
7	SUBTOTAL	49,756,577	1,225,224		1,225,224	257,782	50,724,019	
8	RECONCILING ITEMS	-33,782	-284,357		-284,357		-318,139	
9	TOTAL	49,790,359	1,509,581		1,509,581	257,782	51,042,158	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
RECONCILIATION OF CAPITAL COSTS CENTERS

I PROVIDER NO: I 15-0133 I
I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I
I PREPARED 7/31/2007 I WORKSHEET A-7 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHR CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BLDG &	1,880,726	746,583	2,167,725	65,907	720,648		5,581,589
4	NEW CAP REL COSTS-MVBLE E	2,368,560	992,153	878,116				4,238,829
5	TOTAL	4,249,286	1,738,736	3,045,841	65,907	720,648		9,820,418

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHR CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BLDG &	972,818						972,818
4	NEW CAP REL COSTS-MVBLE E	1,990,598						1,990,598
5	TOTAL	2,963,416						2,963,416

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-8,817	NEW CAP REL COSTS-BLDG &	3	9
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER	B	-4,241	ADMIN & GENERAL EXCEPT CC	6.02	
6.	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	B	-2,056	MAINTENANCE & REPAIRS	7	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-507,996			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,489,732			
15	LAUNDRY AND LINEN SERVICE	B	-2,450	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-528,633	DIETARY	11	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-695	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			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A	504,264	NEW CAP REL COSTS-BLDG &	3	9
32	DEPRECIATION-NEW MOVABLE EQUIP	A	381,237	NEW CAP REL COSTS-MVBLE E	4	9
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	MISCELLANEOUS REVENUE	B	-28,595	ADMINISTRATIVE & GENERAL	6.01	
38	HOUSEKEEPING INCOME	B	-16,883	HOUSEKEEPING	10	
39	BABY SITTING CLASS	B	-50	NURSING ADMINISTRATION	14	
40	CPR CLASS	B	-2,776	NURSING ADMINISTRATION	14	
41	PRENATAL CLASS	B	-5,325	NURSING ADMINISTRATION	14	
42	NURSING SERVICES	B	-1,463	NURSING ADMINISTRATION	14	
43	SCHOOL NURSE	B	-2,392	NURSING ADMINISTRATION	14	
44	BIOMED	B	-2,697	ADMINISTRATIVE & GENERAL	6.01	
45	BABY PHOTOS	B	-1,674	NURSERY	33	
46	EMT CLASS	B	-1,645	EMERGENCY	61	
47	MISCELLANEOUS UNALLOWABLE EXP	A	-758	ADMINISTRATIVE & GENERAL	6.01	
48	MISCELLANEOUS UNALLOWABLE EXP	A	-23	NURSING ADMINISTRATION	14	
49	MISCELLANEOUS UNALLOWABLE EXP	A	-1,306	EMERGENCY	61	
49.01	MISCELLANEOUS UNALLOWABLE EXP	A	-6,635	ADMINISTRATIVE & GENERAL	6.01	
49.02	MISCELLANEOUS UNALLOWABLE EXP	A	-14,133	ADMINISTRATIVE & GENERAL	6.01	
49.03	MISCELLANEOUS UNALLOWABLE EXP	A	-1,000	ADMINISTRATIVE & GENERAL	6.01	
49.04	MISCELLANEOUS UNALLOWABLE EXP	A	-393	ADMINISTRATIVE & GENERAL	6.01	
49.05	MISCELLANEOUS UNALLOWABLE EXP	A	-4,279	ADULTS & PEDIATRICS	25	
49.06	MISCELLANEOUS UNALLOWABLE EXP	A	-864	RADIOLOGY-DIAGNOSTIC	41	
49.07	MISCELLANEOUS UNALLOWABLE EXP	A	-16,097	ADMINISTRATIVE & GENERAL	6.01	
49.08	LEGAL FEES	A	-25,613	ADMINISTRATIVE & GENERAL	6.01	
49.09	LEGAL FEES	A	-100	NURSING ADMINISTRATION	14	
49.10	LOBBYING EXPENSE	A	-4,852	ADMIN & GENERAL EXCEPT CC	6.02	
49.11	PATIENT TV EXPENSE (DEPRECIATION/CAB	A	-3,275	NEW CAP REL COSTS-MVBLE E	4	9
49.12	PATIENT TV EXPENSE (REPAIRS/ELECTRIC	A	-9,409	MAINTENANCE & REPAIRS	7	
49.13	CIA COSTS	A	-221	ADMINISTRATIVE & GENERAL	6.01	
49.14						
49.16						
49.17						
49.18						
49.19						
49.20						
49.21						
50	TOTAL (SUM OF LINES 1 THRU 49)		1,167,887			

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I WORKSHEET A-8-1

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

LINE NO. 1		COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT 5	NET* ADJUST-MENTS 6	WKSHT A-7 COL. REF.
1	6 1	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	57,934	2,155,743	-2,097,809	
2	6 1	ADMINISTRATIVE & GENERAL	GENERAL LIABILITY	143,062	143,062		
3	6 1	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	565,386	775,360	-209,974	
4	5	EMPLOYEE BENEFITS	WORKERS COMPENSATION	209,388	209,388		
4.01	6 1	ADMINISTRATIVE & GENERAL	IS FEES	202,020	203,036	-1,016	
4.02	6 2	ADMIN & GENERAL EXCEPT CC	INTERCOMPANY INTEREST	794,502		794,502	
4.03	3	NEW CAP REL COSTS-BLDG &	INTERCOMPANY INTEREST	2,167,725		2,167,725	11
4.04	4	NEW CAP REL COSTS-MVBLE E	INTERCOMPANY INTEREST	878,116		878,116	11
4.07	6 1	ADMINISTRATIVE & GENERAL	SHARED STAFFING LHN	49,761	49,761		
4.08	9	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICE-HLS	247,545	293,170	-45,625	
4.09	3	NEW CAP REL COSTS-BLDG &	LAUNDRY SERVICES	15,245		15,245	9
4.10	6 1	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST		11,432	-11,432	
5		TOTALS		5,330,684	3,840,952	1,489,732	

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

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

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

	SYMBOL (1) 1	NAME 2	PERCENTAGE OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME 4	PERCENTAGE OF OWNERSHIP 5	TYPE OF BUSINESS 6
1	B		0.00	TRIAD HOSPITALS	99.56	HOSPITAL MANAGEMENT
2	G	ST JOSEPH HOSPITAL	0.00		0.00	
3	G	LUTHERAN HOSPITAL	0.00		0.00	
4	G	DUPONT HOSPITAL	0.00		0.00	
5	G	DUKES MEMORIAL HOSPITAL	0.00		0.00	
5.01	G	HOSPITAL LAUNDRY SERVICES	0.00		0.00	LAUNDRY SERVICES

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

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 15-0133 I
I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I
I PREPARED 7/31/2007 I WORKSHEET A-8-2 I GROUP 1

	WXSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	40	ANESTHESIOLOGY	327,174	327,174					
2	44	LABORATORY	81,649	41,524	40,125	208,000	321	32,100	1,605
3	49	RESPIRATORY THERAPY	4,225	4,225					
4	41 2	ONCOLOGY	8,213	2,063	6,150	217,600	41	4,289	214
5	53	EKG	97,532	97,532					
6	61	EMERGENCY SERVICES	30,588		30,588	159,800	229	17,593	880
7	41 1	MRI	11,727	11,727					
8	43	NUCLEAR MED	335	335					
9	41	ULTRASOUND	100	100					
10	41 3	CAT SCAN	435	435					
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	561,978	485,115	76,863		591	53,982	2,699

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	40	ANESTHESIOLOGY							327,174
2	44	LABORATORY					32,100	8,025	49,549
3	49	RESPIRATORY THERAPY							4,225
4	41 2	ONCOLOGY					4,289	1,861	3,924
5	53	EKG							97,532
6	61	EMERGENCY SERVICES					17,593	12,995	12,995
7	41 1	MRI							11,727
8	43	NUCLEAR MED							335
9	41	ULTRASOUND							100
10	41 3	CAT SCAN							435
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					53,982	22,881	507,996

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST CNTR				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMINISTRATIVE & GENERAL	-7	ACCUM.	COST	NOT ENTERED
6.02	ADMIN & GENERAL EXCEPT CC #98	-8	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE	FEET	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	HOURS		ENTERED
14	NURSING ADMINISTRATION	16	HOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS	REVENUE	ENTERED

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	SUBTOTAL
			0	3	4	5	6a.00	6.01	6a.01
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &	5,581,589	5,581,589					
004		NEW CAP REL COSTS-MVBLE E	4,238,829		4,238,829				
005		EMPLOYEE BENEFITS	5,741,759	13,196	18,457	5,773,412			
006	01	ADMINISTRATIVE & GENERAL	3,997,958	246,620	344,941	275,641	4,865,160	4,865,160	
006	02	ADMIN & GENERAL EXCEPT CC	4,805,195	452,083	632,316	433,658	6,323,252	469,894	6,793,146
007		MAINTENANCE & REPAIRS	1,464,213	413,572	578,452	86,781	2,543,018	188,977	2,731,995
009		LAUNDRY & LINEN SERVICE	245,108	9,266	12,960		267,334	19,866	287,200
010		HOUSEKEEPING	634,086	10,330	14,449	101,715	760,580	56,520	817,100
011		DIETARY	619,981	47,463	66,385	117,927	851,756	63,296	915,052
012		CAFETERIA		39,875	55,772		95,647	7,108	102,755
014		NURSING ADMINISTRATION	740,527	7,601	10,631	101,442	860,201	63,923	924,124
015		CENTRAL SERVICES & SUPPLY	155,347	15,120	21,148	53,790	245,405	18,237	263,642
016		PHARMACY	491,281	34,253	47,908	122,455	695,897	51,713	747,610
017		MEDICAL RECORDS & LIBRARY	962,198	30,514	42,679	146,546	1,181,937	87,832	1,269,769
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	2,901,027	390,332	545,946	639,654	4,476,959	332,692	4,809,651
026		INTENSIVE CARE UNIT	900,822	38,210	53,444	156,714	1,149,190	85,399	1,234,589
033		NURSERY	233,317	12,282	17,178		262,777	19,527	282,304
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	1,932,369	193,249	270,291	290,109	2,686,018	199,603	2,885,621
038		RECOVERY ROOM	168,850	11,258	15,747	30,192	226,047	16,798	242,845
039		DELIVERY ROOM & LABOR ROO	581,690	46,971	65,698		694,359	51,599	745,958
040		ANESTHESIOLOGY	56,793				56,793	4,220	61,013
041		RADIOLOGY-DIAGNOSTIC	1,941,943	176,136	246,356	258,567	2,623,002	194,921	2,817,923
041	01	MRI	326,559	18,996	26,569	41,139	413,263	30,710	443,973
041	02	ONCOLOGY	980,380	161,057	225,265	118,546	1,485,248	110,372	1,595,620
041	03	CAT SCAN	332,128	5,459	7,635	35,732	380,954	28,309	409,263
043		RADIOISOTOPE	391,079	3,302	4,619	34,387	433,387	32,206	465,593
044		LABORATORY	2,411,912	81,797	114,408	207,759	2,815,876	209,253	3,025,129
049		RESPIRATORY THERAPY	621,637	9,143	12,788	88,879	732,447	54,430	786,877
050		PHYSICAL THERAPY	1,800,296	120,526	168,577	76,128	2,165,527	160,925	2,326,452
051		OCCUPATIONAL THERAPY	384,211			7,412	391,623	29,102	420,725
052		SPEECH PATHOLOGY	28,251	1,365	1,909		31,525	2,343	33,868
053		ELECTROCARDIOLOGY	19,714	682	954	16,612	37,962	2,821	40,783
055		MEDICAL SUPPLIES CHARGED	3,750,899				3,750,899	278,737	4,029,636
056		DRUGS CHARGED TO PATIENTS	3,899,673				3,899,673	289,792	4,189,465
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	402,795	59,226	82,838	32,023	576,882	42,869	619,751
061		EMERGENCY	1,571,016	182,864	255,766	249,562	2,259,208	167,886	2,427,094
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	55,315,432	2,832,748	3,962,086	3,723,370	50,239,806	3,371,880	48,746,526
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	81,408	8,393	11,739	5,849	107,389	7,980	115,369
098		PHYSICIANS' PRIVATE OFFIC	13,835,556	2,550,979		1,944,802	18,331,337	1,362,272	19,693,609
098	01	WELLNESS CENTER	518,532	160,934	225,093	70,994	975,553	72,495	1,048,048
100		MARKETING	583,167	28,535	39,911	28,397	680,010	50,533	730,543
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	70,334,095	5,581,589	4,238,829	5,773,412	70,334,095	4,865,160	70,334,095

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	ADMIN & GENERAL EXCEPT CC	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
			6.02	7	9	10	11	12	14
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMINISTRATIVE & GENERAL							
006	02	ADMIN & GENERAL EXCEPT CC	6,793,146						
007		MAINTENANCE & REPAIRS	394,708	3,126,703					
009		LAUNDRY & LINEN SERVICE	41,494	15,207	343,901				
010		HOUSEKEEPING	118,051	16,954		952,105			
011		DIETARY	132,203	77,895		10,186	1,135,336		
012		CAFETERIA	14,846	65,443		8,557	909,606	1,101,207	
014		NURSING ADMINISTRATION	133,514	12,475		1,631		23,659	1,095,403
015		CENTRAL SERVICES & SUPPLY	38,090	24,815		3,245		19,874	
016		PHARMACY	108,012	56,216		7,351		21,619	32,520
017		MEDICAL RECORDS & LIBRARY	183,451	50,079		6,548		67,425	101,420
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	694,878	640,611	92,583	83,768	106,533	139,321	209,566
026		INTENSIVE CARE UNIT	178,368	62,711	21,676	8,200	16,468	36,897	55,500
033		NURSERY	40,786	20,157	6,587	2,636		8,514	12,807
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	416,903	317,159	83,219	41,472	3,985	69,825	105,030
038		RECOVERY ROOM	35,085	18,477		2,416		6,207	9,337
039		DELIVERY ROOM & LABOR ROO	107,773	77,089	16,304	10,080		21,076	31,702
040		ANESTHESIOLOGY	8,815						
041		RADIOLOGY-DIAGNOSTIC	407,122	289,073	35,547	37,800		72,327	108,793
041	01	MRI	64,343	31,176		4,077		8,869	13,340
041	02	ONCOLOGY	230,529	264,325	2,978	34,564		23,642	35,561
041	03	CAT SCAN	59,129	8,959		1,171		7,726	11,621
043		RADIOISOTOPE	67,267	5,420		709		7,003	10,533
044		LABORATORY	437,059	134,245		17,554		71,095	106,941
049		RESPIRATORY THERAPY	113,685	15,006		1,962		24,284	36,528
050		PHYSICAL THERAPY	336,116	197,807	27,070	25,866		31,659	47,621
051		OCCUPATIONAL THERAPY	60,785					4,416	6,642
052		SPEECH PATHOLOGY	4,893	2,240		293			
053		ELECTROCARDIOLOGY	5,892	1,120		146		530	798
055		MEDICAL SUPPLIES CHARGED	582,186						
056		DRUGS CHARGED TO PATIENTS	605,277						
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	89,539	97,201	1,581	12,710		8,987	13,519
061		EMERGENCY	350,657	300,115	39,493	39,244		70,857	106,583
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	6,061,256	2,801,975	327,038	362,186	1,036,592	745,812	1,056,362
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	16,668	13,774		1,801		2,293	3,448
098		PHYSICIANS' PRIVATE OFFIC	458,258		7,371	547,457	98,744	321,235	
098	01	WELLNESS CENTER	151,418	264,123	9,492	34,537		23,663	35,593
100		MARKETING	105,546	46,831		6,124		8,204	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	6,793,146	3,126,703	343,901	952,105	1,135,336	1,101,207	1,095,403

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0133

PERIOD: FROM 3/ 1/2006 TO 2/28/2007

PREPARED 7/31/2007

WORKSHEET B PART I

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
			15	16	17	25	26	27
		GENERAL SERVICE COST CNTR						
003		NEW CAP REL COSTS-BLDG &						
004		NEW CAP REL COSTS-MVBLE E						
005		EMPLOYEE BENEFITS						
006	01	ADMINISTRATIVE & GENERAL						
006	02	ADMIN & GENERAL EXCEPT CC						
007		MAINTENANCE & REPAIRS						
009		LAUNDRY & LINEN SERVICE						
010		HOUSEKEEPING						
011		DIETARY						
012		CAFETERIA						
014		NURSING ADMINISTRATION						
015		CENTRAL SERVICES & SUPPLY	349,666					
016		PHARMACY	3,963	977,291				
017		MEDICAL RECORDS & LIBRARY	1,678		1,680,370			
		INPAT ROUTINE SRVC CNTRS						
025		ADULTS & PEDIATRICS	5,467		111,528	6,893,906		6,893,906
026		INTENSIVE CARE UNIT	1,532		19,427	1,635,368		1,635,368
033		NURSERY	307		9,867	383,965		383,965
		ANCILLARY SRVC COST CNTRS						
037		OPERATING ROOM	6,921		216,228	4,146,363		4,146,363
038		RECOVERY ROOM	80		25,964	340,411		340,411
039		DELIVERY ROOM & LABOR ROO	757		25,724	1,036,463		1,036,463
040		ANESTHESIOLOGY	3,252		40,973	114,053		114,053
041		RADIOLOGY-DIAGNOSTIC	6,492		120,905	3,895,982		3,895,982
041	01	MRI	110		77,182	642,870		642,870
041	02	ONCOLOGY	2,093		47,501	2,236,813		2,236,813
041	03	CAT SCAN	90		132,458	630,417		630,417
043		RADIOISOTOPE	8,683		26,756	591,964		591,964
044		LABORATORY	49,067		164,957	4,006,047		4,006,047
049		RESPIRATORY THERAPY	895		34,966	1,014,203		1,014,203
050		PHYSICAL THERAPY	1,983		44,566	3,039,140		3,039,140
051		OCCUPATIONAL THERAPY			12,406	504,974		504,974
052		SPEECH PATHOLOGY			1,016	42,310		42,310
053		ELECTROCARDIOLOGY	6		14,024	63,299		63,299
055		MEDICAL SUPPLIES CHARGED	218,152		86,282	4,916,256		4,916,256
056		DRUGS CHARGED TO PATIENTS		977,291	370,628	6,142,661		6,142,661
		OUTPAT SERVICE COST CNTRS						
060		CLINIC	700		7,386	851,374		851,374
061		EMERGENCY	4,869		83,632	3,422,544		3,422,544
062		OBSERVATION BEDS (NON-DIS						
		SPEC PURPOSE COST CENTERS						
095		SUBTOTALS	317,097	977,291	1,674,376	46,551,383		46,551,383
		NONREIMBURS COST CENTERS						
096		GIFT, FLOWER, COFFEE SHOP				153,353		153,353
098		PHYSICIANS' PRIVATE OFFIC	26,062		5,994	21,158,730		21,158,730
098	01	WELLNESS CENTER	5,603			1,572,477		1,572,477
100		MARKETING	904			898,152		898,152
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		TOTAL	349,666	977,291	1,680,370	70,334,095		70,334,095

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL EXCEPT CC
		0	3	4	4a	5	6.01	6.02
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		13,196	18,457	31,653	31,653		
006 01	ADMINISTRATIVE & GENERAL	25,502	246,620	344,941	617,063	1,511	618,574	
006 02	ADMIN & GENERAL EXCEPT CC		452,083	632,316	1,084,399	2,377	59,742	1,146,518
007	MAINTENANCE & REPAIRS		413,572	578,452	992,024	476	24,026	66,617
009	LAUNDRY & LINEN SERVICE		9,266	12,960	22,226		2,526	7,003
010	HOUSEKEEPING		10,330	14,449	24,779	558	7,186	19,924
011	DIETARY		47,463	66,385	113,848	646	8,047	22,313
012	CAFETERIA		39,875	55,772	95,647		904	2,506
014	NURSING ADMINISTRATION		7,601	10,631	18,232	556	8,127	22,534
015	CENTRAL SERVICES & SUPPLY		15,120	21,148	36,268	295	2,319	6,429
016	PHARMACY		34,253	47,908	82,161	671	6,575	18,230
017	MEDICAL RECORDS & LIBRARY		30,514	42,679	73,193	803	11,167	30,962
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		390,332	545,946	936,278	3,507	42,298	117,278
026	INTENSIVE CARE UNIT		38,210	53,444	91,654	859	10,858	30,104
033	NURSERY		12,282	17,178	29,460		2,483	6,884
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		193,249	270,291	463,540	1,590	25,377	70,363
038	RECOVERY ROOM		11,258	15,747	27,005	166	2,136	5,922
039	DELIVERY ROOM & LABOR ROO		46,971	65,698	112,669		6,560	18,189
040	ANESTHESIOLOGY						537	1,488
041	RADIOLOGY-DIAGNOSTIC		176,136	246,356	422,492	1,417	24,782	68,712
041 01	MRI		18,996	26,569	45,565	226	3,905	10,826
041 02	ONCOLOGY		161,057	225,265	386,322	650	14,033	38,908
041 03	CAT SCAN		5,459	7,635	13,094	196	3,599	9,979
043	RADIOISOTOPE		3,302	4,619	7,921	189	4,095	11,353
044	LABORATORY		81,797	114,408	196,205	1,139	26,604	73,765
049	RESPIRATORY THERAPY		9,143	12,788	21,931	487	6,920	19,187
050	PHYSICAL THERAPY		120,526	168,577	289,103	417	20,460	56,728
051	OCCUPATIONAL THERAPY					41	3,700	10,259
052	SPEECH PATHOLOGY		1,365	1,909	3,274		298	826
053	ELECTROCARDIOLOGY		682	954	1,636	91	359	994
055	MEDICAL SUPPLIES CHARGED						35,438	98,259
056	DRUGS CHARGED TO PATIENTS						36,844	102,156
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		59,226	82,838	142,064	176	5,450	15,112
061	EMERGENCY		182,864	255,766	438,630	1,368	21,345	59,182
062	OBSERVATION BEDS (NON-DTS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	25,502	2,832,748	3,962,086	6,820,336	20,412	428,700	1,022,992
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		8,393	11,739	20,132	32	1,015	2,813
098	PHYSICIANS' PRIVATE OFFIC		2,550,979		2,550,979	10,664	173,217	77,343
098 01	WELLNESS CENTER		160,934	225,093	386,027	389	9,217	25,556
100	MARKETING		28,535	39,911	68,446	156	6,425	17,814
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	25,502	5,581,589	4,238,829	9,845,920	31,653	618,574	1,146,518

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET B PART III

		COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	LAUNDRY & LIN - EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
			7	9	10	11	12	14	15
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMINISTRATIVE & GENERAL							
006	02	ADMIN & GENERAL EXCEPT CC							
007		MAINTENANCE & REPAIRS	1,083,143						
009		LAUNDRY & LINEN SERVICE	5,268	37,023					
010		HOUSEKEEPING	5,873		58,320				
011		DIETARY	26,984		624	172,462			
012		CAFETERIA	22,671		524	138,172	260,424		
014		NURSING ADMINISTRATION	4,322		100		5,595	59,466	
015		CENTRAL SERVICES & SUPPLY	8,596		199		4,700		58,806
016		PHARMACY	19,474		450		5,113	1,765	666
017		MEDICAL RECORDS & LIBRARY	17,348		401		15,945	5,506	282
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	221,917	9,966	5,131	16,183	32,948	11,377	919
026		INTENSIVE CARE UNIT	21,724	2,334	502	7,502	8,726	3,013	258
033		NURSERY	6,983	709	161		2,014	695	52
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	109,869	8,959	2,540	605	16,513	5,702	1,164
038		RECOVERY ROOM	6,401		148		1,468	507	13
039		DELIVERY ROOM & LABOR ROO	26,705	1,755	617		4,984	1,721	127
040		ANESTHESIOLOGY							547
041		RADIOLOGY-DIAGNOSTIC	100,140	3,827	2,315		17,105	5,906	1,092
041	01	MRI	10,800		250		2,097	724	18
041	02	ONCOLOGY	91,567	321	2,117		5,591	1,931	352
041	03	CAT SCAN	3,103		72		1,827	631	15
043		RADIOISOTOPE	1,878		43		1,656	572	1,460
044		LABORATORY	46,505		1,075		16,813	5,805	8,252
049		RESPIRATORY THERAPY	5,198		120		5,743	1,983	151
050		PHYSICAL THERAPY	68,524	2,914	1,584		7,487	2,585	333
051		OCCUPATIONAL THERAPY					1,044	361	
052		SPEECH PATHOLOGY	776		18				
053		ELECTROCARDIOLOGY	388		9		325	43	1
055		MEDICAL SUPPLIES CHARGED							36,600
056		DRUGS CHARGED TO PATIENTS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	33,672	170	779		2,125	734	118
061		EMERGENCY	103,965	4,252	2,404		16,757	5,786	819
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	970,651	35,207	22,183	157,462	176,376	57,347	53,329
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	4,772		110		542	187	
098		PHYSICIANS' PRIVATE OFFIC		794	33,536	15,000	75,970		4,383
098	01	WELLNESS CENTER	91,497	1,022	2,116		5,596	1,932	942
100		MARKETING	16,223		375		1,940		152
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	1,083,143	37,023	58,320	172,462	260,424	59,466	58,806

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET B PART III

		COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			16	17	25	26	27
		GENERAL SERVICE COST CNTR					
003		NEW CAP REL COSTS-BLDG &					
004		NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
006	01	ADMINISTRATIVE & GENERAL					
006	02	ADMIN & GENERAL EXCEPT CC					
007		MAINTENANCE & REPAIRS					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
016		PHARMACY	135,105				
017		MEDICAL RECORDS & LIBRARY		155,607			
		INPAT ROUTINE SRVC CNTRS					
025		ADULTS & PEDIATRICS		10,325	1,408,127		1,408,127
026		INTENSIVE CARE UNIT		1,798	174,332		174,332
033		NURSERY		913	50,354		50,354
		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM		20,017	726,239		726,239
038		RECOVERY ROOM		2,404	46,170		46,170
039		DELIVERY ROOM & LABOR ROO		2,381	175,708		175,708
040		ANESTHESIOLOGY		3,793	6,365		6,365
041		RADIOLOGY-DIAGNOSTIC		11,193	658,981		658,981
041	01	MRI		7,145	81,556		81,556
041	02	ONCOLOGY		4,397	546,189		546,189
041	03	CAT SCAN		12,262	44,778		44,778
043		RADIOISOTOPE		2,477	31,644		31,644
044		LABORATORY		15,271	391,434		391,434
049		RESPIRATORY THERAPY		3,237	64,957		64,957
050		PHYSICAL THERAPY		4,126	454,261		454,261
051		OCCUPATIONAL THERAPY		1,149	16,554		16,554
052		SPEECH PATHOLOGY		94	5,286		5,286
053		ELECTROCARDIOLOGY		1,298	4,944		4,944
055		MEDICAL SUPPLIES CHARGED		7,988	178,375		178,375
056		DRUGS CHARGED TO PATIENTS	135,105	34,358	308,463		308,463
		OUTPAT SERVICE COST CNTRS					
060		CLINIC		684	201,084		201,084
061		EMERGENCY		7,742	662,250		662,250
062		OBSERVATION BEDS (NON-DIS					
		SPEC PURPOSE COST CENTERS					
095		SUBTOTALS	135,105	155,032	6,238,051		6,238,051
		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP			29,603		29,603
098		PHYSICIANS' PRIVATE OFFIC		555	2,942,441		2,942,441
098	01	WELLNESS CENTER			524,294		524,294
100		MARKETING			111,531		111,531
101		CROSS FOOT ADJUSTMENTS					
102		NEGATIVE COST CENTER					
103		TOTAL	135,105	155,607	9,845,920		9,845,920

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	RECONCIL-IATION
		3	4	5	6a.01	6.01	6a.02
	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &	409,011					
004	NEW CAP REL COSTS-MVBLE E		227,079				
005	EMPLOYEE BENEFITS	967	967	29,717,638			
006 01	ADMINISTRATIVE & GENERAL	18,072	18,072	1,418,810	-4,865,160	65,468,935	
006 02	ADMIN & GENERAL EXCEPT CC	33,128	33,128	2,232,173		6,323,252	-6,793,146
007	MAINTENANCE & REPAIRS	30,306	30,306	446,687		2,543,018	
009	LAUNDRY & LINEN SERVICE	679	679			267,334	
010	HOUSEKEEPING	757	757	523,558		760,580	
011	DIETARY	3,478	3,478	607,007		851,756	
012	CAFETERIA	2,922	2,922			95,647	
014	NURSING ADMINISTRATION	557	557	522,155		860,201	
015	CENTRAL SERVICES & SUPPLY	1,108	1,108	276,876		245,405	
016	PHARMACY	2,510	2,510	630,313		695,897	
017	MEDICAL RECORDS & LIBRARY	2,236	2,236	754,320		1,181,937	
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	28,603	28,603	3,292,499		4,476,959	
026	INTENSIVE CARE UNIT	2,800	2,800	806,658		1,149,190	
033	NURSERY	900	900			262,777	
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	14,161	14,161	1,493,284		2,686,018	
038	RECOVERY ROOM	825	825	155,410		226,047	
039	DELIVERY ROOM & LABOR ROO	3,442	3,442			694,359	
040	ANESTHESIOLOGY					56,793	
041	RADIOLOGY-DIAGNOSTIC	12,907	12,907	1,330,927		2,623,002	
041 01	MRI	1,392	1,392	211,753		413,263	
041 02	ONCOLOGY	11,802	11,802	610,196		1,485,248	
041 03	CAT SCAN	400	400	183,926		380,954	
043	RADIOISOTOPE	242	242	177,002		433,387	
044	LABORATORY	5,994	5,994	1,069,400		2,815,876	
049	RESPIRATORY THERAPY	670	670	457,488		732,447	
050	PHYSICAL THERAPY	8,832	8,832	391,854		2,165,527	
051	OCCUPATIONAL THERAPY			38,153		391,623	
052	SPEECH PATHOLOGY	100	100			31,525	
053	ELECTROCARDIOLOGY	50	50	85,508		37,962	
055	MEDICAL SUPPLIES CHARGED					3,750,899	
056	DRUGS CHARGED TO PATIENTS					3,899,673	
	OUTPAT SERVICE COST CNTRS						
060	CLINIC	4,340	4,340	164,832		576,882	
061	EMERGENCY	13,400	13,400	1,284,572		2,259,208	
062	OBSERVATION BEDS (NON-DIS						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	207,580	207,580	19,165,361	-4,865,160	45,374,646	-6,793,146
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP	615	615	30,107		107,389	
098	PHYSICIANS' PRIVATE OFFIC	186,932		10,010,570		18,331,337	-16,521,748
098 01	WELLNESS CENTER	11,793	11,793	365,430		975,553	
100	MARKETING	2,091	2,091	146,170		680,010	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,581,589	4,238,829	5,773,412		4,865,160	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.646550	19.087032	.194276		.074312	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)			31,653		618,574	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.001065		.009448	

		COST CENTER DESCRIPTION	ADMIN & GENERAL EXCEPT CC (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (HOURS)
			6.02	7	9	10	11	12	14
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006	01	ADMINISTRATIVE & GENERAL							
006	02	ADMIN & GENERAL EXCEPT CC	47,019,201						
007		MAINTENANCE & REPAIRS	2,731,995	139,606					
009		LAUNDRY & LINEN SERVICE	287,200	679	515,001				
010		HOUSEKEEPING	817,100	757		325,102			
011		DIETARY	915,052	3,478		3,478	309,142		
012		CAFETERIA	102,755	2,922		2,922	247,678	994,328	
014		NURSING ADMINISTRATION	924,124	557		557		21,363	657,554
015		CENTRAL SERVICES & SUPPLY	263,642	1,108		1,108		17,945	
016		PHARMACY	747,610	2,510		2,510		19,521	19,521
017		MEDICAL RECORDS & LIBRARY	1,269,769	2,236		2,236		60,881	60,881
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	4,809,651	28,603	138,645	28,603	29,008	125,799	125,799
026		INTENSIVE CARE UNIT	1,234,589	2,800	32,460	2,800	4,484	33,316	33,316
033		NURSERY	282,304	900	9,864	900		7,688	7,688
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	2,885,621	14,161	124,622	14,161	1,085	63,048	63,048
038		RECOVERY ROOM	242,845	825		825		5,605	5,605
039		DELIVERY ROOM & LABOR ROO	745,958	3,442	24,416	3,442		19,030	19,030
040		ANESTHESIOLOGY	61,013						
041		RADIOLOGY-DIAGNOSTIC	2,817,923	12,907	53,233	12,907		65,307	65,307
041	01	MRI	443,973	1,392		1,392		8,008	8,008
041	02	ONCOLOGY	1,595,620	11,802	4,460	11,802		21,347	21,347
041	03	CAT SCAN	409,263	400		400		6,976	6,976
043		RADIOISOTOPE	465,593	242		242		6,323	6,323
044		LABORATORY	3,025,129	5,994		5,994		64,195	64,195
049		RESPIRATORY THERAPY	786,877	670		670		21,927	21,927
050		PHYSICAL THERAPY	2,326,452	8,832	40,538	8,832		28,586	28,586
051		OCCUPATIONAL THERAPY	420,725					3,987	3,987
052		SPEECH PATHOLOGY	33,868	100		100			
053		ELECTROCARDIOLOGY	40,783	50		50		479	479
055		MEDICAL SUPPLIES CHARGED	4,029,636						
056		DRUGS CHARGED TO PATIENTS	4,189,465						
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	619,751	4,340	2,368	4,340		8,115	8,115
061		EMERGENCY	2,427,094	13,400	59,142	13,400		63,980	63,980
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	41,953,380	125,107	489,748	123,671	282,255	673,426	634,118
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	115,369	615		615		2,070	2,070
098		PHYSICIANS' PRIVATE OFFIC	3,171,861		11,039	186,932	26,887	290,058	
098	01	WELLNESS CENTER	1,048,048	11,793	14,214	11,793		21,366	21,366
100		MARKETING	730,543	2,091		2,091		7,408	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	6,793,146	3,126,703	343,901	952,305	1,135,336	1,101,207	1,095,403
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.144476	22.396623	.667768	2.928635	3.672539	1.107489	1.665875
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III)	1,146,518	1,083,143	37,023	58,320	172,462	260,424	59,466
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.024384	7.758571	.071889	.179390	.557873	.261910	.090435

		COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY (COSTED REQUIS.	PHARMACY (COSTED)REQUIS.	MEDICAL RECOR DS & LIBRARY (GROSS)REVENUE)
			15	16	17
		GENERAL SERVICE COST CNTR			
003		NEW CAP REL COSTS-BLDG &			
004		NEW CAP REL COSTS-MVBLE E			
005		EMPLOYEE BENEFITS			
006	01	ADMINISTRATIVE & GENERAL			
006	02	ADMIN & GENERAL EXCEPT CC			
007		MAINTENANCE & REPAIRS			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY	6,094,854		
016		PHARMACY	69,068	100	
017		MEDICAL RECORDS & LIBRARY	29,254		165,489,351
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	95,293		10,983,661
026		INTENSIVE CARE UNIT	26,707		1,913,237
033		NURSERY	5,343		971,745
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	120,638		21,294,823
038		RECOVERY ROOM	1,394		2,556,975
039		DELIVERY ROOM & LABOR ROO	13,201		2,533,359
040		ANESTHESIOLOGY	56,675		4,035,131
041		RADIOLOGY-DIAGNOSTIC	113,152		11,907,171
041	01	MRI	1,916		7,601,148
041	02	ONCOLOGY	36,479		4,678,066
041	03	CAT SCAN	1,563		13,044,923
043		RADIOISOTOPE	151,354		2,634,975
044		LABORATORY	855,259		16,245,537
049		RESPIRATORY THERAPY	15,603		3,443,575
050		PHYSICAL THERAPY	34,560		4,389,027
051		OCCUPATIONAL THERAPY			1,221,831
052		SPEECH PATHOLOGY			100,026
053		ELECTROCARDIOLOGY	99		1,381,144
055		MEDICAL SUPPLIES CHARGED	3,802,551		8,497,385
056		DRUGS CHARGED TO PATIENTS		100	36,501,587
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	12,204		727,372
061		EMERGENCY	84,866		8,236,372
062		OBSERVATION BEDS (NON-DIS			
		SPEC PURPOSE COST CENTERS			
095		SUBTOTALS	5,527,179	100	164,899,070
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP			
098		PHYSICIANS' PRIVATE OFFIC	454,269		590,281
098	01	WELLNESS CENTER	97,656		
100		MARKETING	15,750		
101		CROSS FOOT ADJUSTMENT			
102		NEGATIVE COST CENTER			
103		COST TO BE ALLOCATED (PER WRKSHT B, PART I)	349,666	977,291	1,680,370
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.057371	9,772.910000	.010154
105		COST TO BE ALLOCATED (PER WRKSHT B, PART II)			
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)			
107		COST TO BE ALLOCATED (PER WRKSHT B, PART III	58,806	135,105	155,607
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.009648	1,351.050000	.000940

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(05/1999)

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,893,906		6,893,906		6,893,906
26	INTENSIVE CARE UNIT	1,635,368		1,635,368		1,635,368
33	NURSERY	383,965		383,965		383,965
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,146,363		4,146,363		4,146,363
38	RECOVERY ROOM	340,411		340,411		340,411
39	DELIVERY ROOM & LABOR ROO	1,036,463		1,036,463		1,036,463
40	ANESTHESIOLOGY	114,053		114,053		114,053
41	RADIOLOGY-DIAGNOSTIC	3,895,982		3,895,982		3,895,982
41 01	MRI	642,870		642,870		642,870
41 02	ONCOLOGY	2,236,813		2,236,813	1,861	2,238,674
41 03	CAT SCAN	630,417		630,417		630,417
43	RADIOISOTOPE	591,964		591,964		591,964
44	LABORATORY	4,006,047		4,006,047	8,025	4,014,072
49	RESPIRATORY THERAPY	1,014,203		1,014,203		1,014,203
50	PHYSICAL THERAPY	3,039,140		3,039,140		3,039,140
51	OCCUPATIONAL THERAPY	504,974		504,974		504,974
52	SPEECH PATHOLOGY	42,310		42,310		42,310
53	ELECTROCARDIOLOGY	63,299		63,299		63,299
55	MEDICAL SUPPLIES CHARGED	4,916,256		4,916,256		4,916,256
56	DRUGS CHARGED TO PATIENTS	6,142,661		6,142,661		6,142,661
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	851,374		851,374		851,374
61	EMERGENCY	3,422,544		3,422,544	12,995	3,435,539
62	OBSERVATION BEDS (NON-DIS	1,013,717		1,013,717		1,013,717
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	47,565,100		47,565,100	22,881	47,587,981
102	LESS OBSERVATION BEDS	1,013,717		1,013,717		1,013,717
103	TOTAL	46,551,383		46,551,383	22,881	46,574,264

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	9,578,679		9,578,679			
26		INTENSIVE CARE UNIT	1,913,237		1,913,237			
33		NURSERY	971,745		971,745			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,555,336	15,739,486	21,294,822	.194712	.194712	.194712
38		RECOVERY ROOM	595,633	1,961,342	2,556,975	.133130	.133130	.133130
39		DELIVERY ROOM & LABOR ROO	2,323,902	209,457	2,533,359	.409126	.409126	.409126
40		ANESTHESIOLOGY	1,127,559	2,907,572	4,035,131	.028265	.028265	.028265
41		RADIOLOGY-DIAGNOSTIC	2,146,957	9,760,214	11,907,171	.327196	.327196	.327196
41	01	MRI	451,065	7,150,083	7,601,148	.084575	.084575	.084575
41	02	ONCOLOGY	19,344	4,658,722	4,678,066	.478149	.478149	.478547
41	03	CAT SCAN	1,866,353	11,178,570	13,044,923	.048327	.048327	.048327
43		RADIOISOTOPE	335,082	2,299,893	2,634,975	.224656	.224656	.224656
44		LABORATORY	5,686,788	10,558,750	16,245,538	.246594	.246594	.247088
49		RESPIRATORY THERAPY	1,646,492	1,797,083	3,443,575	.294520	.294520	.294520
50		PHYSICAL THERAPY	280,562	4,108,465	4,389,027	.692440	.692440	.692440
51		OCCUPATIONAL THERAPY	39,434	1,182,397	1,221,831	.413293	.413293	.413293
52		SPEECH PATHOLOGY	28,366	71,660	100,026	.422990	.422990	.422990
53		ELECTROCARDIOLOGY	271,285	1,109,859	1,381,144	.045831	.045831	.045831
55		MEDICAL SUPPLIES CHARGED	3,986,420	4,510,964	8,497,384	.578561	.578561	.578561
56		DRUGS CHARGED TO PATIENTS	13,787,783	22,713,804	36,501,587	.168285	.168285	.168285
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	6,557	720,815	727,372	1.170479	1.170479	1.170479
61		EMERGENCY	1,583,149	6,653,223	8,236,372	.415540	.415540	.417118
62		OBSERVATION BEDS (NON-DIS	291,767	1,113,215	1,404,982	.721516	.721516	.721516
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	54,493,495	110,405,574	164,899,069			
102		LESS OBSERVATION BEDS						
103		TOTAL	54,493,495	110,405,574	164,899,069			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,893,906		6,893,906		6,893,906
26	INTENSIVE CARE UNIT	1,635,368		1,635,368		1,635,368
33	NURSERY	383,965		383,965		383,965
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,146,363		4,146,363		4,146,363
38	RECOVERY ROOM	340,411		340,411		340,411
39	DELIVERY ROOM & LABOR ROO	1,036,463		1,036,463		1,036,463
40	ANESTHESIOLOGY	114,053		114,053		114,053
41	RADIOLOGY-DIAGNOSTIC	3,895,982		3,895,982		3,895,982
41 01	MRI	642,870		642,870		642,870
41 02	ONCOLOGY	2,236,813		2,236,813	1,861	2,238,674
41 03	CAT SCAN	630,417		630,417		630,417
43	RADIOISOTOPE	591,964		591,964		591,964
44	LABORATORY	4,006,047		4,006,047	8,025	4,014,072
49	RESPIRATORY THERAPY	1,014,203		1,014,203		1,014,203
50	PHYSICAL THERAPY	3,039,140		3,039,140		3,039,140
51	OCCUPATIONAL THERAPY	504,974		504,974		504,974
52	SPEECH PATHOLOGY	42,310		42,310		42,310
53	ELECTROCARDIOLOGY	63,299		63,299		63,299
55	MEDICAL SUPPLIES CHARGED	4,916,256		4,916,256		4,916,256
56	DRUGS CHARGED TO PATIENTS	6,142,661		6,142,661		6,142,661
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	851,374		851,374		851,374
61	EMERGENCY	3,422,544		3,422,544	12,995	3,435,539
62	OBSERVATION BEDS (NON-DIS	1,013,717		1,013,717		1,013,717
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	47,565,100		47,565,100	22,881	47,587,981
102	LESS OBSERVATION BEDS	1,013,717		1,013,717		1,013,717
103	TOTAL	46,551,383		46,551,383	22,881	46,574,264

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	9,578,679		9,578,679			
26	INTENSIVE CARE UNIT	1,913,237		1,913,237			
33	NURSERY	971,745		971,745			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,555,336	15,739,486	21,294,822	.194712	.194712	.194712
38	RECOVERY ROOM	595,633	1,961,342	2,556,975	.133130	.133130	.133130
39	DELIVERY ROOM & LABOR ROO	2,323,902	209,457	2,533,359	.409126	.409126	.409126
40	ANESTHESIOLOGY	1,127,559	2,907,572	4,035,131	.028265	.028265	.028265
41	RADIOLOGY-DIAGNOSTIC	2,146,957	9,760,214	11,907,171	.327196	.327196	.327196
41 01	MRI	451,065	7,150,083	7,601,148	.084575	.084575	.084575
41 02	ONCOLOGY	19,344	4,658,722	4,678,066	.478149	.478149	.478547
41 03	CAT SCAN	1,866,353	11,178,570	13,044,923	.048327	.048327	.048327
43	RADIOISOTOPE	335,082	2,299,893	2,634,975	.224656	.224656	.224656
44	LABORATORY	5,686,788	10,558,750	16,245,538	.246594	.246594	.247088
49	RESPIRATORY THERAPY	1,646,492	1,797,083	3,443,575	.294520	.294520	.294520
50	PHYSICAL THERAPY	280,562	4,108,465	4,389,027	.692440	.692440	.692440
51	OCCUPATIONAL THERAPY	39,434	1,182,397	1,221,831	.413293	.413293	.413293
52	SPEECH PATHOLOGY	28,366	71,660	100,026	.422990	.422990	.422990
53	ELECTROCARDIOLOGY	271,285	1,109,859	1,381,144	.045831	.045831	.045831
55	MEDICAL SUPPLIES CHARGED	3,986,420	4,510,964	8,497,384	.578561	.578561	.578561
56	DRUGS CHARGED TO PATIENTS	13,787,783	22,713,804	36,501,587	.168285	.168285	.168285
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,557	720,815	727,372	1.170479	1.170479	1.170479
61	EMERGENCY	1,583,149	6,653,223	8,236,372	.415540	.415540	.417118
62	OBSERVATION BEDS (NON-DIS	291,767	1,113,215	1,404,982	.721516	.721516	.721516
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	54,493,495	110,405,574	164,899,069			
102	LESS OBSERVATION BEDS						
103	TOTAL	54,493,495	110,405,574	164,899,069			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET C PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,146,363	726,239	3,420,124			4,146,363
38	RECOVERY ROOM	340,411	46,170	294,241			340,411
39	DELIVERY ROOM & LABOR ROO	1,036,463	175,708	860,755			1,036,463
40	ANESTHESIOLOGY	114,053	6,365	107,688			114,053
41	RADIOLOGY-DIAGNOSTIC	3,895,982	658,981	3,237,001			3,895,982
41 01	MRI	642,870	81,556	561,314			642,870
41 02	ONCOLOGY	2,236,813	546,189	1,690,624			2,236,813
41 03	CAT SCAN	630,417	44,778	585,639			630,417
43	RADIOISOTOPE	591,964	31,644	560,320			591,964
44	LABORATORY	4,006,047	391,434	3,614,613			4,006,047
49	RESPIRATORY THERAPY	1,014,203	64,957	949,246			1,014,203
50	PHYSICAL THERAPY	3,039,140	454,261	2,584,879			3,039,140
51	OCCUPATIONAL THERAPY	504,974	16,554	488,420			504,974
52	SPEECH PATHOLOGY	42,310	5,286	37,024			42,310
53	ELECTROCARDIOLOGY	63,299	4,944	58,355			63,299
55	MEDICAL SUPPLIES CHARGED	4,916,256	178,375	4,737,881			4,916,256
56	DRUGS CHARGED TO PATIENTS	6,142,661	308,463	5,834,198			6,142,661
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	851,374	201,084	650,290			851,374
61	EMERGENCY	3,422,544	662,250	2,760,294			3,422,544
62	OBSERVATION BEDS (NON-DIS	1,013,717	207,059	806,658			1,013,717
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,651,861	4,812,297	33,839,564			38,651,861
102	LESS OBSERVATION BEDS	1,013,717	207,059	806,658			1,013,717
103	TOTAL	37,638,144	4,605,238	33,032,906			37,638,144

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0133

PERIOD: FROM 3/ 1/2006 TO 2/28/2007

PREPARED 7/31/2007

WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	21,294,822	.194712	.194712
38		RECOVERY ROOM	2,556,975	.133130	.133130
39		DELIVERY ROOM & LABOR ROO	2,533,359	.409126	.409126
40		ANESTHESIOLOGY	4,035,131	.028265	.028265
41		RADIOLOGY-DIAGNOSTIC	11,907,171	.327196	.327196
41	01	MRI	7,601,148	.084575	.084575
41	02	ONCOLOGY	4,678,066	.478149	.478149
41	03	CAT SCAN	13,044,923	.048327	.048327
43		RADIOISOTOPE	2,634,975	.224656	.224656
44		LABORATORY	16,245,538	.246594	.246594
49		RESPIRATORY THERAPY	3,443,575	.294520	.294520
50		PHYSICAL THERAPY	4,389,027	.692440	.692440
51		OCCUPATIONAL THERAPY	1,221,831	.413293	.413293
52		SPEECH PATHOLOGY	100,026	.422990	.422990
53		ELECTROCARDIOLOGY	1,381,144	.045831	.045831
55		MEDICAL SUPPLIES CHARGED	8,497,384	.578561	.578561
56		DRUGS CHARGED TO PATIENTS	36,501,587	.168285	.168285
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	727,372	1.170479	1.170479
61		EMERGENCY	8,236,372	.415540	.415540
62		OBSERVATION BEDS (NON-DIS	1,404,982	.721516	.721516
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	152,435,408		
102		LESS OBSERVATION BEDS	1,404,982		
103		TOTAL	151,030,426		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET C PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,146,363	726,239	3,420,124	72,624	198,367	3,875,372
38	RECOVERY ROOM	340,411	46,170	294,241	4,617	17,066	318,728
39	DELIVERY ROOM & LABOR ROO	1,036,463	175,708	860,755	17,571	49,924	968,968
40	ANESTHESIOLOGY	114,053	6,365	107,688	637	6,246	107,170
41	RADIOLOGY-DIAGNOSTIC	3,895,982	658,981	3,237,001	65,898	187,746	3,642,338
41 01	MRI	642,870	81,556	561,314	8,156	32,556	602,158
41 02	ONCOLOGY	2,236,813	546,189	1,690,624	54,619	98,056	2,084,138
41 03	CAT SCAN	630,417	44,778	585,639	4,478	33,967	591,972
43	RADIOISOTOPE	591,964	31,644	560,320	3,164	32,499	556,301
44	LABORATORY	4,006,047	391,434	3,614,613	39,143	209,648	3,757,256
49	RESPIRATORY THERAPY	1,014,203	64,957	949,246	6,496	55,056	952,651
50	PHYSICAL THERAPY	3,039,140	454,261	2,584,879	45,426	149,923	2,843,791
51	OCCUPATIONAL THERAPY	504,974	16,554	488,420	1,655	28,328	474,991
52	SPEECH PATHOLOGY	42,310	5,286	37,024	529	2,147	39,634
53	ELECTROCARDIOLOGY	63,299	4,944	58,355	494	3,385	59,420
55	MEDICAL SUPPLIES CHARGED	4,916,256	178,375	4,737,881	17,838	274,797	4,623,621
56	DRUGS CHARGED TO PATIENTS	6,142,661	308,463	5,834,198	30,846	338,383	5,773,432
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	851,374	201,084	650,290	20,108	37,717	793,549
61	EMERGENCY	3,422,544	662,250	2,760,294	66,225	160,097	3,196,222
62	OBSERVATION BEDS (NON-DIS	1,013,717	207,059	806,658	20,706	46,786	946,225
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,651,861	4,812,297	33,839,564	481,230	1,962,694	36,207,937
102	LESS OBSERVATION BEDS	1,013,717	207,059	806,658	20,706	46,786	946,225
103	TOTAL	37,638,144	4,605,238	33,032,906	460,524	1,915,908	35,261,712

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-0133 I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007 I PREPARED 7/31/2007 I WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	21,294,822	.181987	.191302
38		RECOVERY ROOM	2,556,975	.124650	.131325
39		DELIVERY ROOM & LABOR RDO	2,533,359	.382483	.402190
40		ANESTHESIOLOGY	4,035,131	.026559	.028107
41		RADIOLOGY-DIAGNOSTIC	11,907,171	.305894	.321662
41	01	MRI	7,601,148	.079219	.083502
41	02	ONCOLOGY	4,678,066	.445513	.466474
41	03	CAT SCAN	13,044,923	.045379	.047983
43		RADIOISOTOPE	2,634,975	.211122	.223456
44		LABORATORY	16,245,538	.231279	.244184
49		RESPIRATORY THERAPY	3,443,575	.276646	.292634
50		PHYSICAL THERAPY	4,389,027	.647932	.682091
51		OCCUPATIONAL THERAPY	1,221,831	.388753	.411938
52		SPEECH PATHOLOGY	100,026	.396237	.417701
53		ELECTROCARDIOLOGY	1,381,144	.043022	.045473
55		MEDICAL SUPPLIES CHARGED	8,497,384	.544123	.576462
56		DRUGS CHARGED TO PATIENTS	36,501,587	.158169	.167440
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	727,372	1.090981	1.142835
61		EMERGENCY	8,236,372	.388062	.407500
62		OBSERVATION BEDS (NON-DIS	1,404,982	.673478	.706778
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	152,435,408		
102		LESS OBSERVATION BEDS	1,404,982		
103		TOTAL	151,030,426		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 15-0133

PERIOD: FROM 3/ 1/2006 TO 2/28/2007

PPS

PREPARED 7/31/2007

WORKSHEET D PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,408,127		1,408,127
26	INTENSIVE CARE UNIT				174,332		174,332
33	NURSERY				50,354		50,354
101	TOTAL				1,632,813		1,632,813

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 15-0133

PERIOD: FROM 3/ 1/2006 TO 2/28/2007

PREPARED 7/31/2007

WORKSHEET D PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	10,711	4,294			131.47	564,532
26	INTENSIVE CARE UNIT	1,566	736			111.32	81,932
33	NURSERY	1,728				29.14	
101	TOTAL	14,005	5,030				646,464

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007

COMPONENT NO: 15-0133 | WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		726,239	21,294,822	1,544,109		
38	RECOVERY ROOM		46,170	2,556,975	210,659		
39	DELIVERY ROOM & LABOR ROO		175,708	2,533,359			
40	ANESTHESIOLOGY		6,365	4,035,131	321,882		
41	RADIOLOGY-DIAGNOSTIC		658,981	11,907,171	1,384,726		
41 01	MRI		81,556	7,601,148	287,116		
41 02	ONCOLOGY		546,189	4,678,066	13,313		
41 03	CAT SCAN		44,778	13,044,923	1,104,543		
43	RADIOISOTOPE		31,644	2,634,975	190,884		
44	LABORATORY		391,434	16,245,538	3,376,088		
49	RESPIRATORY THERAPY		64,957	3,443,575	1,118,393		
50	PHYSICAL THERAPY		454,261	4,389,027	176,338		
51	OCCUPATIONAL THERAPY		16,554	1,221,831	25,394		
52	SPEECH PATHOLOGY		5,286	100,026	22,084		
53	ELECTROCARDIOLOGY		4,944	1,381,144	254,835		
55	MEDICAL SUPPLIES CHARGED		178,375	8,497,384	1,681,339		
56	DRUGS CHARGED TO PATIENTS		308,463	36,501,587	6,282,967		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		201,084	727,372	4,882		
61	EMERGENCY		662,250	8,236,372	912,115		
62	OBSERVATION BEDS (NON-DIS		207,059	1,404,982			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,812,297	152,435,408	18,911,667		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006	PREPARED 7/31/2007
COMPONENT NO: 15-0133	TO 2/28/2007	WORKSHEET D PART II
	PPS	

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.034104	52,660
38		RECOVERY ROOM	.018056	3,804
39		DELIVERY ROOM & LABOR ROO	.069358	
40		ANESTHESIOLOGY	.001577	508
41		RADIOLOGY-DIAGNOSTIC	.055343	76,635
41	01	MRI	.010729	3,080
41	02	ONCOLOGY	.116755	1,554
41	03	CAT SCAN	.003433	3,792
43		RADIOISOTOPE	.012009	2,292
44		LABORATORY	.024095	81,347
49		RESPIRATORY THERAPY	.018863	21,096
50		PHYSICAL THERAPY	.103499	18,251
51		OCCUPATIONAL THERAPY	.013549	344
52		SPEECH PATHOLOGY	.052846	1,167
53		ELECTROCARDIOLOGY	.003580	912
55		MEDICAL SUPPLIES CHARGED	.020992	35,295
56		DRUGS CHARGED TO PATIENTS	.008451	53,097
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.276453	1,350
61		EMERGENCY	.080406	73,340
62		OBSERVATION BEDS (NON-DIS	.147375	
		OTHER REIMBURS COST CNTRS		
101		TOTAL		430,524

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

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

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PPS

PREPARED 7/31/2007
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					10,711	
26	INTENSIVE CARE UNIT					1,566	
33	NURSERY					1,728	
101	TOTAL					14,005	

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

PROVIDER NO: IS-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	4,294	
26	INTENSIVE CARE UNIT	736	
33	NURSERY		
101	TOTAL	5,030	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MRI						
41 02	ONCOLOGY						
41 03	CAT SCAN						
43	RADIOISOTOPE						
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						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0133 I COMPONENT NO: 15-0133
I PERIOD: I FROM 3/ 1/2006 I TO 2/28/2007
I PREPARED 7/31/2007 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			21,294,822			1,544,109	
38	RECOVERY ROOM			2,556,975			210,659	
39	DELIVERY ROOM & LABOR ROO			2,533,359				
40	ANESTHESIOLOGY			4,035,131			321,882	
41	RADIOLOGY-DIAGNOSTIC			11,907,171			1,384,726	
41 01	MRI			7,601,148			287,116	
41 02	ONCOLOGY			4,678,066			13,313	
41 03	CAT SCAN			13,044,923			1,104,543	
43	RADIOISOTOPE			2,634,975			190,884	
44	LABORATORY			16,245,538			3,376,088	
49	RESPIRATORY THERAPY			3,443,575			1,118,393	
50	PHYSICAL THERAPY			4,389,027			176,338	
51	OCCUPATIONAL THERAPY			1,221,831			25,394	
52	SPEECH PATHOLOGY			100,026			22,084	
53	ELECTROCARDIOLOGY			1,381,144			254,835	
55	MEDICAL SUPPLIES CHARGED			8,497,384			1,681,339	
56	DRUGS CHARGED TO PATIENTS			36,501,587			6,282,967	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			727,372			4,882	
61	EMERGENCY			8,236,372			912,115	
62	OBSERVATION BEDS (NON-DIS			1,404,982				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			152,435,408			18,911,667	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D.V COL 5.03 8.01	OUTPAT PROG D.V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,403,509					
38	RECOVERY ROOM	286,682					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	402,141					
41	RADIOLOGY-DIAGNOSTIC	2,084,464					
41 01	MRI	1,358,029					
41 02	ONCOLOGY	1,618,824					
41 03	CAT SCAN	2,415,913					
43	RADIOISOTOPE	491,582					
44	LABORATORY	2,354,725					
49	RESPIRATORY THERAPY	403,171					
50	PHYSICAL THERAPY	914,286					
51	OCCUPATIONAL THERAPY	180,224					
52	SPEECH PATHOLOGY	15,765					
53	ELECTROCARDIOLOGY	332,579					
55	MEDICAL SUPPLIES CHARGED	600,446					
56	DRUGS CHARGED TO PATIENTS	5,216,164					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	278,900					
61	EMERGENCY	988,171					
62	OBSERVATION BEDS (NON-DIS	394,989					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	22,740,564					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
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	.194712	.194712			
38	RECOVERY ROOM	.133130	.133130			
39	DELIVERY ROOM & LABOR ROOM	.409126	.409126			
40	ANESTHESIOLOGY	.028265	.028265			
41	RADIOLOGY-DIAGNOSTIC	.327196	.327196			
41 01	MRI	.084575	.084575			
41 02	ONCOLOGY	.478149	.478149			
41 03	CAT SCAN	.048327	.048327			
43	RADIOISOTOPE	.224656	.224656			
44	LABORATORY	.246594	.246594			
49	RESPIRATORY THERAPY	.294520	.294520			
50	PHYSICAL THERAPY	.692440	.692440			
51	OCCUPATIONAL THERAPY	.413293	.413293			
52	SPEECH PATHOLOGY	.422990	.422990			
53	ELECTROCARDIOLOGY	.045831	.045831			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.578561	.578561			
56	DRUGS CHARGED TO PATIENTS	.168285	.168285			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.170479	1.170479			
61	EMERGENCY	.415540	.415540			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.721516	.721516			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007

COMPONENT NO: 15-0133 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		2,403,509			
38	RECOVERY ROOM		286,682			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		402,141			
41	RADIOLOGY-DIAGNOSTIC		2,084,464			
41 01	MRI		1,358,029			
41 02	ONCOLOGY		1,618,824			
41 03	CAT SCAN		2,415,913			
43	RADIOISOTOPE		491,582			
44	LABORATORY		2,354,725			
49	RESPIRATORY THERAPY		403,171			
50	PHYSICAL THERAPY		914,286			
51	OCCUPATIONAL THERAPY		180,224			
52	SPEECH PATHOLOGY		15,765			
53	ELECTROCARDIOLOGY		332,579			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		600,446			
56	DRUGS CHARGED TO PATIENTS		5,216,164			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		278,900			
61	EMERGENCY		988,171			
62	OBSERVATION BEDS (NON-DISTINCT PART)		394,989			
101	SUBTOTAL		22,740,564			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		22,740,564			

(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: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007
COMPONENT NO: 15-0133 | 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
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM				467,992	
39	DELIVERY ROOM & LABOR ROOM				38,166	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				11,367	
41 01	MRI				682,028	
41 02	ONCOLOGY				114,855	
41 03	CAT SCAN				774,039	
43	RADIOISOTOPE				116,754	
44	LABORATORY				110,437	
49	RESPIRATORY THERAPY				580,661	
50	PHYSICAL THERAPY				118,742	
51	OCCUPATIONAL THERAPY				633,088	
52	SPEECH PATHOLOGY				74,485	
53	ELECTROCARDIOLOGY				6,668	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				15,242	
56	DRUGS CHARGED TO PATIENTS				347,395	
	OUTPAT SERVICE COST CNTRS				877,802	
60	CLINIC					
61	EMERGENCY				326,447	
62	OBSERVATION BEDS (NON-DISTINCT PART)				410,625	
101	SUBTOTAL				284,991	
102	CRNA CHARGES				5,991,784	
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				5,991,784	

(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: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET D
PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	MRI			
41 02	ONCOLOGY			
41 03	CAT SCAN			
43	RADIOISOTOPE			
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			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006 TO 2/28/2007	PREPARED 7/31/2007
COMPONENT NO: 15-0133		WORKSHEET O PART VI

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	.168285
3	PROGRAM COSTS	1,509
		254

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET D
PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	Cost/Charge Ratio (C, Pt I, Col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (I)
		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.181987				395,061
38	RECOVERY ROOM	.124650				44,247
39	DELIVERY ROOM & LABOR ROOM	.382483				19,166
40	ANESTHESIOLOGY	.026559				76,354
41	RADIOLOGY-DIAGNOSTIC	.305894				465,550
41 01	MRI	.079219				267,973
41 02	ONCOLOGY	.445513				233,219
41 03	CAT SCAN	.045379				393,735
43	RADIOISOTOPE	.211122				67,408
44	LABORATORY	.231279				494,862
49	RESPIRATORY THERAPY	.276646				64,756
50	PHYSICAL THERAPY	.647932				117,042
51	OCCUPATIONAL THERAPY	.388753				64,623
52	SPEECH PATHOLOGY	.396237				12,701
53	ELECTROCARDIOLOGY	.043022				51,152
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.544123				110,169
56	DRUGS CHARGED TO PATIENTS	.158169				1,438,905
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.090981				30,948
61	EMERGENCY	.388062				396,755
62	OBSERVATION BEDS (NON-DISTINCT PART)	.673478				146,527
101	SUBTOTAL					4,891,153
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					4,891,153

(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: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007
COMPONENT NO: 15-0133 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	MRI					
41 02	ONCOLOGY					
41 03	CAT SCAN					
43	RADIOISOTOPE					
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					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007
COMPONENT NO: 15-0133 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	Other Outpatient Diagnostic 8	All Other 9	PPS Services FY8 to 12/31 9.01	Non-PPS Services 9.02	PPS Services 1/1 to FYE 9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		71,896			
38	RECOVERY ROOM		5,515			
39	DELIVERY ROOM & LABOR ROOM		7,331			
40	ANESTHESIOLOGY		2,028			
41	RADIOLOGY-DIAGNOSTIC		142,409			
41 01	MRI		21,229			
41 02	ONCOLOGY		103,902			
41 03	CAT SCAN		17,867			
43	RADIOISOTOPE		14,231			
44	LABORATORY		114,451			
49	RESPIRATORY THERAPY		17,914			
50	PHYSICAL THERAPY		75,835			
51	OCCUPATIONAL THERAPY		25,122			
52	SPEECH PATHOLOGY		5,033			
53	ELECTROCARDIOLOGY		2,201			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		59,945			
56	DRUGS CHARGED TO PATIENTS		227,590			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		33,764			
61	EMERGENCY		153,966			
62	OBSERVATION BEDS (NON-DISTINCT PART)		98,683			
101	SUBTOTAL		1,200,912			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		1,200,912			

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 7/31/2007
15-0133	FROM 3/ 1/2006	WORKSHEET D-1
COMPONENT NO:	TO 2/28/2007	PART T
15-0133		

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)	10,711
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,711
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,711
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,294
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	6,893,906
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	6,893,906
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,578,679
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,578,679
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.719714
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	894.28
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	6,893,906

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

		1
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	643.63
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,763,747
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,763,747

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,635,368	1,566	1,044.30	736	768,605
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					4,651,251 8,183,603

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	646,464
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	430,524
52	TOTAL PROGRAM EXCLUDABLE COST	1,076,988
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	7,106,615

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

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	1,575
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	643.63
85	OBSERVATION BED COST	1,013,717

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		6,893,906		1,013,717	
87	NEW CAPITAL-RELATED COST	1,408,127	6,893,906	.204257	1,013,717	207,059
88	NON PHYSICIAN ANESTHETIST		6,893,906		1,013,717	
89	MEDICAL EDUCATION		6,893,906		1,013,717	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006 TO 2/28/2007	PREPARED 7/31/2007	
COMPONENT NO: 15-0133		WORKSHEET D-1 PART 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)	10,711
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,711
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,711
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)	432
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)	1,728
16	NURSERY DAYS (TITLE V OR XIX ONLY)	209
	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	6,893,906
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	6,893,906
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,578,679
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,578,679
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	.719714
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	894.28
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	6,893,906

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	643.63
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	278,048
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	278,048

		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)	383,965	1,728	222.20	209	46,440
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,635,368	1,566	1,044.30	116	121,139
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	555,097
49	TOTAL PROGRAM INPATIENT COSTS	1,000,724

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

	TITLE XIX - I/P	HOSPITAL	OTHER

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

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	1,575
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	643.63
85	OBSERVATION BED COST	1,013,717

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004)

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		3,730,768	
26	INTENSIVE CARE UNIT		1,004,331	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.194712	1,544,109	300,657
38	RECOVERY ROOM	.133130	210,659	28,045
39	DELIVERY ROOM & LABOR ROOM	.409126		
40	ANESTHESIOLOGY	.028265	321,882	9,098
41	RADIOLOGY-DIAGNOSTIC	.327196	1,384,726	453,077
41 01	MRI	.084575	287,116	24,283
41 02	ONCOLOGY	.478547	13,313	6,371
41 03	CAT SCAN	.048327	1,104,543	53,379
43	RADIOISOTOPE	.224656	190,884	42,883
44	LABORATORY	.247088	3,376,088	834,191
49	RESPIRATORY THERAPY	.294520	1,118,393	329,389
50	PHYSICAL THERAPY	.692440	176,338	122,103
51	OCCUPATIONAL THERAPY	.413293	25,394	10,495
52	SPEECH PATHOLOGY	.422990	22,084	9,341
53	ELECTROCARDIOLOGY	.045831	254,835	11,679
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.578561	1,681,339	972,757
56	DRUGS CHARGED TO PATIENTS	.168285	6,282,967	1,057,329
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.170479	4,882	5,714
61	EMERGENCY	.417118	912,115	380,460
62	OBSERVATION BEDS (NON-DISTINCT PART)	.721516		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		18,911,667	4,651,251
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		18,911,667	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		474,666	
26		INTENSIVE CARE UNIT		126,872	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.194712	269,232	52,423
38		RECOVERY ROOM	.133130	22,710	3,023
39		DELIVERY ROOM & LABOR ROOM	.409126	216,350	88,514
40		ANESTHESIOLOGY	.028265	54,807	1,549
41		RADIOLOGY-DIAGNOSTIC	.327196	83,529	27,330
41	01	MRI	.084575	14,288	1,208
41	02	ONCOLOGY	.478149	2,788	1,333
41	03	CAT SCAN	.048327	101,894	4,924
43		RADIOISOTOPE	.224656	9,565	2,149
44		LABORATORY	.246594	306,725	75,637
49		RESPIRATORY THERAPY	.294520	79,002	23,268
50		PHYSICAL THERAPY	.692440	8,218	5,690
51		OCCUPATIONAL THERAPY	.413293	1,224	506
52		SPEECH PATHOLOGY	.422990	2,211	935
53		ELECTROCARDIOLOGY	.045831	14,024	643
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.578561	144,382	83,534
56		DRUGS CHARGED TO PATIENTS	.168285	865,916	145,721
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	1.170479	1,096	1,283
61		EMERGENCY	.415540	85,255	35,427
62		OBSERVATION BEDS (NON-DISTINCT PART)	.721516		
		OTHER REIMBURS COST CNTRS			
101		TOTAL		2,283,216	555,097
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		2,283,216	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006 TO 2/28/2007	PREPARED 7/31/2007
COMPONENT NO: 15-0133		WORKSHEET E PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION		
		1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,380,718	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,836,955	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	1,207,224	
	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)		
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	68.42	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
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		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.06	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.02	
4.02	SUM OF LINES 4 AND 4.01	22.08	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	7.43	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	551,670	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT	335.00	
6	SUBTOTAL (SEE INSTRUCTIONS)	7,976,567	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006 TO 2/28/2007	PREPARED 7/31/2007
COMPONENT NO: 15-0133		WORKSHEET E PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL I	1.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	7,976,567	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	654,141	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16	TOTAL	8,630,708	
17	PRIMARY PAYER PAYMENTS	8,759	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,621,949	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	977,062	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	5,524	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	131,548	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	92,084	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	131,548	
22	SUBTOTAL	7,731,447	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	7,731,447	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	7,411,364	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	320,083	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	67,333	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006 TO 2/28/2007	PREPARED 7/31/2007
COMPONENT NO: 15-0133		WORKSHEET E PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	254
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,991,784
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,007,860
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.858
1.04	LINE 1.01 TIMES LINE 1.03.	5,140,951
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	97.41
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)	254
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	1,509
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,509
	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)	1,509
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,255
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	254
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,007,860
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,402,134
19	SUBTOTAL (SEE INSTRUCTIONS)	3,605,980
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,605,980
24	PRIMARY PAYER PAYMENTS	3,300
25	SUBTOTAL	3,602,680
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	138,328
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	96,830
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	138,328
28	SUBTOTAL	3,699,510
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	3,699,510
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	3,742,901
34	INTERIM PAYMENTS	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	-43,391
35	BALANCE DUE PROVIDER/PROGRAM	31,203
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (11/1998)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0133
COMPONENT NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET E-1

TITLE XVIII HOSPITAL

DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			7,327,930		3,602,427
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.			88,474		124,314
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	8/11/2005		4/ 3/2007	29,376
ADJUSTMENTS TO PROVIDER	.02			5/ 1/2006	
ADJUSTMENTS TO PROVIDER	.03			4/ 3/2006	
ADJUSTMENTS TO PROVIDER	.04				
ADJUSTMENTS TO PROVIDER	.05				
ADJUSTMENTS TO PROGRAM	.50	9/20/2006	5,040	9/20/2006	13,216
ADJUSTMENTS TO PROGRAM	.51				
ADJUSTMENTS TO PROGRAM	.52				
ADJUSTMENTS TO PROGRAM	.53				
ADJUSTMENTS TO PROGRAM	.54				
SUBTOTAL	.99		-5,040		16,160
4 TOTAL INTERIM PAYMENTS			7,411,364		3,742,901
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.

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (06/2003)

BALANCE SHEET | PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	CURRENT ASSETS	1	2	3	4
1	CASH ON HAND AND IN BANKS	-739,751			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	17,418,924			
5	OTHER RECEIVABLES	425,974			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,051,953			
7	INVENTORY	1,416,108			
8	PREPAID EXPENSES	511,709			
9	OTHER CURRENT ASSETS	413,060			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	16,394,071			
	FIXED ASSETS				
12	LAND	2,150,000			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	29,287,191			
14.01	LESS ACCUMULATED DEPRECIATION	-11,796,719			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	19,286,828			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	318,139			
21	TOTAL FIXED ASSETS	39,245,439			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	34,918,368			
26	TOTAL OTHER ASSETS	34,918,368			
27	TOTAL ASSETS	90,557,878			

BALANCE SHEET

PROVIDER NO: 15-0133 PERIOD: FROM 3/ 1/2006 TO 2/28/2007 PREPARED 7/31/2007

WORKSHEET G

	LIABILITIES AND FUND BALANCE	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	1,968,407			
29	SALARIES, WAGES & FEES PAYABLE	1,609,971			
30	PAYROLL TAXES PAYABLE	1,764,914			
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	9,070			
36	TOTAL CURRENT LIABILITIES	5,352,362			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66	-34,154,671			
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	190,039			
42	TOTAL LONG-TERM LIABILITIES	-33,964,632			
43	TOTAL LIABILITIES	-28,612,270			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	119,170,148			
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	119,170,148			
52	TOTAL LIABILITIES AND FUND BALANCES	90,557,878			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET G-1

		GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		116,495,709		
2	NET INCOME (LOSS)		32,242,053		
3	TOTAL		148,737,762		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ALLOWANCE ADJUSTMENT	690,000			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		690,000		
11	SUBTOTAL		149,427,762		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	PARTNER DISTRIBUTIONS	30,257,614			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		30,257,614		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		119,170,148		

		ENDOWMENT FUND 5	6	PLANT FUND 7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ALLOWANCE ADJUSTMENT				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	PARTNER DISTRIBUTIONS				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0133
PERIOD: FROM 3/ 1/2006 TO 2/28/2007
PREPARED 7/31/2007
WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00	HOSPITAL	11,955,406		11,955,406
4 00	SWING BED - SNF			
5 00	SWING BED - NF			
9 00	TOTAL GENERAL INPATIENT ROUTINE CARE	11,955,406		11,955,406
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00	INTENSIVE CARE UNIT	1,913,237		1,913,237
15 00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,913,237		1,913,237
16 00	TOTAL INPATIENT ROUTINE CARE SERVICE	13,868,643		13,868,643
17 00	ANCILLARY SERVICES	40,197,770		40,197,770
18 00	OUTPATIENT SERVICES		110,539,124	110,539,124
24 00	PROFEE/CLINICS/MEDSTAT/WELLNESS	87,883	1,165,966	1,253,849
25 00	TOTAL PATIENT REVENUES	54,154,296	111,705,090	165,859,386

PART II-OPERATING EXPENSES

26 00	OPERATING EXPENSES		69,166,208
	ADD (SPECIFY)		
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00	TOTAL ADDITIONS		
	DEDUCT (SPECIFY)		
34 00	OTHER COID EXPENSES NOT ON B SHEET	15,582,832	
35 00			
36 00			
37 00			
38 00			
39 00	TOTAL DEDUCTIONS		15,582,832
40 00	TOTAL OPERATING EXPENSES		53,583,376

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0133 | PERIOD: FROM 3/ 1/2006 TO 2/28/2007 | PREPARED 7/31/2007 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	165,859,386
2	LESS: ALLOWANCES AND DISCOUNTS ON	76,258,785
3	NET PATIENT REVENUES	89,600,601
4	LESS: TOTAL OPERATING EXPENSES	53,583,376
5	NET INCOME FROM SERVICE TO PATIENT	36,017,225
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	2,056
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	528,633
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	695
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS,FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	BIOMED	2,697
24.01	MISC INCOME	32,105
24.02	HOUSEKEEPING INCOME	16,883
24.03	CLASSES - BABYSIT, CPR, PRENATAL	9,796
24.04	NURSING SERVICE	1,463
24.05	LINEN REVENUE	2,450
24.06	UTILITIES INCOME (RENTAL PROP)	86,504
24.07	BABY PHOTOS	1,674
25	TOTAL OTHER INCOME	684,956
26	TOTAL	36,702,181
	OTHER EXPENSES	
27	BAD DEBTS	4,395,226
28	INT INC/GAIN/LOSS DISPOSALS	64,902
29		
30	TOTAL OTHER EXPENSES	4,460,128
31	NET INCOME (OR LOSS) FOR THE PERIO	32,242,053

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-0133	PERIOD: FROM 3/ 1/2006 TO 2/28/2007	PREPARED 7/31/2007
COMPONENT NO: 15-0133		WORKSHEET L PARTS I-IV

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	654,141
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	29.32
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	654,141
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR KOSCIUSKO COMMUNITY HOSPITAL

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 7/31/2007 7:37
FORM APPROVED
OMB NO. 0938-0050

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

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0133	PERIOD FROM 3/ 1/2006 TO 2/28/2007	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 7/31/2007 TIME 7:37

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
KOSCIUSKO COMMUNITY HOSPITAL 15-0133
FOR THE COST REPORTING PERIOD BEGINNING 3/ 1/2006 AND ENDING 2/28/2007 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.

ECR ENCRYPTION INFORMATION
DATE: 7/31/2007 TIME 7:37

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x46RKOG.:gA6iutuxOKHkfn.BqTDEM
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PI ENCRYPTION INFORMATION
DATE: 7/31/2007 TIME 7:37
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hayIo98:thnbd96VUjGmFKgNaNEvkO
LvbgaDECaxnFUJukucxB6pKd5z1HkY
Q6ga7gWwuAOSR6G.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE CFO

DATE 7-31-07

PART II - SETTLEMENT SUMMARY

		TITLE V 1	A 2	B 3	TITLE XVIII 4	TITLE XIX
1	HOSPITAL	0	320,083	-43,391	0	
100	TOTAL	0	320,083	-43,391	0	

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

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