

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0102	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2008 TIME 16:18

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

STARKE MEMORIAL HOSPITAL 15-0102

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-71,554	-34,450	0	0
2	SUBPROVIDER	0	-6,697	0	0	0
3	SWING BED - SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-78,251	-34,450	0	0

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

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0102 I FROM 1/ 1/2007 I WORKSHEET S-2
 IDENTIFICATION DATA I I TO 12/31/2007 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 102 EAST CULVER ROAD P.O. BOX:
 1.01 CITY: KNOX STATE: IN ZIP CODE: 46534- COUNTY: STARKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;		DATE			PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	CERTIFIED	V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	STARKE MEMORIAL HOSPITAL	15-0102	7/ 1/1966	N	P	P
03.00	SUBPROVIDER	STARKE REHABILITATION UNIT	15-T102	1/ 1/2001	N	P	N
04.00	SWING BED - SNF	STARKE MEMORIAL SWING BEDS	15-U102	9/ 6/1989	N	P	N
09.00	HOSPITAL-BASED HHA	STARKE HOME HEALTH CARE	15-7101	2/ 3/1984	N	P	P
12.00	HOSP-BASED HOSPICE	HOSPICE OF STARKE COUNTY	15-1579	2/19/2003			
17	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007			1 2			
18	TYPE OF CONTROL			4			
	TYPE OF HOSPITAL/SUBPROVIDER						
19	HOSPITAL			1			
20	SUBPROVIDER			5			
	OTHER INFORMATION						
21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.						
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?			Y			
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).						
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		Y	
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL			2			
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL			1			
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.			Y			
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.			N			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.			/ /			
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.			/ /			
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.			/ /			
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.			/ /			
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE			/ /			
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.			/ /			
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.			/ /			
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.						
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?			N			
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?						
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.						
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			N			
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.			N			
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR 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)						
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)						
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.			Y	9/ 6/1989		

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)	1	2	3	4
		-----	-----	-----	-----
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 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)	0.00	0		
				%	Y/N
28.03	STAFFING			0.00%	
28.04	RECRUITMENT			0.00%	
28.05	RETENTION			0.00%	
28.06	TRAINING			0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?				N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)				N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.				N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2				N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?				N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?				

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y HO9003
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).
 IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
 CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
 (SEE 42 CFR 413.13.)

	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC					
	1	2	3	4	5					
47.00 HOSPITAL	N	N	N	N	N					
48.00 SUBPROVIDER	N	N	N	N	N					
50.00 HHA	N	N								
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)										N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV										N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE										
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.										0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /										
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0										
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.										N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.										N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.						DATE	Y OR N	LIMIT	Y OR N	FEES
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	1	2	3	4
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.								0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.								0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?										N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.										Y
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).										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: I PERIOD: I PREPARED 5/27/2008
15-0102 I FROM 1/ 1/2007 I WORKSHEET S-3
I TO 12/31/2007 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX		
1 ADULTS & PEDIATRICS	1	48	2.01	3	4	1,958		5	386
2 HMO									292
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF						173			
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS		48	17,413			2,131			386
6 INTENSIVE CARE UNIT		4	1,460			413			101
11 NURSERY									11
12 TOTAL		52	18,873			2,544			498
13 RPCH VISITS									
14 SUBPROVIDER		1	472			75			
18 HOME HEALTH AGENCY						10,513			3,473
21 HOSPICE		8	2,920			3,323			
25 TOTAL		61							
26 OBSERVATION BED DAYS									113
26 01 OBSERVATION BED DAYS-SUB I									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS	TRIPS		INTERNS & RES. FTES --	
	TITLE XIX OBSERVATION BEDS ADMITTED	NOT ADMITTED		TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			3,005				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			174				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,179				
6 INTENSIVE CARE UNIT			905				
11 NURSERY			105				
12 TOTAL			4,189				
13 RPCH VISITS							
14 SUBPROVIDER			76				
18 HOME HEALTH AGENCY			19,625				
21 HOSPICE			4,263				
25 TOTAL							
26 OBSERVATION BED DAYS	36	77	587	186	401		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EQUIV		DISCHARGES			
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					606	235	1,148
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		151.98			606	235	1,148
13 RPCH VISITS							
14 SUBPROVIDER		.66			10		10
18 HOME HEALTH AGENCY		23.90					
21 HOSPICE		3.70					
25 TOTAL		180.24					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0102	I FROM 1/ 1/2007	I WORKSHEET S-3
I	I TO 12/31/2007	I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1	TOTAL SALARY	8,557,241	8,557,241	374,893.00	22.83	
2	NON-PHYSICIAN ANESTHETIST PART A					
3	NON-PHYSICIAN ANESTHETIST PART B					
4	PHYSICIAN - PART A					
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
5	PHYSICIAN - PART B					
5.01	NON-PHYSICIAN - PART B					
6	INTERNS & RESIDENTS (APPRVD)					
6.01	CONTRACT SERVICES, I&R					
7	HOME OFFICE PERSONNEL					
8	SNF					
8.01	EXCLUDED AREA SALARIES	1,679,206	1,679,206	67,488.00	24.88	
OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	467,782	467,782	5,546.00	84.35	
9.01	PHARMACY SERVICES UNDER CONTRACT					
9.02	LABORATORY SERVICES UNDER CONTRACT					
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT					
10	CONTRACT LABOR: PHYS PART A	380,816	380,816	9,055.00	42.06	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)					
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	295,653	295,653	3,304.00	89.48	
12	HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	1,391,424	1,391,424			CMS 339
14	WAGE-RELATED COSTS (OTHER)					CMS 339
15	EXCLUDED AREAS	339,703	339,703			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	70,682	70,682	2,255.00	31.34	
22	ADMINISTRATIVE & GENERAL	1,296,541	-100,800	1,195,741	55,277.00	21.63
22.01	A & G UNDER CONTRACT	42,564		42,564	869.00	48.98
23	MAINTENANCE & REPAIRS					
24	OPERATION OF PLANT	151,507		151,507	7,371.00	20.55
25	LAUNDRY & LINEN SERVICE	28,763		28,763	2,956.00	9.73
26	HOUSEKEEPING	132,280		132,280	12,413.00	10.66
26.01	HOUSEKEEPING UNDER CONTRACT					
27	DIETARY	127,438	-74,421	53,017	4,338.00	12.22
27.01	DIETARY UNDER CONTRACT					
28	CAFETERIA		74,421	74,421	6,090.00	12.22
29	MAINTENANCE OF PERSONNEL					
30	NURSING ADMINISTRATION	530,782	100,800	631,582	18,434.00	34.26
31	CENTRAL SERVICE AND SUPPLY					
32	PHARMACY					
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	253,347		253,347	14,401.00	17.59
34	SOCIAL SERVICE					
35	OTHER GENERAL SERVICE					
PART III - HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES	8,557,241	8,557,241	374,893.00	22.83	
2	EXCLUDED AREA SALARIES	1,679,206	1,679,206	67,488.00	24.88	
3	SUBTOTAL SALARIES	6,878,035	6,878,035	307,405.00	22.37	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	1,144,251	1,144,251	17,905.00	63.91	
5	SUBTOTAL WAGE-RELATED COSTS	1,391,424	1,391,424		20.23	
6	TOTAL	9,413,710	9,413,710	325,310.00	28.94	
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	2,633,904	2,633,904	124,404.00	21.17	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (08/2006)
 HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 STATISTICAL DATA I 15-0102 I FROM 1/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2007 I
 I 15-7101 I
 HOME HEALTH AGENCY STATISTICAL DATA COUNTY: STARKE

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		256.00	34.00	36.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT) ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	5.50		5.50
6 DIRECTING NURSING SERVICE	1.00		1.00
7 NURSING SUPERVISOR	6.83		6.83
8 PHYSICAL THERAPY SERVICE	1.00		1.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.45		.45
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.70		.70
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	7.42		7.42
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		50036	
20.01		99915	
PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000			

FULL EPISODES

	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	4,364	269	104	35
22 SKILLED NURSING VISIT CHARGES	621,223	38,362	14,881	5,017
23 PHYSICAL THERAPY VISITS	1,045	16	2	23
24 PHYSICAL THERAPY VISIT CHARGES	182,095	2,798	350	3,981
25 OCCUPATIONAL THERAPY VISITS	255	11	0	9
26 OCCUPATIONAL THERAPY VISIT CHARGES	40,168	1,743	0	1,432
27 SPEECH PATHOLOGY VISITS	2	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	389	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	440	60	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	93,209	12,693	213	0
31 HOME HEALTH AIDE VISITS	2,919	233	3	19
32 HOME HEALTH AIDE VISIT CHARGES	207,919	16,592	215	1,361
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	9,025	589	110	86
34 OTHER CHARGES	859	541	50	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,145,862	72,729	15,709	11,791
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	405	0	42	5
37 TOTAL NUMBER OF OUTLIER EPISODES	0	32	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	43,250	2,953	915	333

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (08/2006)

HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 STATISTICAL DATA I 15-0102 I FROM 1/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2007 I
 I 15-7101 I
 HOME HEALTH AGENCY STATISTICAL DATA COUNTY: STARKE

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	309	5,081
22 SKILLED NURSING VISIT CHARGES	0	43,891	723,374
23 PHYSICAL THERAPY VISITS	0	116	1,202
24 PHYSICAL THERAPY VISIT CHARGES	0	20,263	209,487
25 OCCUPATIONAL THERAPY VISITS	0	42	317
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	6,652	49,995
27 SPEECH PATHOLOGY VISITS	0	0	2
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	389
29 MEDICAL SOCIAL SERVICE VISITS	0	19	520
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	4,035	110,150
31 HOME HEALTH AIDE VISITS	0	217	3,391
32 HOME HEALTH AIDE VISIT CHARGES	0	15,470	241,557
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	703	10,513
34 OTHER CHARGES	0	24	1,474
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	90,335	1,336,426
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	23	475
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	32
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	2,680	50,131

2552-96 v1701.100

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

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

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
I 15-0102 I FROM 1/ 1/2007 I WORKSHEET S-7
I TO 12/31/2007 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
		RUGs	DAYS		
1	2	4.05	4.06		5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC			8	
11	RMB			4	
12	RMA				
12 .01	RMX			13	
12 .02	RML			49	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			26	
16	SE2			53	
17	SE1				
18	SSC				
19	SSB				
20	SSA			13	
21	CC2				
22	CC1				
23	CB2				
24	CB1			4	
25	CA2				
26	CA1			3	
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			173	

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

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

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

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	3,323			
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	3,323			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	940	4,263
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	940	4,263

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	66			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	79,752.00			
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	50.35			
9 UNDUPLICATED CENSUS COUNT	66			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	4	70
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	235.00	60.90
9 UNDUPLICATED CENSUS COUNT	4	70

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
I	15-0102	I	FROM	I	1/ 1/2007	WORKSHEET S-10
I		I	TO	I	12/31/2007	
I		I		I		

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	3,738,626
17.01	GROSS MEDICAID REVENUES	9,926,608
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	13,665,234
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.298012
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	9,926,608
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,958,248
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,738,626
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,114,155
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,958,248

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET A
 I I TO 12/31/2007 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,010,479	1,010,479	94,927	1,105,406
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				501,693	501,693
5	0500 EMPLOYEE BENEFITS	70,682	1,032,719	1,103,401	31,632	1,135,033
6	0600 ADMINISTRATIVE & GENERAL	1,296,541	2,596,294	3,892,835	-530,498	3,362,337
8	0800 OPERATION OF PLANT	151,507	593,938	745,445	-1,719	743,726
9	0900 LAUNDRY & LINEN SERVICE	28,763	90,647	119,410		119,410
10	1000 HOUSEKEEPING	132,280	34,200	166,480	-173	166,307
11	1100 DIETARY	127,438	90,553	217,991	-127,302	90,689
12	1200 CAFETERIA				127,302	127,302
14	1400 NURSING ADMINISTRATION	530,782	55,240	586,022	123,244	709,266
17	1700 MEDICAL RECORDS & LIBRARY	253,347	81,661	335,008	-1,914	333,094
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	919,943	264,540	1,184,483	-212,824	971,659
26	2600 INTENSIVE CARE UNIT	418,880	48,083	466,963	-6,373	460,590
31	3100 SUBPROVIDER	39,618	33,342	72,960	-854	72,106
33	3300 NURSERY				108,349	108,349
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	546,268	186,300	732,568	-8,506	724,062
38	3800 RECOVERY ROOM	42,952	4,033	46,985		46,985
39	3900 DELIVERY ROOM & LABOR ROOM				73,864	73,864
40	4000 ANESTHESIOLOGY		515,456	515,456	-9,177	506,279
41	4100 RADIOLOGY-DIAGNOSTIC	484,175	219,534	703,709	-801	702,908
41.01	3230 CAT SCAN	94,843	234,724	329,567	-90,101	239,466
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	63,316	46,778	110,094		110,094
44	4400 LABORATORY	321,455	723,529	1,044,984	-47,606	997,378
49	4900 RESPIRATORY THERAPY	219,340	100,134	319,474	-42,059	277,415
50	5000 PHYSICAL THERAPY	224,892	24,381	249,273	-696	248,577
51	5100 OCCUPATIONAL THERAPY	86,505	11,510	98,015		98,015
52	5200 SPEECH PATHOLOGY	31,859	6,248	38,107		38,107
53	5300 ELECTROCARDIOLOGY	167,412	26,428	193,840		193,840
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	77,531	418,390	495,921	35,316	531,237
56	5600 DRUGS CHARGED TO PATIENTS	63,202	713,974	777,176	36,032	813,208
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	524,122	474,784	998,906	-6,047	992,859
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	932,178	281,881	1,214,059		1,214,059
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	168,881	158,487	327,368	-42,382	284,986
95	9500 SUBTOTALS	8,018,712	10,078,267	18,096,979	3,327	18,100,306
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	538,529	202,498	741,027	-3,327	737,700
101	TOTAL	8,557,241	10,280,765	18,838,006	-0-	18,838,006

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET A
 I I TO 12/31/2007 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-173,816	931,590
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	316,361	818,054
5	0500 EMPLOYEE BENEFITS	-36,828	1,098,205
6	0600 ADMINISTRATIVE & GENERAL	-600,079	2,762,258
8	0800 OPERATION OF PLANT	-14,019	729,707
9	0900 LAUNDRY & LINEN SERVICE		119,410
10	1000 HOUSEKEEPING		166,307
11	1100 DIETARY		90,689
12	1200 CAFETERIA	-20,800	106,502
14	1400 NURSING ADMINISTRATION		709,266
17	1700 MEDICAL RECORDS & LIBRARY	-11,019	322,075
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		971,659
26	2600 INTENSIVE CARE UNIT		460,590
31	3100 SUBPROVIDER		72,106
33	3300 NURSERY		108,349
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		724,062
38	3800 RECOVERY ROOM		46,985
39	3900 DELIVERY ROOM & LABOR ROOM		73,864
40	4000 ANESTHESIOLOGY	-497,722	8,557
41	4100 RADIOLOGY-DIAGNOSTIC	-834	702,074
41.01	3230 CAT SCAN		239,466
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)		110,094
44	4400 LABORATORY		997,378
49	4900 RESPIRATORY THERAPY		277,415
50	5000 PHYSICAL THERAPY		248,577
51	5100 OCCUPATIONAL THERAPY		98,015
52	5200 SPEECH PATHOLOGY		38,107
53	5300 ELECTROCARDIOLOGY		193,840
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-5,374	525,863
56	5600 DRUGS CHARGED TO PATIENTS		813,208
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		992,859
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-9,439	1,204,620
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-100	284,886
95	SUBTOTALS	-1,053,669	17,046,637
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		737,700
101	TOTAL	-1,053,669	17,784,337

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 COST CENTERS USED IN COST REPORT I 15-0102 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2	3	4	5	
1 RENT / LEASE	A	NEW CAP REL COSTS-MVBLE EQUIP	4			501,693
2						
3						
4						
5						
6						
7						
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9						
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11						
12						
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18						
19						
20 DIRECTOR OF NURSING	B	NURSING ADMINISTRATION	14		100,800	24,511
21 CAFE	C	CAFETERIA	12		74,421	52,881
22 MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			35,551
23						
24						
25						
26						
27 PHARMACY	E	DRUGS CHARGED TO PATIENTS	56			36,059
28 CORPORATE PAID BENEFITS	F	ADMINISTRATIVE & GENERAL	6			72,338
29 OTHER CAPITAL	G	NEW CAP REL COSTS-BLDG & FIXT	3			69,840
30		NEW CAP REL COSTS-BLDG & FIXT	3			25,087
31 NURSERY & LABOR	H	NURSERY	33		67,651	40,698
32		DELIVERY ROOM & LABOR ROOM	39		46,119	27,745
33 OTHER BENEFITS	K	EMPLOYEE BENEFITS	5			103,970
36 TOTAL RECLASSIFICATIONS					288,991	990,373

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RENT / LEASE	A		6		278,628	10
2			8		1,719	
3			10		173	
4			14		2,067	
5			17		1,914	
6			25		30,611	
7			26		6,373	
8			31		831	
9			37		8,386	
10			40		523	
11			41		801	
12			41.01		90,101	
13			44		47,606	
14			49		21,628	
15			50		696	
16			55		235	
17			56		27	
18			61		6,047	
19			100		3,327	
20 DIRECTOR OF NURSING	B		6	100,800	24,511	
21 CAFE	C		11	74,421	52,881	
22 MEDICAL SUPPLIES	D		31		23	
23			37		120	
24			40		8,654	
25			49		20,431	
26			93		6,323	
27 PHARMACY	E		93		36,059	
28 CORPORATE PAID BENEFITS	F		5		72,338	
29 OTHER CAPITAL	G		6		94,927	13
30						12
31 NURSERY & LABOR	H		25	113,770	68,443	
32						
33 OTHER BENEFITS	K		6		103,970	
36 TOTAL RECLASSIFICATIONS				288,991	990,373	

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		1	2	3	4	RETIREMENTS	6	ASSETS
						5		7
1	LAND	142,789					142,789	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	4,856,018					4,856,018	
4	BUILDING IMPROVEMEN	170,596	1,151,124		1,151,124		1,321,720	
5	FIXED EQUIPMENT	577,690	1,327,059		1,327,059		1,904,749	
6	MOVABLE EQUIPMENT	2,423,755	496,713		496,713	66,400	2,854,068	
7	SUBTOTAL	8,170,848	2,974,896		2,974,896	66,400	11,079,344	
8	RECONCILING ITEMS							
9	TOTAL	8,170,848	2,974,896		2,974,896	66,400	11,079,344	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	8,225,276		8,225,276	.742397				
4	NEW CAP REL COSTS-MV	2,854,068		2,854,068	.257603				
5	TOTAL	11,079,344		11,079,344	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL		TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
		9	10	11	12	13	14	15	
3	NEW CAP REL COSTS-BL	640,013	196,650		25,087	69,840		931,590	
4	NEW CAP REL COSTS-MV	316,361	501,693					818,054	
5	TOTAL	956,374	698,343		25,087	69,840		1,749,644	

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL		TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
		9	10	11	12	13	14	15	
3	NEW CAP REL COSTS-BL	1,010,479						1,010,479	
4	NEW CAP REL COSTS-MV								
5	TOTAL	1,010,479						1,010,479	

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

ADJUSTMENTS TO EXPENSES I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET A-8
 I I TO 12/31/2007 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1				**COST CENTER DELETED**	1	
2				**COST CENTER DELETED**	2	
3				NEW CAP REL COSTS-BLDG &	3	
4				NEW CAP REL COSTS-MVBLE E	4	
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49.09						
49.11						
49.12						
49.13						
49.14						
49.16						
50						

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL INTEREST (CREDIT IN GL)		-368,264	368,264	
2	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEE	577,426	646,016	-68,590	
3	55	MEDICAL SUPPLIES CHARGED HPG	3,680	4,380	-700	
4	6	ADMINISTRATIVE & GENERAL IS FEES	67,894	73,644	-5,750	
4.01	5	EMPLOYEE BENEFITS ESOP	-29,732		-29,732	
4.02	6	ADMINISTRATIVE & GENERAL MALPRACTICE	67,486	236,454	-168,968	
5		TOTALS	686,754	592,230	94,524	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	LIFEPOINT HOSPITALS	100.00	HOSPITAL CHAIN
2	B	0.00	HCA	0.00	DATA PROCESSING
3	B	0.00	HPG	2.70	SUPPLIES
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	31 SUBPROVIDER	11,830		11,830	178,586	139	11,934	597
2	40 ANESTHESIOLOGY	497,722	497,722		187,103			
3	44 LABORATORY	24,996		24,996	178,586	295	25,328	1,266
4	61 EMERGENCY	355,820		355,820	178,856	8,760	753,259	37,663
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18								
19								
20								
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23								
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27								
28								
29								
30								
101	TOTAL	890,368	497,722	392,646		9,194	790,521	39,526

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)
 PROVIDER BASED PHYSICIAN ADJUSTMENTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	31 SUBPROVIDER					11,934		
2	40 ANESTHESIOLOGY							497,722
3	44 LABORATORY					25,328		
4	61 EMERGENCY					753,259		
5								
6								
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26								
27								
28								
29								
30								
101	TOTAL					790,521		497,722

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALA	RIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	9	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5			
GENERAL SERVICE COST CNTR					5a.00	6	8
003 NEW CAP REL COSTS-BLDG &	931,590	931,590					
004 NEW CAP REL COSTS-MVBLE E	818,054		818,054				
005 EMPLOYEE BENEFITS	1,098,205	5,241	4,623	1,108,069			
006 ADMINISTRATIVE & GENERAL	2,762,258	87,509	77,183	157,889	3,084,839	3,084,839	
008 OPERATION OF PLANT	729,707	101,778	89,768	20,005	941,258	197,532	1,138,790
009 LAUNDRY & LINEN SERVICE	119,410	6,599	5,820	3,798	135,627	28,463	10,196
010 HOUSEKEEPING	166,307	6,293	5,550	17,467	195,617	41,052	9,723
011 DIETARY	90,689	44,357	39,123	7,001	181,170	38,020	68,533
012 CAFETERIA	106,502			9,827	116,329	24,413	
014 NURSING ADMINISTRATION	709,266	1,396	1,232	83,396	795,290	166,900	2,157
017 MEDICAL RECORDS & LIBRARY	322,075	21,939	19,351	33,453	396,818	83,276	33,897
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	971,659	194,414	171,474	106,450	1,443,997	303,040	300,375
026 INTENSIVE CARE UNIT	460,590	27,238	24,024	55,310	567,162	119,025	42,083
031 SUBPROVIDER	72,106	8,282	7,305	5,231	92,924	19,501	12,796
033 NURSERY	108,349			8,933	117,282	24,613	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	724,062	118,610	104,614	72,131	1,019,417	213,935	183,257
038 RECOVERY ROOM	46,985	5,891	5,196	5,672	63,744	13,377	9,102
039 DELIVERY ROOM & LABOR ROO	73,864			6,090	79,954	16,779	
040 ANESTHESIOLOGY	8,557				8,557	1,796	
041 RADIOLOGY-DIAGNOSTIC	702,074	64,689	57,056	63,932	887,751	186,303	99,948
041 01 CAT SCAN	239,466	7,058	6,225		252,749	53,042	10,905
041 02 MAGNETIC RESONANCE IMAGIN	110,094	6,580	5,803	8,360	130,837	27,457	10,166
044 LABORATORY	997,378	37,031	32,661	42,446	1,109,516	232,843	57,214
049 RESPIRATORY THERAPY	277,415	34,583	30,502	28,962	371,462	77,955	53,432
050 PHYSICAL THERAPY	248,577	29,495	26,014	29,695	333,781	70,047	45,571
051 OCCUPATIONAL THERAPY	98,015	4,246	3,745	11,422	117,428	24,643	6,561
052 SPEECH PATHOLOGY	38,107	4,246	3,745	4,207	50,305	10,557	6,561
053 ELECTROCARDIOLOGY	193,840	22,475	19,823	22,106	258,244	54,195	34,725
055 MEDICAL SUPPLIES CHARGED	525,863	25,784	22,742	10,237	584,626	122,690	39,837
056 DRUGS CHARGED TO PATIENTS	813,208	10,195	8,992	8,345	840,740	176,438	15,752
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	992,859	51,568	45,483	69,207	1,159,117	243,252	79,675
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,204,620			123,088	1,327,708	278,633	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	284,886			22,300	307,186	64,466	
095 SUBTOTALS	17,046,637	927,497	818,054	1,036,960	16,971,435	2,914,243	1,132,466
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		4,093			4,093	859	6,324
100 OTHER NONREIMBURSABLE COS	737,700			71,109	808,809	169,737	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	17,784,337	931,590	818,054	1,108,069	17,784,337	3,084,839	1,138,790

COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET B
 I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	9	10	11	12	14	17	18	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	174,286							
010 HOUSEKEEPING		246,392						
011 DIETARY		15,178	302,901					
012 CAFETERIA				140,742				
014 NURSING ADMINISTRATION		478		11,595	976,420			
017 MEDICAL RECORDS & LIBRARY		7,507		9,253		530,751		
018 SOCIAL SERVICE								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	129,907	66,525	225,773	27,865	244,324	40,728		
031 INTENSIVE CARE UNIT	36,982	9,320	64,273	11,896	126,949	14,228		
033 SUBPROVIDER	3,106	2,834	5,398	864	12,007	778		
037 NURSERY	4,291		7,457	1,413	20,503	729		
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM		40,585		14,147	165,556	42,042		
039 RECOVERY ROOM		2,016		1,309	13,017	4,331		
040 DELIVERY ROOM & LABOR ROO				968	13,977	1,211		
041 ANESTHESIOLOGY						16,614		
041 RADIOLOGY-DIAGNOSTIC		22,135		10,470		49,974		
041 01 CAT SCAN		2,415		2,316		75,199		
041 02 MAGNETIC RESONANCE IMAGIN		2,251		1,322		27,280		
044 LABORATORY		12,671		9,724		72,082		
049 RESPIRATORY THERAPY		11,833		4,738	66,475	16,643		
050 PHYSICAL THERAPY		10,092		5,994	68,158	12,706		
051 OCCUPATIONAL THERAPY		1,453		1,623	26,217	3,614		
052 SPEECH PATHOLOGY		1,453		785	9,655	839		
053 ELECTROCARDIOLOGY		7,690		3,455	50,737	14,113		
055 MEDICAL SUPPLIES CHARGED		8,823		3,455		26,017		
056 DRUGS CHARGED TO PATIENTS		3,488		4,266		50,741		
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY		17,645		13,284	158,845	60,882		
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE								
095 SUBTOTALS	174,286	246,392	302,901	140,742	976,420	530,751		
096 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP								
101 OTHER NONREIMBURSABLE COS								
102 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	174,286	246,392	302,901	140,742	976,420	530,751		

COST ALLOCATION - GENERAL SERVICE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
GENERAL SERVICE COST CNTR			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	2,782,534		2,782,534
026 INTENSIVE CARE UNIT	991,918		991,918
031 SUBPROVIDER	150,208		150,208
033 NURSERY	176,288		176,288
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,678,939		1,678,939
038 RECOVERY ROOM	106,896		106,896
039 DELIVERY ROOM & LABOR ROO	112,889		112,889
040 ANESTHESIOLOGY	26,967		26,967
041 RADIOLOGY-DIAGNOSTIC	1,256,581		1,256,581
041 01 CAT SCAN	396,626		396,626
041 02 MAGNETIC RESONANCE IMAGIN	199,313		199,313
044 LABORATORY	1,494,050		1,494,050
049 RESPIRATORY THERAPY	602,538		602,538
050 PHYSICAL THERAPY	546,349		546,349
051 OCCUPATIONAL THERAPY	181,539		181,539
052 SPEECH PATHOLOGY	80,155		80,155
053 ELECTROCARDIOLOGY	423,159		423,159
055 MEDICAL SUPPLIES CHARGED	785,448		785,448
056 DRUGS CHARGED TO PATIENTS	1,091,425		1,091,425
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	1,732,700		1,732,700
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	1,606,341		1,606,341
SPEC PURPOSE COST CENTERS			
093 HOSPICE	371,652		371,652
095 SUBTOTALS	16,794,515		16,794,515
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	11,276		11,276
100 OTHER NONREIMBURSABLE COS	978,546		978,546
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	17,784,337		17,784,337

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	ADMINISTRATIV	OPERATION OF
	NEW CAPITAL REL COSTS 0	OSTS-BLDG & 3	OSTS-MVBLE E 4		FITS 5	E & GENERAL 6	PLANT 8
003 GENERAL SERVICE COST CNTR				4a			
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,241	4,623	9,864	9,864		
006 ADMINISTRATIVE & GENERAL		87,509	77,183	164,692	1,411	166,103	
008 OPERATION OF PLANT		101,778	89,768	191,546	178	10,636	202,360
009 LAUNDRY & LINEN SERVICE		6,599	5,820	12,419	34	1,533	1,812
010 HOUSEKEEPING		6,293	5,550	11,843	155	2,210	1,728
011 DIETARY		44,357	39,123	83,480	62	2,047	12,178
012 CAFETERIA					87	1,315	
014 NURSING ADMINISTRATION		1,396	1,232	2,628	742	8,987	383
017 MEDICAL RECORDS & LIBRARY		21,939	19,351	41,290	298	4,484	6,023
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		194,414	171,474	365,888	947	16,317	53,376
031 INTENSIVE CARE UNIT		27,238	24,024	51,262	492	6,409	7,478
033 SUBPROVIDER		8,282	7,305	15,587	47	1,050	2,274
033 NURSERY					79	1,325	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		118,610	104,614	223,224	642	11,519	32,564
039 RECOVERY ROOM		5,891	5,196	11,087	50	720	1,617
040 DELIVERY ROOM & LABOR ROO					54	903	
041 ANESTHESIOLOGY						97	
041 RADIOLOGY-DIAGNOSTIC		64,689	57,056	121,745	569	10,032	17,760
041 01 CAT SCAN		7,058	6,225	13,283		2,856	1,938
041 02 MAGNETIC RESONANCE IMAGIN		6,580	5,803	12,383	74	1,478	1,807
044 LABORATORY		37,031	32,661	69,692	378	12,538	10,167
049 RESPIRATORY THERAPY		34,583	30,502	65,085	258	4,198	9,495
050 PHYSICAL THERAPY		29,495	26,014	55,509	264	3,772	8,098
051 OCCUPATIONAL THERAPY		4,246	3,745	7,991	102	1,327	1,166
052 SPEECH PATHOLOGY		4,246	3,745	7,991	37	568	1,166
053 ELECTROCARDIOLOGY		22,475	19,823	42,298	197	2,918	6,170
055 MEDICAL SUPPLIES CHARGED		25,784	22,742	48,526	91	6,606	7,079
056 DRUGS CHARGED TO PATIENTS		10,195	8,992	19,187	74	9,500	2,799
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		51,568	45,483	97,051	616	13,098	14,158
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,095	15,003	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					198	3,471	
095 SUBTOTALS		927,497	818,054	1,745,551	9,231	156,917	201,236
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		4,093		4,093		46	1,124
101 OTHER NONREIMBURSABLE COS					633	9,140	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		931,590	818,054	1,749,644	9,864	166,103	202,360

ALLOCATION OF NEW CAPITAL RELATED COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	9	10	11	12	14	17	18
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	15,798						
010 HOUSEKEEPING		15,936					
011 DIETARY		982	98,749				
012 CAFETERIA				1,402			
014 NURSING ADMINISTRATION		31			116	12,887	
017 MEDICAL RECORDS & LIBRARY		486			92		52,673
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,775	4,301	73,604	277	3,225		4,040
026 INTENSIVE CARE UNIT	3,352	603	20,954	119	1,676		1,411
031 SUBPROVIDER	282	183	1,760	9	158		77
033 NURSERY	389		2,431	14	271		72
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,625		141	2,185		4,171
038 RECOVERY ROOM		130		13	172		430
039 DELIVERY ROOM & LABOR ROO				10	184		120
040 ANESTHESIOLOGY							1,648
041 RADIOLOGY-DIAGNOSTIC		1,432		104			4,958
041 01 CAT SCAN		156		23			7,481
041 02 MAGNETIC RESONANCE IMAGIN		146		13			2,706
044 LABORATORY		820		97			7,151
049 RESPIRATORY THERAPY		765		47	877		1,651
050 PHYSICAL THERAPY		653		60	900		1,260
051 OCCUPATIONAL THERAPY		94		16	346		359
052 SPEECH PATHOLOGY		94		8	127		83
053 ELECTROCARDIOLOGY		497		34	670		1,400
055 MEDICAL SUPPLIES CHARGED		571		34			2,581
056 DRUGS CHARGED TO PATIENTS		226		43			5,034
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		1,141		132	2,096		6,040
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	15,798	15,936	98,749	1,402	12,887		52,673
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,798	15,936	98,749	1,402	12,887		52,673

ALLOCATION OF NEW CAPITAL RELATED COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
017 NURSING ADMINISTRATION			
018 MEDICAL RECORDS & LIBRARY			
025 SOCIAL SERVICE			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	533,750		533,750
026 INTENSIVE CARE UNIT	93,756		93,756
031 SUBPROVIDER	21,427		21,427
033 NURSERY	4,581		4,581
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	277,071		277,071
038 RECOVERY ROOM	14,219		14,219
039 DELIVERY ROOM & LABOR ROO	1,271		1,271
040 ANESTHESIOLOGY	1,745		1,745
041 RADIOLOGY-DIAGNOSTIC	156,600		156,600
041 01 CAT SCAN	25,737		25,737
041 02 MAGNETIC RESONANCE IMAGIN	18,607		18,607
044 LABORATORY	100,843		100,843
049 RESPIRATORY THERAPY	82,376		82,376
050 PHYSICAL THERAPY	70,516		70,516
051 OCCUPATIONAL THERAPY	11,401		11,401
052 SPEECH PATHOLOGY	10,074		10,074
053 ELECTROCARDIOLOGY	54,184		54,184
055 MEDICAL SUPPLIES CHARGED	65,488		65,488
056 DRUGS CHARGED TO PATIENTS	36,863		36,863
061 OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	134,332		134,332
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	16,098		16,098
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	3,669		3,669
095 SUBTOTALS	1,734,608		1,734,608
096 NONREIMBURS COST CENTERS			
100 GIFT, FLOWER, COFFEE SHOP	5,263		5,263
101 OTHER NONREIMBURSABLE COS	9,773		9,773
102 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,749,644		1,749,644

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIV	OPERATION OF
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	PLANT
	(SQUARE FEET	(SQUARE FEET	(GROSS SALA RIES		(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	8
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	48,704					
004 NEW CAP REL COSTS-MVB		48,490				
005 EMPLOYEE BENEFITS	274	274	8,391,715			
006 ADMINISTRATIVE & GENE	4,575	4,575	1,195,741	-3,084,839	14,699,498	
008 OPERATION OF PLANT	5,321	5,321	151,507		941,258	38,534
009 LAUNDRY & LINEN SERVI	345	345	28,763		135,627	345
010 HOUSEKEEPING	329	329	132,280		195,617	329
011 DIETARY	2,319	2,319	53,017		181,170	2,319
012 CAFETERIA			74,421		116,329	
014 NURSING ADMINISTRATIO	73	73	631,582		795,290	73
017 MEDICAL RECORDS & LIB	1,147	1,147	253,347		396,818	1,147
018 SOCIAL SERVICE						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	10,164	10,164	806,173		1,443,997	10,164
026 INTENSIVE CARE UNIT	1,424	1,424	418,880		567,162	1,424
031 SUBPROVIDER	433	433	39,618		92,924	433
033 NURSERY			67,650		117,282	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,201	6,201	546,268		1,019,417	6,201
038 RECOVERY ROOM	308	308	42,952		63,744	308
039 DELIVERY ROOM & LABOR			46,119		79,954	
040 ANESTHESIOLOGY					8,557	
041 RADIOLOGY-DIAGNOSTIC	3,382	3,382	484,175		887,751	3,382
041 01 CAT SCAN	369	369			252,749	369
041 02 MAGNETIC RESONANCE IM	344	344	63,316		130,837	344
044 LABORATORY	1,936	1,936	321,455		1,109,516	1,936
049 RESPIRATORY THERAPY	1,808	1,808	219,340		371,462	1,808
050 PHYSICAL THERAPY	1,542	1,542	224,892		333,781	1,542
051 OCCUPATIONAL THERAPY	222	222	86,505		117,428	222
052 SPEECH PATHOLOGY	222	222	31,859		50,305	222
053 ELECTROCARDIOLOGY	1,175	1,175	167,412		258,244	1,175
055 MEDICAL SUPPLIES CHAR	1,348	1,348	77,531		584,626	1,348
056 DRUGS CHARGED TO PATI	533	533	63,202		840,740	533
OUTPAT SERVICE COST C						
061 EMERGENCY	2,696	2,696	524,122		1,159,117	2,696
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY			932,178		1,327,708	
SPEC PURPOSE COST CEN						
093 HOSPICE			168,881		307,186	
095 SUBTOTALS	48,490	48,490	7,853,186	-3,084,839	13,886,596	38,320
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	214				4,093	214
100 OTHER NONREIMBURSABLE			538,529		808,809	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	931,590	818,054	1,108,069		3,084,839	1,138,790
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	19.127587		.132043		.209860	
(WRKSHT B, PT I)		16.870571				29.552862
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			9,864		166,103	202,360
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001175		.011300	
(WRKSHT B, PT III)						5.251466

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(FTE'S)	(NURSING SALARIES)	(GROSS CHARGES)	(PATIENT DAYS)
	9	10	11	12	14	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	4,265						
010 HOUSEKEEPING		37,646					
011 DIETARY		2,319	4,265				
012 CAFETERIA				10,754			
014 NURSING ADMINISTRATIO		73		886	3,221,790		
017 MEDICAL RECORDS & LIB		1,147		707		49,717,822	
018 SOCIAL SERVICE							4,265
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	3,179	10,164	3,179	2,129	806,173	3,815,299	3,179
026 INTENSIVE CARE UNIT	905	1,424	905	909	418,880	1,332,822	905
031 SUBPROVIDER	76	433	76	66	39,618	72,853	76
033 NURSERY	105		105	108	67,650	68,324	105
ANCILLARY SRVC COST C							
037 OPERATING ROOM		6,201		1,081	546,268	3,938,384	
038 RECOVERY ROOM		308		100	42,952	405,739	
039 DELIVERY ROOM & LABOR				74	46,119	113,409	
040 ANESTHESIOLOGY						1,556,374	
041 RADIOLOGY-DIAGNOSTIC		3,382		800		4,681,409	
041 01 CAT SCAN		369		177		7,042,953	
041 02 MAGNETIC RESONANCE IM		344		101		2,555,539	
044 LABORATORY		1,936		743		6,752,397	
049 RESPIRATORY THERAPY		1,808		362	219,340	1,559,070	
050 PHYSICAL THERAPY		1,542		458	224,892	1,190,235	
051 OCCUPATIONAL THERAPY		222		124	86,505	338,556	
052 SPEECH PATHOLOGY		222		60	31,859	78,638	
053 ELECTROCARDIOLOGY		1,175		264	167,412	1,322,071	
055 MEDICAL SUPPLIES CHAR		1,348		264		2,437,229	
056 DRUGS CHARGED TO PATI		533		326		4,753,268	
OUTPAT SERVICE COST C							
061 EMERGENCY		2,696		1,015	524,122	5,703,253	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
093 HOSPICE							
095 SUBTOTALS	4,265	37,646	4,265	10,754	3,221,790	49,717,822	4,265
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	174,286	246,392	302,901	140,742	976,420	530,751	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		6.544972		13.087409		.010675	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	40.864244		71.020164		.303068		
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	15,798	15,936	98,749	1,402	12,887	52,673	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.423312		.130370		.001059	
(WRKSHT B, PT III)							
	3.704103		23.153341		.004000		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,782,534		2,782,534		2,782,534
26	INTENSIVE CARE UNIT	991,918		991,918		991,918
31	SUBPROVIDER	150,208		150,208		150,208
33	NURSERY	176,288		176,288		176,288
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,678,939		1,678,939		1,678,939
38	RECOVERY ROOM	106,896		106,896		106,896
39	DELIVERY ROOM & LABOR ROO	112,889		112,889		112,889
40	ANESTHESIOLOGY	26,967		26,967		26,967
41	RADIOLOGY-DIAGNOSTIC	1,256,581		1,256,581		1,256,581
41 01	CAT SCAN	396,626		396,626		396,626
41 02	MAGNETIC RESONANCE IMAGIN	199,313		199,313		199,313
44	LABORATORY	1,494,050		1,494,050		1,494,050
49	RESPIRATORY THERAPY	602,538		602,538		602,538
50	PHYSICAL THERAPY	546,349		546,349		546,349
51	OCCUPATIONAL THERAPY	181,539		181,539		181,539
52	SPEECH PATHOLOGY	80,155		80,155		80,155
53	ELECTROCARDIOLOGY	423,159		423,159		423,159
55	MEDICAL SUPPLIES CHARGED	785,448		785,448		785,448
56	DRUGS CHARGED TO PATIENTS	1,091,425		1,091,425		1,091,425
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,732,700		1,732,700		1,732,700
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	454,720		454,720		454,720
101	SUBTOTAL	15,271,242		15,271,242		15,271,242
102	LESS OBSERVATION BEDS	454,720		454,720		454,720
103	TOTAL	14,816,522		14,816,522		14,816,522

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,240,964		3,240,964			
26	INTENSIVE CARE UNIT	1,332,822		1,332,822			
31	SUBPROVIDER	72,853		72,853			
33	NURSERY	68,324		68,324			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	882,273	3,036,566	3,918,839	.428428	.428428	.428428
38	RECOVERY ROOM	98,910	306,829	405,739	.263460	.263460	.263460
39	DELIVERY ROOM & LABOR ROO	89,863	23,547	113,410	.995406	.995406	.995406
40	ANESTHESIOLOGY	422,321	1,134,053	1,556,374	.017327	.017327	.017327
41	RADIOLOGY-DIAGNOSTIC	591,585	4,089,824	4,681,409	.268419	.268419	.268419
41 01	CAT SCAN	1,377,536	5,665,418	7,042,954	.056315	.056315	.056315
41 02	MAGNETIC RESONANCE IMAGIN	213,380	2,342,159	2,555,539	.077993	.077993	.077993
44	LABORATORY	1,855,594	4,916,348	6,771,942	.220624	.220624	.220624
49	RESPIRATORY THERAPY	1,193,506	365,564	1,559,070	.386473	.386473	.386473
50	PHYSICAL THERAPY	133,015	1,057,220	1,190,235	.459026	.459026	.459026
51	OCCUPATIONAL THERAPY	72,390	266,166	338,556	.536216	.536216	.536216
52	SPEECH PATHOLOGY	25,191	53,447	78,638	1.019291	1.019291	1.019291
53	ELECTROCARDIOLOGY	340,387	981,685	1,322,072	.320073	.320073	.320073
55	MEDICAL SUPPLIES CHARGED	1,021,718	1,415,511	2,437,229	.322271	.322271	.322271
56	DRUGS CHARGED TO PATIENTS	2,852,296	1,900,972	4,753,268	.229616	.229616	.229616
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	980,825	4,722,428	5,703,253	.303809	.303809	.303809
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	177,635	396,700	574,335	.791733	.791733	.791733
101	SUBTOTAL	17,043,388	32,674,437	49,717,825			
102	LESS OBSERVATION BEDS						
103	TOTAL	17,043,388	32,674,437	49,717,825			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				533,750		533,750
26	ADULTS & PEDIATRICS				93,756		93,756
31	INTENSIVE CARE UNIT				21,427		21,427
33	SUBPROVIDER				4,581		4,581
101	NURSERY				653,514		653,514
	TOTAL						

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 TITLE XVIII, PART A 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	3,592	1,958			148.59	290,939
26	INTENSIVE CARE UNIT	905	413			103.60	42,787
31	SUBPROVIDER	76	75			281.93	21,145
33	NURSERY	105				43.63	
101	TOTAL	4,678	2,446				354,871

2552-96 v1701.100

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		277,071	3,918,839	441,084		
38	RECOVERY ROOM		14,219	405,739	45,089		
39	DELIVERY ROOM & LABOR ROO		1,271	113,410			
40	ANESTHESIOLOGY		1,745	1,556,374	177,541		
41	RADIOLOGY-DIAGNOSTIC		156,600	4,681,409	347,545		
41 01	CAT SCAN		25,737	7,042,954	737,666		
41 02	MAGNETIC RESONANCE IMAGIN		18,607	2,555,539	140,098		
44	LABORATORY		100,843	6,771,942	1,129,921		
49	RESPIRATORY THERAPY		82,376	1,559,070	735,886		
50	PHYSICAL THERAPY		70,516	1,190,235	59,641		
51	OCCUPATIONAL THERAPY		11,401	338,556	26,858		
52	SPEECH PATHOLOGY		10,074	78,638	12,068		
53	ELECTROCARDIOLOGY		54,184	1,322,072	219,829		
55	MEDICAL SUPPLIES CHARGED		65,488	2,437,229	567,136		
56	DRUGS CHARGED TO PATIENTS		36,863	4,753,268	1,640,504		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		134,332	5,703,253	570,993		
62	OBSERVATION BEDS (NON-DIS		87,225	574,335	33,204		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,148,552	45,002,862	6,885,063		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0102 I I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.070702	31,186
38	RECOVERY ROOM	.035045	1,580
39	DELIVERY ROOM & LABOR ROO	.011207	
40	ANESTHESIOLOGY	.001121	199
41	RADIOLOGY-DIAGNOSTIC	.033451	11,626
41 01	CAT SCAN	.003654	2,695
41 02	MAGNETIC RESONANCE IMAGIN	.007281	1,020
44	LABORATORY	.014891	16,826
49	RESPIRATORY THERAPY	.052837	38,882
50	PHYSICAL THERAPY	.059245	3,533
51	OCCUPATIONAL THERAPY	.033675	904
52	SPEECH PATHOLOGY	.128106	1,546
53	ELECTROCARDIOLOGY	.040984	9,009
55	MEDICAL SUPPLIES CHARGED	.026870	15,239
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.007755	12,722
61	EMERGENCY	.023554	13,449
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.151871	5,043
101	TOTAL		165,459

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)
 APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 SERVICE OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 TITLE XVIII, PART A I I TO 12/31/2007 I PART III
 PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					3,592	
26	INTENSIVE CARE UNIT					905	
31	SUBPROVIDER					76	
33	NURSERY					105	
101	TOTAL					4,678	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
I I TO 12/31/2007 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	1,958	
26	INTENSIVE CARE UNIT	413	
31	SUBPROVIDER	75	
33	NURSERY		
101	TOTAL	2,446	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-0102 I I

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	MAGNETIC RESONANCE IMAGIN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

2552-96 v1701.100

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			3,918,839			441,084	
38	RECOVERY ROOM			405,739			45,089	
39	DELIVERY ROOM & LABOR ROO			113,410				
40	ANESTHESIOLOGY			1,556,374			177,541	
41	RADIOLOGY-DIAGNOSTIC			4,681,409			347,545	
41 01	CAT SCAN			7,042,954			737,666	
41 02	MAGNETIC RESONANCE IMAGIN			2,555,539			140,098	
44	LABORATORY			6,771,942			1,129,921	
49	RESPIRATORY THERAPY			1,559,070			735,886	
50	PHYSICAL THERAPY			1,190,235			59,641	
51	OCCUPATIONAL THERAPY			338,556			26,858	
52	SPEECH PATHOLOGY			78,638			12,068	
53	ELECTROCARDIOLOGY			1,322,072			219,829	
55	MEDICAL SUPPLIES CHARGED			2,437,229			567,136	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			4,753,268			1,640,504	
61	EMERGENCY			5,703,253			570,993	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			574,335			33,204	
101	TOTAL			45,002,862			6,885,063	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,256,992					
38	RECOVERY ROOM	113,809					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	421,122					
41	RADIOLOGY-DIAGNOSTIC	1,280,825					
41 01	CAT SCAN	1,819,469					
41 02	MAGNETIC RESONANCE IMAGIN	695,125					
44	LABORATORY	143,001					
49	RESPIRATORY THERAPY	143,508					
50	PHYSICAL THERAPY	1,935					
51	OCCUPATIONAL THERAPY	43					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	410,724					
55	MEDICAL SUPPLIES CHARGED	539,501					
56	DRUGS CHARGED TO PATIENTS	982,523					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,082,987					
62	OBSERVATION BEDS (NON-DIS	248,888					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	9,140,452					

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	.428428	.428428			
38 RECOVERY ROOM	.263460	.263460			
39 DELIVERY ROOM & LABOR ROOM	.995406	.995406			
40 ANESTHESIOLOGY	.017327	.017327			
41 RADIOLOGY-DIAGNOSTIC	.268419	.268419			
41 01 CAT SCAN	.056315	.056315			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.077993	.077993			
44 LABORATORY	.220624	.220624			
49 RESPIRATORY THERAPY	.386473	.386473			
50 PHYSICAL THERAPY	.459026	.459026			
51 OCCUPATIONAL THERAPY	.536216	.536216			
52 SPEECH PATHOLOGY	1.019291	1.019291			
53 ELECTROCARDIOLOGY	.320073	.320073			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.322271	.322271			
56 DRUGS CHARGED TO PATIENTS	.229616	.229616			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.303809	.303809			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.791733	.791733			
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)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services 01/01/07 upto 00/00/00	Non-PPS Services	PPS Services 00/00/00 thru 12/31/07	PPS Services 1/1/07 to 12/31/07
	5	5.01	5.02	5.03	5.04
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,256,992			
38 RECOVERY ROOM		113,809			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		421,122			
41 RADIOLOGY-DIAGNOSTIC		1,280,825			
41 01 CAT SCAN		1,819,469			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		695,125			
44 LABORATORY		143,001			
49 RESPIRATORY THERAPY		143,508			
50 PHYSICAL THERAPY		1,935			
51 OCCUPATIONAL THERAPY		43			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		410,724			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		539,501			
56 DRUGS CHARGED TO PATIENTS		982,523			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,082,987			
62 OBSERVATION BEDS (NON-DISTINCT PART)		248,888			
101 SUBTOTAL		9,140,452			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		9,140,452			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services 01/01/07 upto 00/00/00
	6	7	8	9	9.01
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					538,531
38 RECOVERY ROOM					29,984
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					7,297
41 RADIOLOGY-DIAGNOSTIC					343,798
41 01 CAT SCAN					102,463
41 02 MAGNETIC RESONANCE IMAGING (MRI)					54,215
44 LABORATORY					31,549
49 RESPIRATORY THERAPY					55,462
50 PHYSICAL THERAPY					888
51 OCCUPATIONAL THERAPY					23
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					131,462
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					173,866
56 DRUGS CHARGED TO PATIENTS					225,603
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					329,021
62 OBSERVATION BEDS (NON-DISTINCT PART)					197,053
101 SUBTOTAL					2,221,215
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					2,221,215

(A) WORKSHEET A LINE NUMBERS

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0102 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Non-PPS Services	PPS Services 00/00/00 thru 12/31/07	PPS Services 1/1/07 to 12/31/07	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.02	9.03	9.04	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 CAT SCAN					
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
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					
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)

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		277,071	3,918,839			
38	RECOVERY ROOM		14,219	405,739			
39	DELIVERY ROOM & LABOR ROO		1,271	113,410			
40	ANESTHESIOLOGY		1,745	1,556,374			
41	RADIOLOGY-DIAGNOSTIC		156,600	4,681,409	2,170		
41 01	CAT SCAN		25,737	7,042,954			
41 02	MAGNETIC RESONANCE IMAGIN		18,607	2,555,539			
44	LABORATORY		100,843	6,771,942	5,909		
49	RESPIRATORY THERAPY		82,376	1,559,070	16,249		
50	PHYSICAL THERAPY		70,516	1,190,235	34,085		
51	OCCUPATIONAL THERAPY		11,401	338,556	24,989		
52	SPEECH PATHOLOGY		10,074	78,638	9,664		
53	ELECTROCARDIOLOGY		54,184	1,322,072			
55	MEDICAL SUPPLIES CHARGED		65,488	2,437,229	4,656		
56	DRUGS CHARGED TO PATIENTS		36,863	4,753,268	13,913		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		134,332	5,703,253	3,206		
62	OBSERVATION BEDS (NON-DIS		87,225	574,335			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,148,552	45,002,862	114,841		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T102 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.070702	
38	RECOVERY ROOM	.035045	
39	DELIVERY ROOM & LABOR ROO	.011207	
40	ANESTHESIOLOGY	.001121	
41	RADIOLOGY-DIAGNOSTIC	.033451	73
41 01	CAT SCAN	.003654	
41 02	MAGNETIC RESONANCE IMAGIN	.007281	
44	LABORATORY	.014891	88
49	RESPIRATORY THERAPY	.052837	859
50	PHYSICAL THERAPY	.059245	2,019
51	OCCUPATIONAL THERAPY	.033675	842
52	SPEECH PATHOLOGY	.128106	1,238
53	ELECTROCARDIOLOGY	.040984	
55	MEDICAL SUPPLIES CHARGED	.026870	125
56	DRUGS CHARGED TO PATIENTS	.007755	108
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.023554	76
62	OBSERVATION BEDS (NON-DIS	.151871	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		5,428

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-T102 I I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

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

2552-96 v1701.100

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			3,918,839				
38	RECOVERY ROOM			405,739				
39	DELIVERY ROOM & LABOR ROO			113,410				
40	ANESTHESIOLOGY			1,556,374				
41	RADIOLOGY-DIAGNOSTIC			4,681,409			2,170	
41 01	CAT SCAN			7,042,954				
41 02	MAGNETIC RESONANCE IMAGIN			2,555,539				
44	LABORATORY			6,771,942			5,909	
49	RESPIRATORY THERAPY			1,559,070			16,249	
50	PHYSICAL THERAPY			1,190,235			34,085	
51	OCCUPATIONAL THERAPY			338,556			24,989	
52	SPEECH PATHOLOGY			78,638			9,664	
53	ELECTROCARDIOLOGY			1,322,072				
55	MEDICAL SUPPLIES CHARGED			2,437,229			4,656	
56	DRUGS CHARGED TO PATIENTS			4,753,268			13,913	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			5,703,253			3,206	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			574,335				
101	TOTAL			45,002,862			114,841	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-T102 I I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	MAGNETIC RESONANCE IMAGIN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 TITLE XIX PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				533,750		533,750
26	ADULTS & PEDIATRICS				93,756		93,756
31	INTENSIVE CARE UNIT				21,427		21,427
33	SUBPROVIDER				4,581		4,581
101	NURSERY				653,514		653,514
	TOTAL						

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)
 APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 TITLE XIX 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	3,592	386			148.59	57,356
26	INTENSIVE CARE UNIT	905	101			103.60	10,464
31	SUBPROVIDER	76				281.93	
33	NURSERY	105	11			43.63	480
101	TOTAL	4,678	498				68,300

2552-96 v1701.100

TITLE XIX HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		277,071	3,918,839	129,523		
38	RECOVERY ROOM		14,219	405,739			
39	DELIVERY ROOM & LABOR ROO		1,271	113,410	4,638		
40	ANESTHESIOLOGY		1,745	1,556,374			
41	RADIOLOGY-DIAGNOSTIC		156,600	4,681,409	194,310		
41 01	CAT SCAN		25,737	7,042,954	34,063		
41 02	MAGNETIC RESONANCE IMAGIN		18,607	2,555,539			
44	LABORATORY		100,843	6,771,942	223,483		
49	RESPIRATORY THERAPY		82,376	1,559,070	210,892		
50	PHYSICAL THERAPY		70,516	1,190,235	13,294		
51	OCCUPATIONAL THERAPY		11,401	338,556	3,897		
52	SPEECH PATHOLOGY		10,074	78,638			
53	ELECTROCARDIOLOGY		54,184	1,322,072	36,220		
55	MEDICAL SUPPLIES CHARGED		65,488	2,437,229	110,251		
56	DRUGS CHARGED TO PATIENTS		36,863	4,753,268	389,295		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		134,332	5,703,253	128,795		
62	OBSERVATION BEDS (NON-DIS		87,225	574,335	5,229		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,148,552	45,002,862	1,483,890		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0102 I I

TITLE XIX HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.070702	9,158
38	RECOVERY ROOM	.035045	
39	DELIVERY ROOM & LABOR ROO	.011207	52
40	ANESTHESIOLOGY	.001121	
41	RADIOLOGY-DIAGNOSTIC	.033451	6,500
41 01	CAT SCAN	.003654	124
41 02	MAGNETIC RESONANCE IMAGIN	.007281	
44	LABORATORY	.014891	3,328
49	RESPIRATORY THERAPY	.052837	11,143
50	PHYSICAL THERAPY	.059245	788
51	OCCUPATIONAL THERAPY	.033675	131
52	SPEECH PATHOLOGY	.128106	
53	ELECTROCARDIOLOGY	.040984	1,484
55	MEDICAL SUPPLIES CHARGED	.026870	2,962
56	DRUGS CHARGED TO PATIENTS	.007755	3,019
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.023554	3,034
62	OBSERVATION BEDS (NON-DIS	.151871	794
	OTHER REIMBURS COST CNTRS		
101	TOTAL		42,517

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)
 APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 SERVICE OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 TITLE XIX I I TO 12/31/2007 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					3,592	
26	INTENSIVE CARE UNIT					905	
31	SUBPROVIDER					76	
33	NURSERY					105	
101	TOTAL					4,678	

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
I I TO 12/31/2007 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		386
26	INTENSIVE CARE UNIT		101
31	SUBPROVIDER		
33	NURSERY		11
101	TOTAL		498

2552-96 v1701.100

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 OTHER PASS THROUGH COSTS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-0102 I I

TITLE XIX HOSPITAL PPS

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

2552-96 v1701.100

TITLE XIX 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			3,918,839			129,523	
38	RECOVERY ROOM			405,739				
39	DELIVERY ROOM & LABOR ROO			113,410			4,638	
40	ANESTHESIOLOGY			1,556,374				
41	RADIOLOGY-DIAGNOSTIC			4,681,409			194,310	
41 01	CAT SCAN			7,042,954			34,063	
41 02	MAGNETIC RESONANCE IMAGIN			2,555,539				
44	LABORATORY			6,771,942			223,483	
49	RESPIRATORY THERAPY			1,559,070			210,892	
50	PHYSICAL THERAPY			1,190,235			13,294	
51	OCCUPATIONAL THERAPY			338,556			3,897	
52	SPEECH PATHOLOGY			78,638				
53	ELECTROCARDIOLOGY			1,322,072			36,220	
55	MEDICAL SUPPLIES CHARGED			2,437,229			110,251	
56	DRUGS CHARGED TO PATIENTS			4,753,268			389,295	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			5,703,253			128,795	
62	OBSERVATION BEDS (NON-DIS			574,335			5,229	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			45,002,862			1,483,890	

TITLE XIX		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,219,068					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	10,099					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,909,505					
41 01	CAT SCAN	762,652					
41 02	MAGNETIC RESONANCE IMAGIN						
44	LABORATORY	651,091					
49	RESPIRATORY THERAPY	121,964					
50	PHYSICAL THERAPY	160,224					
51	OCCUPATIONAL THERAPY	44,502					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	227,113					
55	MEDICAL SUPPLIES CHARGED	380,648					
56	DRUGS CHARGED TO PATIENTS	402,529					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,046,569					
62	OBSERVATION BEDS (NON-DIS	123,898					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	7,059,862					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.400609				1,219,068
38 RECOVERY ROOM	.246708				
39 DELIVERY ROOM & LABOR ROOM	.937201				10,099
40 ANESTHESIOLOGY	.016274				
41 RADIOLOGY-DIAGNOSTIC	.251446				1,909,505
41 01 CAT SCAN	.052895				762,652
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.073163				
44 LABORATORY	.207202				651,091
49 RESPIRATORY THERAPY	.361838				121,964
50 PHYSICAL THERAPY	.429914				160,224
51 OCCUPATIONAL THERAPY	.503701				44,502
52 SPEECH PATHOLOGY	.954793				
53 ELECTROCARDIOLOGY	.299787				227,113
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.302450				380,648
56 DRUGS CHARGED TO PATIENTS	.215972				402,529
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.285199				1,046,569
62 OBSERVATION BEDS (NON-DISTINCT PART)	.739433				123,898
101 SUBTOTAL					7,059,862
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					7,059,862

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services 01/01/07 upto 00/00/00	Non-PPS Services	PPS Services 00/00/00 thru 12/31/07	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 CAT SCAN					
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
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					
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)

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 01/01/07 upto 00/00/00	Non-PPS Services	PPS Services 00/00/00 thru 12/31/07
(A) ANCELLARY SRVC COST CNTRS	8	9	9.01	9.02	9.03
37 OPERATING ROOM		488,370			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM		9,465			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		480,137			
41 01 CAT SCAN		40,340			
41 02 MAGNETIC RESONANCE IMAGING (MRI)					
44 LABORATORY		134,907			
49 RESPIRATORY THERAPY		44,131			
50 PHYSICAL THERAPY		68,883			
51 OCCUPATIONAL THERAPY		22,416			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		68,086			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		115,127			
56 DRUGS CHARGED TO PATIENTS		86,935			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		298,480			
62 OBSERVATION BEDS (NON-DISTINCT PART)		91,614			
101 SUBTOTAL		1,948,891			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,948,891			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 774.65
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,516,765
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,516,765

	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	991,918	905	1,096.04	413	452,665
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,767,033
 49 TOTAL PROGRAM INPATIENT COSTS 3,736,463

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 333,726
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 165,459
 52 TOTAL PROGRAM EXCLUDABLE COST 499,185
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,237,278

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)
 PROGRAM INPATIENT ROUTINE SWING BED COST
 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	587
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.65
85	OBSERVATION BED COST	454,720

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,782,534		454,720	
87	NEW CAPITAL-RELATED COST	533,750	.191822	454,720	87,225
88	NON PHYSICIAN ANESTHETIST	2,782,534		454,720	
89	MEDICAL EDUCATION	2,782,534		454,720	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,976.42
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					148,232
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					148,232

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

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					52,731
49	TOTAL PROGRAM INPATIENT COSTS					200,963

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					21,145
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					5,428
52	TOTAL PROGRAM EXCLUDABLE COST					26,573
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					174,390

TARGET AMOUNT AND LIMIT COMPUTATION

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

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,976.42
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	150,208			
87	NEW CAPITAL-RELATED COST	21,427	.142649		
88	NON PHYSICIAN ANESTHETIST	150,208			
89	MEDICAL EDUCATION	150,208			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,766
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,592
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,592
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)	174
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)	386
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)	105
16	NURSERY DAYS (TITLE V OR XIX ONLY)	11

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,782,534
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 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	2,782,534
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,150,573
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,150,573
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.883183
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	877.11
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,782,534

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					774.65
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					299,015
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					299,015
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	176,288	105	1,678.93	11	18,468
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	991,918	905	1,096.04	101	110,700
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					432,965
49	TOTAL PROGRAM INPATIENT COSTS					861,148

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					68,300
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					42,517
52	TOTAL PROGRAM EXCLUDABLE COST					110,817
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					750,331

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 PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	587
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.65
85	OBSERVATION BED COST	454,720

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,782,534		454,720	
87	NEW CAPITAL-RELATED COST	533,750	.191822	454,720	87,225
88	NON PHYSICIAN ANESTHETIST	2,782,534		454,720	
89	MEDICAL EDUCATION	2,782,534		454,720	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0102 I I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		2,036,407	
26	INTENSIVE CARE UNIT		682,167	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.428428	441,084	188,973
38	RECOVERY ROOM	.263460	45,089	11,879
39	DELIVERY ROOM & LABOR ROOM	.995406		
40	ANESTHESIOLOGY	.017327	177,541	3,076
41	RADIOLOGY-DIAGNOSTIC	.268419	347,545	93,288
41 01	CAT SCAN	.056315	737,666	41,542
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.077993	140,098	10,927
44	LABORATORY	.220624	1,129,921	249,288
49	RESPIRATORY THERAPY	.386473	735,886	284,400
50	PHYSICAL THERAPY	.459026	59,641	27,377
51	OCCUPATIONAL THERAPY	.536216	26,858	14,402
52	SPEECH PATHOLOGY	1.019291	12,068	12,301
53	ELECTROCARDIOLOGY	.320073	219,829	70,361
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.322271	567,136	182,771
56	DRUGS CHARGED TO PATIENTS	.229616	1,640,504	376,686
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.303809	570,993	173,473
62	OBSERVATION BEDS (NON-DISTINCT PART)	.791733	33,204	26,289
	OTHER REIMBURS COST CNTRS			
101	TOTAL		6,885,063	1,767,033
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,885,063	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-T102 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		69,235	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.428428		
38	RECOVERY ROOM	.263460		
39	DELIVERY ROOM & LABOR ROOM	.995406		
40	ANESTHESIOLOGY	.017327		
41	RADIOLOGY-DIAGNOSTIC	.268419	2,170	582
41 01	CAT SCAN	.056315		
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.077993		
44	LABORATORY	.220624	5,909	1,304
49	RESPIRATORY THERAPY	.386473	16,249	6,280
50	PHYSICAL THERAPY	.459026	34,085	15,646
51	OCCUPATIONAL THERAPY	.536216	24,989	13,400
52	SPEECH PATHOLOGY	1.019291	9,664	9,850
53	ELECTROCARDIOLOGY	.320073		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.322271	4,656	1,500
56	DRUGS CHARGED TO PATIENTS	.229616	13,913	3,195
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.303809	3,206	974
62	OBSERVATION BEDS (NON-DISTINCT PART)	.791733		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		114,841	52,731
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		114,841	

TITLE XIX HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		386,257	
26	INTENSIVE CARE UNIT		168,212	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.428428	129,523	55,491
38	RECOVERY ROOM	.263460		
39	DELIVERY ROOM & LABOR ROOM	.995406	4,638	4,617
40	ANESTHESIOLOGY	.017327		
41	RADIOLOGY-DIAGNOSTIC	.268419	194,310	52,156
41 01	CAT SCAN	.056315	34,063	1,918
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.077993		
44	LABORATORY	.220624	223,483	49,306
49	RESPIRATORY THERAPY	.386473	210,892	81,504
50	PHYSICAL THERAPY	.459026	13,294	6,102
51	OCCUPATIONAL THERAPY	.536216	3,897	2,090
52	SPEECH PATHOLOGY	1.019291		
53	ELECTROCARDIOLOGY	.320073	36,220	11,593
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.322271	110,251	35,531
56	DRUGS CHARGED TO PATIENTS	.229616	389,295	89,388
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.303809	128,795	39,129
62	OBSERVATION BEDS (NON-DISTINCT PART)	.791733	5,229	4,140
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,483,890	432,965
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,483,890	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0102 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,170,446
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	254,591
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	3,425,037
17	PRIMARY PAYER PAYMENTS	1,924
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,423,113
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	425,328
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,720
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	115,235
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	80,665
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	89,333
22	SUBTOTAL	3,074,730
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	3,074,730
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	3,146,284
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	-71,554
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
	----- 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)	

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
CALCULATION OF REIMBURSEMENT SETTLEMENT	I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET E	
	I	COMPONENT NO:	I	TO 12/31/2007	I	PART B	
	I	15-0102	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,221,215
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,550,232
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.872
1.04	LINE 1.01 TIMES LINE 1.03.	1,936,899
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	80.04
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	348,000
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,898,232
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	468,623
19	SUBTOTAL (SEE INSTRUCTIONS)	1,429,609
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	1,429,609
24	PRIMARY PAYER PAYMENTS	97
25	SUBTOTAL	1,429,512
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	108,240
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	75,768
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	88,953
28	SUBTOTAL	1,505,280
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	1,505,280
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,539,730
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-34,450
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,068,962		1,081,512
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.		71,599		72,840
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	8/13/2007	5,723	8/13/2007	9,667
ADJUSTMENTS TO PROVIDER .02			12/31/2007	375,711
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		5,723		385,378
4 TOTAL INTERIM PAYMENTS		3,146,284		1,539,730
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		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
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.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		133,801		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		NONE	NONE
4 TOTAL INTERIM PAYMENTS		133,801		
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)	SETTLEMENT TO PROVIDER .01			
BASED ON COST REPORT (1)	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.

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49,074		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		NONE
4 TOTAL INTERIM PAYMENTS				49,074
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
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
NAME OF INTERMEDIARY:				
INTERMEDIARY NO: 00000				
SIGNATURE OF AUTHORIZED PERSON: _____				
DATE: ___/___/___				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I
 I COMPONENT NO: I TO 12/31/2007 I WORKSHEET E-2
 I 15-U102 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	52,050	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	173	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	52,050	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	52,050	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	52,050	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	2,976	
14	80% OF PART B COSTS		
15	SUBTOTAL	49,074	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	49,074	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	49,074	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	119,768
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0383
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	2,837
1.05	OUTLIER PAYMENTS	5,451
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	128,056
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	.208219
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	128,056
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	128,056
7	DEDUCTIBLES	952
8	SUBTOTAL	127,104
9	COINSURANCE	
10	SUBTOTAL	127,104
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	127,104
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	127,104
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	133,801
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-6,697
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART	I
I	15-T102	I		I		

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

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

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

2552-96 v1701.100

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2			1,948,891	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6			1,948,891	
7	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9			1,948,891	
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			554,469	
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16			9,098,221	
17	TOTAL REASONABLE CHARGES			
17	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
18	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
18	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20			9,098,221	
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22			7,149,330	
23	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
24	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24			1,948,891	
25	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26			491,514	
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33			2,440,405	
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36			9,102,982	
37	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
38	XVIII ENTER AMOUNT FROM LINE 30			
39			2,440,405	
40	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
41	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
42	EXCESS OF REASONABLE COST			
43			2,440,405	
44	SUBTOTAL			
45	COINSURANCE			
46	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
47	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
49	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
50	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
51	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
52	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
53	UTILIZATION REVIEW			
54			2,440,405	
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63				
64	TOTAL CUSTOMARY CHARGES			
65	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
66	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
67	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
68	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
69			-1,948,891	
70	REMOVE OP COST			
71	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
72	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
73			491,514	
74	SUBTOTAL			
75	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
76	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
77			491,514	
78	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
79	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
80			491,514	
81	INTERIM PAYMENTS			
82	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
83	BALANCE DUE PROVIDER/PROGRAM			
84	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
85	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-74,811			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,060,818			
5 OTHER RECEIVABLES	113,041			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,315,033			
7 INVENTORY	771,623			
8 PREPAID EXPENSES	301,080			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	3,856,718			
FIXED ASSETS				
12 LAND	142,789			
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION	-23,098			
14 BUILDINGS	4,867,312			
14.01 LESS ACCUMULATED DEPRECIATION	-1,209,865			
15 LEASEHOLD IMPROVEMENTS	1,321,722			
15.01 LESS ACCUMULATED DEPRECIATION	-67,210			
16 FIXED EQUIPMENT	1,904,749			
16.01 LESS ACCUMULATED DEPRECIATION	-149,208			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	2,095,050			
18.01 LESS ACCUMULATED DEPRECIATION	-838,181			
19 MINOR EQUIPMENT DEPRECIABLE	747,726			
19.01 LESS ACCUMULATED DEPRECIATION	-276,284			
20 MINOR EQUIPMENT-NONDEPRECIABLE	578,219			
21 TOTAL FIXED ASSETS	9,093,721			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	685,979			
26 TOTAL OTHER ASSETS	685,979			
27 TOTAL ASSETS	13,636,418			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	279,666			
29 SALARIES, WAGES & FEES PAYABLE	310,243			
30 PAYROLL TAXES PAYABLE	264,392			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	16,539			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	536,079			
36 TOTAL CURRENT LIABILITIES	1,406,919			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	160,926			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	10,178,237			
41 OTHER LONG TERM LIABILITIES	18,085			
42 TOTAL LONG-TERM LIABILITIES	10,357,248			
43 TOTAL LIABILITIES	11,764,167			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,872,251			
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	1,872,251			
52 TOTAL LIABILITIES AND FUND BALANCES	13,636,418			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		1,308,357		
OF PERIOD				
2 NET INCOME (LOSS)		12,775		
3 TOTAL		1,321,132		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
		551,119		
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS		551,119		
11 SUBTOTAL		1,872,251		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		1,872,251		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,150,573		3,150,573
2 00 SUBPROVIDER	72,853		72,853
4 00 SWING BED - SNF	90,391		90,391
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,313,817		3,313,817
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,332,822		1,332,822
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,332,822		1,332,822
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,646,639		4,646,639
17 00 ANCILLARY SERVICES	12,328,424	27,555,308	39,883,732
18 00 OUTPATIENT SERVICES		5,119,128	5,119,128
19 00 HOME HEALTH AGENCY		2,064,121	2,064,121
23 00 HOSPICE		717,625	717,625
24 00 NURSERY	68,324		68,324
24 01 NON REIMBURSABLE		634,678	634,678
24 02			
25 00 TOTAL PATIENT REVENUES	17,043,387	36,090,860	53,134,247

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	18,838,006
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	18,838,006

DESCRIPTION

1	TOTAL PATIENT REVENUES	53,134,247
2	LESS: ALLOWANCES AND DISCOUNTS ON	31,831,792
3	NET PATIENT REVENUES	21,302,455
4	LESS: TOTAL OPERATING EXPENSES	18,838,006
5	NET INCOME FROM SERVICE TO PATIENT	2,464,449
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	231,014
25	TOTAL OTHER INCOME	231,014
26	TOTAL	2,695,463
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	2,683,338
28	MISC EXP	-650
29		
30	TOTAL OTHER EXPENSES	2,682,688
31	NET INCOME (OR LOSS) FOR THE PERIO	12,775

	HHA 1					
	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMIN & GENERAL	208,846	14,907	14,091	11,626	321,987
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	424,893	31,427	38,826		495,146
7	PHYSICAL THERAPY	52,561	3,752	3,547		78,111
8	OCCUPATIONAL THERAPY	41,298	2,948	2,787		61,373
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES	39,918	4,834	43		44,795
11	HOME HEALTH AIDE	164,662	14,154	33,828	3	212,647
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHER					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	932,178	72,022	93,122	11,629	1,214,059

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX			
2	CAP-REL COST-MOV EQUIP			
3	PLANT OPER & MAINT			
4	TRANSPORTATION			
5	ADMIN & GENERAL	321,987	-9,439	312,548
HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE	495,146		495,146
7	PHYSICAL THERAPY	78,111		78,111
8	OCCUPATIONAL THERAPY	61,373		61,373
9	SPEECH PATHOLOGY			
10	MEDICAL SOCIAL SERVICES	44,795		44,795
11	HOME HEALTH AIDE	212,647		212,647
12	SUPPLIES			
13	DRUGS			
13.20	COST ADMINISTERING DRUGS			
14	DME			
HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS			
16	RESPIRATORY THERAPY			
17	PRIVATE DUTY NURSING			
18	CLINIC			
19	HEALTH PROM ACTIVITIES			
20	DAY CARE PROGRAM			
21	HOME DEL MEALS PROGRAM			
22	HOMEMAKER SERVICE			
23	ALL OTHER			
23.50	TELEMEDICINE			
24	TOTAL (SUM OF LINES 1-23)	1,214,059	-9,439	1,204,620

COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 HHA GENERAL SERVICE COST I 15-0102 I FROM 1/ 1/2007 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2007 I PART I
 I 15-7101 I I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	312,548				312,548	312,548
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	495,146				495,146	173,481
7	PHYSICAL THERAPY	78,111				78,111	27,367
8	OCCUPATIONAL THERAPY	61,373				61,373	21,503
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES	44,795				44,795	15,694
11	HOME HEALTH AIDE	212,647				212,647	74,503
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,204,620				1,204,620	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL						
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	668,627					
7	PHYSICAL THERAPY	105,478					
8	OCCUPATIONAL THERAPY	82,876					
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES	60,489					
11	HOME HEALTH AIDE	287,150					
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,204,620					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-312,548	892,072
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					495,146
7	PHYSICAL THERAPY					78,111
8	OCCUPATIONAL THERAPY					61,373
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					44,795
11	HOME HEALTH AIDE					212,647
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-312,548	892,072
25	COST TO BE ALLOCATED					312,548
26	UNIT COST MULTIPLIER					.350362

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6
1				27,577	27,577	5,787
2				56,105	724,732	152,093
3	668,627			6,940	112,418	23,592
4	105,478			5,453	88,329	18,537
5	82,876					
6				5,271	65,760	13,800
7	60,489			21,742	308,892	64,824
8	287,150					
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20				123,088	1,327,708	278,633
21						

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

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1						
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20						
21						

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

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

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1			33,364		33,364	
2			876,825		876,825	18,597
3			136,010		136,010	2,885
4			106,866		106,866	2,267
5						
6			79,560		79,560	1,688
7			373,716		373,716	7,927
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20			1,606,341		1,606,341	33,364
21						0.021211

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 ALLOCATION OF GENERAL SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 COSTS TO HHA COST CENTERS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2007 I PART I
 I 15-7101 I I

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR	SOCIAL SERVI CE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G
	17	18	25	26	27	28

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

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	895,422
3 PHYSICAL THERAPY	138,895
4 OCCUPATIONAL THERAPY	109,133
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	81,248
7 HOME HEALTH AIDE	381,643
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	1,606,341
21 UNIT COST MULTIPLIER	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1			208,846		27,577	
2			424,893		724,732	
3			52,561		112,418	
4			41,298		88,329	
5						
6			39,918		65,760	
7			164,662		308,892	
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20			932,178		1,327,708	
21			123,088		278,633	
22			0.132043		0.209860	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	9	10	11	12	14	17
1						
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20						
21						
22						

SOCIAL SERVICE (PATIENT DAYS)

HHA COST CENTER	18
1	
2	
3	
4	
5	
6	
7	
8	
9	
9.20	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
19.50	
20	
21	
22	

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM
							VISITS
PATIENT SERVICES							PART A
1 SKILLED NURSING	2	895,422	2	895,422	6,902	129.73	6
2 PHYSICAL THERAPY	3	138,895		138,895	1,634	85.00	6
3 OCCUPATIONAL THERAPY	4	109,133		109,133	422	258.61	2
4 SPEECH PATHOLOGY	5				32		2
5 MEDICAL SOCIAL SERVICES	6	81,248		81,248	568	143.04	128
6 HOME HEALTH AIDE SERVICES	7	381,643		381,643	10,067	37.91	910
7 TOTAL		1,606,341		1,606,341	19,625		4,382

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,735	304,347	354,812	659,159
2 PHYSICAL THERAPY		388	69,190	32,980	102,170
3 OCCUPATIONAL THERAPY		135	47,067	34,912	81,979
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES		392	18,309	56,072	74,381
6 HOME HEALTH AIDE SERVICES		2,481	34,498	94,055	128,553
7 TOTAL		6,131	473,411	572,831	1,046,242

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

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

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

	FROM WKST H-5 PART I COL. 29, OTHER PATIENT SERVICES LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15	COST OF MEDICAL SUPPLIES	8			61,102		21,358
16	COST OF DRUGS	9			4,126		208
16.20	COST OF DRUGS	9					

		PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES----- -----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15	COST OF MEDICAL SUPPLIES		28,773			
16	COST OF DRUGS		1,266			
16.20	COST OF DRUGS					

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.459026		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.536216		COL 2, LN 3
3	SPEECH PATHOLOGY	52	1.019291		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.322271		COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.229616		COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

		----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----					
		FROM PART I, COL 5	COST PER VISIT 2	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
1	PHYSICAL THERAPY		85.00				
2	OCCUPATIONAL THERAPY		258.61				
3	SPEECH PATHOLOGY						
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT
 I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET H-7
 I HHA NO: I TO 12/31/2007 I PARTS I & II
 I 15-7101 I I

TITLE XVIII HHA 1

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

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

	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	597,247	737,705	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	597,247	737,705	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	597,247	737,705	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	440,659	515,289
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	5,504	20,908
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	2,810	7,098
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,621	1,297
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	27,134	22,474
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	479,728	567,066
13 EXCESS REASONABLE COST		
14 SUBTOTAL	479,728	567,066
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	479,728	567,066
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	479,728	567,066
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	479,728	567,066
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	479,728	567,066
25 INTERIM PAYMENTS	479,728	567,066
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		479,728		567,066
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		479,728		567,066
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)	SETTLEMENT TO PROVIDER .01			
BASED ON COST REPORT (1)	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.

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE EXPENSES I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET K
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1579 I I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	10,603			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	158,278	13,771	17,301	53,879
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	168,881	13,771	17,301	53,879

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 15-0102
 I PERIOD: FROM 1/ 1/2007 TO 12/31/2007
 I HOSPICE NO: 15-1579
 I PREPARED 5/27/2008
 I WORKSHEET K

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	29,544	40,147		40,147
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		243,229		243,229
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	43,992	43,992	-42,382	1,610
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	73,536	327,368	-42,382	284,986

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)

COMPENSATION ANALYSIS	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
SALARIES AND WAGES	I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET	K-2
	I	HOSPICE NO:	I	TO 12/31/2007	I		
	I	15-1579	I		I		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	13,771
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	13,771
	(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	53,879
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	53,879
	(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)

COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 HOSPICE GENERAL SERVICE COST I 15-0102 I FROM 1/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1579 I I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	40,047			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	243,229			
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	1,610			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	284,886			

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			40,047	40,047
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			243,229	39,784
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			1,610	263
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			244,839	40,047

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
HOSPICE GENERAL SERVICE COST	I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2007	I	PART	I
	I	15-1579	I		I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	283,013
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	1,873
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	284,886

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	5	6A	6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-40,047	244,839
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			243,229
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			1,610
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			40,047
45 UNIT COST MULTIPLIER	.000000		.163565

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				1,400
2.00 INPATIENT - GENERAL CARE	7	283,013			20,900
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00 OTHER	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	1,873			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER -- SPECIFY	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00 OTHER	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		284,886			22,300
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE OPERATION OF LAUNDRY & LINEN
& GENERAL PLANT SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	1,400		294	
3.00 INPATIENT - RESPITE CARE	303,913		63,779	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	1,873		393	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	307,186		64,466	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD
HOSPICE COST CENTER	17	18	25	26
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			1,694	
3.00 INPATIENT - RESPITE CARE			367,692	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS			2,266	
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			371,652	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
COST CENTERS	I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 12/31/2007	I	PART	I
	I	15-1579	I		I		

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	29
1.00 ADMINISTRATIVE AND GENERAL	1,694		
2.00 INPATIENT - GENERAL CARE	367,692	1,684	369,376
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00 OTHER			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	2,266	10	2,276
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER -- SPECIFY			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00 OTHER			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	371,652		371,652
30.00 UNIT COST MULTIPLIER		.004579	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

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

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 COST CENTERS - STATISTICAL BASIS I 15-0102 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART II
 I 15-1579 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALA RIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL			10,603	
2.00 INPATIENT - GENERAL CARE			158,278	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			168,881	
30.00 TOTAL COST TO BE ALLOCATED			22,300	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.132046	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (PATIENT DAYS) 9	HOUSEKEEPING (SQUARE FEET) 10
1.00 ADMINISTRATIVE AND GENERAL	1,400			
2.00 INPATIENT - GENERAL CARE	303,913			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	1,873			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	307,186			
30.00 TOTAL COST TO BE ALLOCATED	64,466			
31.00 UNIT COST MULTIPLIER	.209860	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	DIETARY (PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	11	12	14	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

SOCIAL SERVICE

HOSPICE COST CENTER	(PATIENT DAYS)
	18
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00 OTHER	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER -- SPECIFY	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00 OTHER	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28)	
30.00 TOTAL COST TO BE ALLOCATED	
31.00 UNIT COST MULTIPLIER	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
COST CENTERS - STATISTICAL BASIS	I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 12/31/2007	I	PART III	
	I	15-1579	I		I		

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.459026	
2	OCCUPATIONAL THERAPY	51	.536216	
3	SPEECH PATHOLOGY	52	1.019291	
4	DRUGS CHARGED TO PATIENTS	56	.229616	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.220624	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.322271	
8	EMERGENCY	61	.303809	
9	RADIOLOGY-DIAGNOSTIC	41	.268419	
9.01	CAT SCAN	41.01	.056315	
9.02	MAGNETIC RESONANCE IMAGING (MRI)	41.02	.077993	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR STARKE MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96-K-6 (09/2000)
 CALCULATION OF PER DIEM COST I PROVIDER NO: I PERIOD: I PREPARED 5/27/2008
 I 15-0102 I FROM 1/ 1/2007 I WORKSHEET K-6
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1579 I I

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				371,652
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,263
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				87.18
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,323			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	289,699			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			940	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			81,949	

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

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
I	15-0102	I	FROM 1/ 1/2007	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2007	I	PARTS I-IV	
I	15-0102	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	249,512
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	5,079
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	10.71
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	254,591

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2008
15-0102	I	FROM	1/ 1/2007	WORKSHEET	L
COMPONENT NO:	I	TO	12/31/2007	PARTS	I-IV
15-0102	I				

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE		.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY		.00
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		

2552-96 v1701.100

***FINGERPRINT Line 1 yaEvZ3EMLFiPbt2s16rOgKE4RTuJCO
 ***FINGERPRINT Line 2 3K3hn0IaCdSizihulBQ6zDb4Rk4DEr
 ***FINGERPRINT Line 3 GFbOfYptaM0mf0fG