HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR WASHINGTON COUNTY MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/28/2008 11:28
FORM APPROVED
OMB NO. 0938-0050

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

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-1314	PERIOD FROM 1/ 1/2007 TO 12/31/2007	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2008 TIME 11:28

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
WASHINGTON COUNTY MEMORIAL HOSPITAL 15-1314
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.

ECR ENCRYPTION INFORMATION
DATE: 5/28/2008 TIME 11:28
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g5fZ8WhXEpAdBEMj4W5.oLCAHruou0
EF39XOw0hJByCmIoxOxAr:DMzfxkVc
4o210us9Nn0xD:mZ

PI ENCRYPTION INFORMATION
DATE: 5/28/2008 TIME 11:28

YvS0yhGvxSh1H4zyK3P1NAjgdIoaN0
VIBUQ0A:xGQq.EFQbP6sUVjoWIscw8
5.Gk8a6O:K0hFyD1

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE CFO

DATE May 29, 2008

PART II - SETTLEMENT SUMMARY

			TITLE V	TITLE XVIII		TITLE XIX
				A	B	
			1	2	3	4
1	HOSPITAL	0		-347,830	-290,681	44,683
2	SUBPROVIDER	0		96,961	0	-38,239
3	SWING BED - SNF	0		-68,785	0	0
100	TOTAL	0		-319,654	-290,681	6,444

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 911 N. SHELBY ST. P.O. BOX:
1.01 CITY: SALEM STATE: IN ZIP CODE: 47167- COUNTY: WASHINGTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00 HOSPITAL	WASHINGTON COUNTY MEMORIAL HOSPITAL	15-1314		12/ 1/2002	N	O	N
03.00 SUBPROVIDER	WCMH - PSYCH	15-M314		1/ 1/2000	N	T	N
04.00 SWING BED - SNF	WCMH SWING BED SNF	15-Z314		12/ 1/2002	N	O	N

17	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007		
18	TYPE OF CONTROL	1 9	2

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER	4	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.		
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	N	
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).		
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2	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	2	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	N	
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N	
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N	
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE		/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE.		/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.		
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	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	12/ 1/2002

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 0	2 0.0000	3 0.0000	4	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0			
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)	%	Y/N			
28.03	STAFFING	0.00%				
28.04	RECRUITMENT	0.00%				
28.05	RETENTION	0.00%				
28.06	TRAINING	0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N				
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).	N				
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	N				
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)?					
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V 1	XVIII 2	XIX 3		
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N		
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N		
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N		
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?					

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	Y
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	Y
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	Y
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N 00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?	
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?	
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?	
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).	

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
53.01	MDH PERIOD: BEGINNING: / / ENDING: / /	

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS:	0
PAID LOSSES:	0
AND/OR SELF INSURANCE:	0

54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N

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

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

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	21	7,665	43,536.00		968		232
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					404		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	21	7,665			1,372		232
6	INTENSIVE CARE UNIT	4	1,460	10,968.00		442		
11	NURSERY							
12	TOTAL	25	9,125			1,814		232
13	RPCH VISITS							
14	SUBPROVIDER	10	3,650			449		117
25	TOTAL	35						
26	OBSERVATION BED DAYS							95
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS					920		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / TITLE XIX OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			1,769				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			439				
4	ADULTS & PED-SB NF			33				
5	TOTAL ADULTS AND PEDS			2,241				
6	INTENSIVE CARE UNIT			520				
11	NURSERY			195				
12	TOTAL			2,956				
13	RPCH VISITS							
14	SUBPROVIDER			1,135				
25	TOTAL							
26	OBSERVATION BED DAYS	9	86	565	101	464		
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	FULL TIME EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					359	60	788
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		150.87			359	60	788
13	RPCH VISITS							
14	SUBPROVIDER		11.93			76	25	240
25	TOTAL		162.80					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,548,619	1,548,619	1,608	1,550,227
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS		3,520,883	3,520,883		3,520,883
6	0600	ADMINISTRATIVE & GENERAL	1,578,760	2,430,921	4,009,681	-194,946	3,814,735
8	0800	OPERATION OF PLANT	195,449	528,563	724,012		724,012
9	0900	LAUNDRY & LINEN SERVICE	42,251	25,799	68,050		68,050
10	1000	HOUSEKEEPING	103,825	27,935	131,760		131,760
11	1100	DIETARY	260,917	139,047	399,964	-289,372	110,592
12	1200	CAFETERIA				289,372	289,372
14	1400	NURSING ADMINISTRATION	169,315	3,455	172,770		172,770
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	284,294	35,491	319,785		319,785
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,011,023	170,128	1,181,151	-116,694	1,064,457
26	2600	INTENSIVE CARE UNIT	491,451	101,741	593,192	-16,856	576,336
31	3100	SUBPROVIDER	635,205	78,849	714,054	-364	713,690
33	3300	NURSERY				80,708	80,708
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,306,722	800,186	2,106,908	-437,482	1,669,426
39	3900	DELIVERY ROOM & LABOR ROOM					
41	4100	RADIOLOGY-DIAGNOSTIC	1,756,935	1,175,210	2,932,145	-129,662	2,802,483
44	4400	LABORATORY	458,571	903,321	1,361,892	-126,129	1,235,763
47	4700	BLOOD STORING, PROCESSING & TRANS.					
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY	350,946	72,590	423,536		423,536
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	490,419	216,138	706,557	-765	705,792
53.01	3140	CARDIOLOGY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	79,892	16,050	95,942	797,985	893,927
56	5600	DRUGS CHARGED TO PATIENTS	315,488	1,766,203	2,081,691		2,081,691
59	0000	OTHER ANCILLARY	71,731	54,296	126,027		126,027
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	80,194	33,260	113,454	-2,791	110,663
61	6100	EMERGENCY	1,376,537	195,667	1,572,204	-47,950	1,524,254
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	914,537	113,594	1,028,131		1,028,131
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
95		SUBTOTALS	11,974,462	13,957,946	25,932,408	-193,338	25,739,070
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH		1,793	1,793		1,793
97.05	9705	TRANSPORTATION					
98	9800	PHYSICIANS' PRIVATE OFFICES	1,268,548	516,689	1,785,237		1,785,237
98.01	9801	PAIN CLINIC		91,009	91,009		91,009
99	9900	NONPAID WORKERS					
100	0000	OTHER NONREIMBURSABLE				193,338	193,338
101		TOTAL	13,243,010	14,567,437	27,810,447	-0-	27,810,447

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-12,181	1,538,046
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		
5	0500	EMPLOYEE BENEFITS	2,369	3,523,252
6	0600	ADMINISTRATIVE & GENERAL	-618,547	3,196,188
8	0800	OPERATION OF PLANT	-40	723,972
9	0900	LAUNDRY & LINEN SERVICE		68,050
10	1000	HOUSEKEEPING	-563	131,197
11	1100	DIETARY	-1,852	108,740
12	1200	CAFETERIA	-61,923	227,449
14	1400	NURSING ADMINISTRATION	-3,899	168,871
16	1600	PHARMACY		
17	1700	MEDICAL RECORDS & LIBRARY	-5,151	314,634
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-7,850	1,056,607
26	2600	INTENSIVE CARE UNIT	-72,616	503,720
31	3100	SUBPROVIDER	-250	713,440
33	3300	NURSERY		80,708
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-550,418	1,119,008
39	3900	DELIVERY ROOM & LABOR ROOM		
41	4100	RADIOLOGY-DIAGNOSTIC	-1,116,104	1,686,379
44	4400	LABORATORY	-34,172	1,201,591
47	4700	BLOOD STORING, PROCESSING & TRANS.		
49	4900	RESPIRATORY THERAPY		
50	5000	PHYSICAL THERAPY	-427	423,109
51	5100	OCCUPATIONAL THERAPY		
52	5200	SPEECH PATHOLOGY		
53	5300	ELECTROCARDIOLOGY	-56,976	648,816
53.01	3140	CARDIOLOGY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-46	893,881
56	5600	DRUGS CHARGED TO PATIENTS	-34,482	2,047,209
59	0000	OTHER ANCILLARY	-33,423	92,604
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		110,663
61	6100	EMERGENCY	-636,941	887,313
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES	-2,550	1,025,581
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	-3,248,042	22,491,028
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		1,793
97.05	9705	TRANSPORTATION		
98	9800	PHYSICIANS' PRIVATE OFFICES	-3,825	1,781,412
98.01	9801	PAIN CLINIC	-3,780	87,229
99	9900	NONPAID WORKERS		
100	0000	OTHER NONREIMBURSABLE		193,338
101		TOTAL	-3,255,647	24,554,800

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-1314 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	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOLOGY	3140	CARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OTHER ANCILLARY	0000	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.05	TRANSPORTATION	9705	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PAIN CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	0000	
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	LINE NO 3	INCREASE SALARY 4	INCREASE OTHER 5
1	BEEPER LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,608
2	MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		797,985
3						
4						
5						
6						
7						
8						
9						
10						
11	CAFETERIA RECLASS	C	CAFETERIA	12	188,772	100,600
12	NURSERY RECLASS	D	NURSERY	33	71,063	9,645
13	PUBLIC RELATIONS	E	OTHER NONREIMBURSABLE	100	51,083	142,255
36	TOTAL RECLASSIFICATIONS				310,918	1,052,093

(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	DECREASE CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	BEEPER LEASE	A	ADMINISTRATIVE & GENERAL	6		1,608	10
2	MEDICAL SUPPLIES	B	ADULTS & PEDIATRICS	25		35,986	
3			INTENSIVE CARE UNIT	26		16,856	
4			SUBPROVIDER	31		364	
5			OPERATING ROOM	37		437,482	
6			RADIOLOGY-DIAGNOSTIC	41		129,662	
7			LABORATORY	44		126,129	
8			ELECTROCARDIOLOGY	53		765	
9			CLINIC	60		2,791	
10			EMERGENCY	61		47,950	
11	CAFETERIA RECLASS	C	DIETARY	11	188,772	100,600	
12	NURSERY RECLASS	D	ADULTS & PEDIATRICS	25	71,063	9,645	
13	PUBLIC RELATIONS	E	ADMINISTRATIVE & GENERAL	6	51,083	142,255	
36	TOTAL RECLASSIFICATIONS				310,918	1,052,093	

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

RECLASS CODE: A
EXPLANATION : BEEPER LEASE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,608	ADMINISTRATIVE & GENERAL	6	1,608
TOTAL RECLASSIFICATIONS FOR CODE A			1,608			1,608

RECLASS CODE: B
EXPLANATION : MEDICAL SUPPLIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	797,985	ADULTS & PEDIATRICS	25	35,986
2.00			0	INTENSIVE CARE UNIT	26	16,856
3.00			0	SUBPROVIDER	31	364
4.00			0	OPERATING ROOM	37	437,482
5.00			0	RADIOLOGY-DIAGNOSTIC	41	129,662
6.00			0	LABORATORY	44	126,129
7.00			0	ELECTROCARDIOLOGY	53	765
8.00			0	CLINIC	60	2,791
9.00			0	EMERGENCY	61	47,950
TOTAL RECLASSIFICATIONS FOR CODE B			797,985			797,985

RECLASS CODE: C
EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	289,372	DIETARY	11	289,372
TOTAL RECLASSIFICATIONS FOR CODE C			289,372			289,372

RECLASS CODE: D
EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	80,708	ADULTS & PEDIATRICS	25	80,708
TOTAL RECLASSIFICATIONS FOR CODE D			80,708			80,708

RECLASS CODE: E
EXPLANATION : PUBLIC RELATIONS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE	100	193,338	ADMINISTRATIVE & GENERAL	6	193,338
TOTAL RECLASSIFICATIONS FOR CODE E			193,338			193,338

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

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

PROVIDER NO: 15-1314

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

PREPARED 5/28/2008

WORKSHEET A-7

PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	239,214					239,214	
2	LAND IMPROVEMENTS	300,487	6,534		6,534		307,021	
3	BUILDINGS & FIXTURE	10,876,827	590,350		590,350		11,467,177	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	3,752,368					3,752,368	
6	MOVABLE EQUIPMENT	9,489,305	363,143		363,143		9,852,448	
7	SUBTOTAL	24,658,201	960,027		960,027		25,618,228	
8	RECONCILING ITEMS							
9	TOTAL	24,658,201	960,027		960,027		25,618,228	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,583,603	1,608	-47,165				1,538,046
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,583,603	1,608	-47,165				1,538,046

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,548,619						1,548,619
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,548,619						1,548,619

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-61,837	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,370,740			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-61,923	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,051	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	PHARMACY REBATES	B	-48,153	ADMINISTRATIVE & GENERAL	6	
38	VENDOR REFUNDS/REBATES	B	-30,953	DRUGS CHARGED TO PATIENTS	56	
39	TELEPHONE DEPRECIATION	A	-4,672	NEW CAP REL COSTS-BLDG &	3	9
40	IHHA DUES	A	-573	ADMINISTRATIVE & GENERAL	6	
41	AHA DUES	A	-2,096	ADMINISTRATIVE & GENERAL	6	
42	EDUCATION SERVICE	B	-3,632	NURSING ADMINISTRATION	14	
43	DISCOUNTS - OTHER REVENUE	B	-1,651	ADMINISTRATIVE & GENERAL	6	
44	MISC INCOME	B	-32,908	ADMINISTRATIVE & GENERAL	6	
45	PHYSICIAN RECRUITMENT	A	-3,183	ADMINISTRATIVE & GENERAL	6	
46	ADVERTISING & MARKETING	A	-101,115	ADMINISTRATIVE & GENERAL	6	
47	ADVERTISING & MARKETING	A	-563	HOUSEKEEPING	10	
48	ADVERTISING & MARKETING	A	-267	NURSING ADMINISTRATION	14	
49	ADVERTISING & MARKETING	A	-7,846	ADULTS & PEDIATRICS	25	
49.01	ADVERTISING & MARKETING	A	-250	SUBPROVIDER	31	
49.02	ADVERTISING & MARKETING	A	-3,503	OPERATING ROOM	37	
49.03	ADVERTISING & MARKETING	A	-2,368	RADIOLOGY-DIAGNOSTIC	41	
49.04	ADVERTISING & MARKETING	A	-514	LABORATORY	44	
49.05	ADVERTISING & MARKETING	A	-427	PHYSICAL THERAPY	50	
49.06	ADVERTISING & MARKETING	A	-90	OTHER ANCILLARY	59	
49.07	AJE2	A	-4	ADULTS & PEDIATRICS	25	
49.08	AJE2	A	-24	INTENSIVE CARE UNIT	26	
49.09	AJE2	A	-32,767	OPERATING ROOM	37	
49.10	AJE2	A	-2,550	AMBULANCE SERVICES	65	
49.11	AJE2	A	-9,658	LABORATORY	44	
49.12	AJE2	A	-3,869	ELECTROCARDIOLOGY	53	
49.13	AJE2	A	-4,525	RADIOLOGY-DIAGNOSTIC	41	
49.14	AJE2	A	-3,529	DRUGS CHARGED TO PATIENTS	56	
49.15	AJE2	A	-3,825	PHYSICIANS' PRIVATE OFFIC	98	
49.16	AJE2	A	-1,852	DIETARY	11	
49.17	AJE2	A	-3,780	PAIN CLINIC	98.01	
49.18	AJE2	A	-40	OPERATION OF PLANT	8	
49.19	AJE2	A	-100	MEDICAL RECORDS & LIBRARY	17	
49.20	AJE2	A	-46	MEDICAL SUPPLIES CHARGED	55	
49.21	AJE2	A	-10,993	ADMINISTRATIVE & GENERAL	6	
49.22	AJE3	A	-482,399	EMPLOYEE BENEFITS	5	
49.23	AJE7	A	344,768	EMPLOYEE BENEFITS	5	
49.24	AJE9	A	-322,622	ADMINISTRATIVE & GENERAL	6	
49.25	AJE11	A	140,000	EMPLOYEE BENEFITS	5	
49.26	AJE12	A	6,490	NEW CAP REL COSTS-BLDG &	3	11
49.27	AJE13	A	978	NEW CAP REL COSTS-BLDG &	3	11
49.28	AJE13	A	-3,404	ADMINISTRATIVE & GENERAL	6	
49.29	AJE18	A	-91,849	ADMINISTRATIVE & GENERAL	6	
49.30	AJE19	A	2,915	NEW CAP REL COSTS-BLDG &	3	11
49.31	AJE19	A	24,952	NEW CAP REL COSTS-BLDG &	3	9
49.32	AJE19	A	-26,440	INTENSIVE CARE UNIT	26	
49.33	AJE20	A	4,289	NEW CAP REL COSTS-BLDG &	3	11
49.34	AJE20	A	42,775	NEW CAP REL COSTS-BLDG &	3	9
49.35	AJE20	A	-46,152	INTENSIVE CARE UNIT	26	
49.36	DEPR OFFSITE CLINIC	A	-28,071	NEW CAP REL COSTS-BLDG &	3	9
50	TOTAL (SUM OF LINES 1 THRU 49)		-3,255,647			

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
50	TOTAL (SUM OF LINES 1 THRU 49)		-3,255,647			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	37	OPERATING ROOM	536,418	514,148	22,270				
2	41	RADIOLOGY	1,109,211	1,109,211					
3	44	LAB	24,000	24,000					
4	53	CARDIO	53,107	53,107					
5	59	OTHER ANCILLARY	33,333	33,333					
6	61	ER	891,249	636,941	254,308				
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,647,318	2,370,740	276,578				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	37	OPERATING ROOM							514,148
2	41	RADIOLOGY							1,109,211
3	44	LAB							24,000
4	53	CARDIO							53,107
5	59	OTHER ANCILLARY							33,333
6	61	ER							636,941
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							2,370,740

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-1314 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	TIME SPENT	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	13	HOURS SUPERVISED	ENTERED
16	PHARMACY	15	DRUGS CHARGED	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
			0	3	4	5	5a.00	6	8
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &	1,538,046	1,538,046					
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS	3,523,252			3,523,252			
006		ADMINISTRATIVE & GENERAL	3,196,188	203,455		406,432	3,806,075	3,806,075	
008		OPERATION OF PLANT	723,972	100,189		51,998	876,159	160,720	1,036,879
009		LAUNDRY & LINEN SERVICE	68,050	45,014		11,241	124,305	22,802	41,972
010		HOUSEKEEPING	131,197	6,526		27,622	165,345	30,330	6,085
011		DIETARY	108,740	130,302		19,194	258,236	47,370	121,498
012		CAFETERIA	227,449			50,222	277,671	50,935	
014		NURSING ADMINISTRATION	168,871	4,551		45,046	218,468	40,075	4,244
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	314,634	22,819		75,635	413,088	75,776	21,277
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,056,607	175,254		250,073	1,481,934	271,842	163,412
026		INTENSIVE CARE UNIT	503,720	35,828		130,749	670,297	122,957	33,407
031		SUBPROVIDER	713,440	91,710		168,994	974,144	178,694	
033		NURSERY	80,708	22,278		18,906	121,892	22,360	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	1,119,008	192,793		347,648	1,659,449	304,404	179,765
039		DELIVERY ROOM & LABOR ROO							
041		RADIOLOGY-DIAGNOSTIC	1,686,379	104,616		467,428	2,258,423	414,269	97,547
044		LABORATORY	1,201,591	44,016		122,001	1,367,608	250,870	41,042
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY	423,109	38,301		93,368	554,778	101,767	35,713
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY	648,816	57,711		130,474	837,001	153,537	53,812
053	01	CARDIOLOGY							
055		MEDICAL SUPPLIES CHARGED	893,881	37,241		21,255	952,377	174,701	34,725
056		DRUGS CHARGED TO PATIENTS	2,047,209	2,203		83,934	2,133,346	391,335	2,054
059		OTHER ANCILLARY	92,604	17,270		19,084	128,958	23,656	16,103
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	110,663	87,450		21,335	219,448	40,255	81,541
061		EMERGENCY	887,313	95,264		366,222	1,348,799	247,420	88,827
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	1,025,581	14,859		243,309	1,283,749	235,487	13,855
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	22,491,028	1,529,650		3,172,170	22,131,550	3,361,562	1,036,879
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		5,383			5,383	987	
097		RESEARCH	1,793				1,793	329	
097	05	TRANSPORTATION							
098		PHYSICIANS' PRIVATE OFFIC	1,781,412			337,492	2,118,904	388,685	
098	01	PAIN CLINIC	87,229				87,229	16,001	
099		NONPAID WORKERS							
100		OTHER NONREIMBURSABLE	193,338	3,013		13,590	209,941	38,511	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	24,554,800	1,538,046		3,523,252	24,554,800	3,806,075	1,036,879

		COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECOR DS & LIBRARY
			9	10	11	12	14	16	17
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE	189,079						
010		HOUSEKEEPING	17,138	218,898					
011		DIETARY	8,270		435,374				
012		CAFETERIA				328,606			
014		NURSING ADMINISTRATION				5,133	267,920		
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		3,426		16,626			530,193
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	60,872	55,495	250,410	39,884	34,238		91,501
026		INTENSIVE CARE UNIT	4,045	15,587	58,097	17,805	10,969		3,421
031		SUBPROVIDER	5,645	16,614	126,867	26,509	7,978		1,140
033		NURSERY				4,439			2,280
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	26,289	51,385		22,637	85,761		41,617
039		DELIVERY ROOM & LABOR ROO							
041		RADIOLOGY-DIAGNOSTIC	16,527	11,476		32,623	2,992		230,035
044		LABORATORY	641	9,763		18,268	997		3,421
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY	10,714			11,972			
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY	7,814	12,332		23,727	38,892		5,986
053	01	CARDIOLOGY							
055		MEDICAL SUPPLIES CHARGED		2,227		5,101			
056		DRUGS CHARGED TO PATIENTS	2,175	2,569		9,682	22,936		
059		OTHER ANCILLARY		1,199		3,679	665		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		3,768		2,876	6,648		
061		EMERGENCY	24,263	31,516		30,739	51,523		94,352
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	4,686	171		54,974	332		6,841
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	189,079	217,528	435,374	326,674	263,931		480,594
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		1,370					
097		RESEARCH							
097	05	TRANSPORTATION							
098		PHYSICIANS' PRIVATE OFFIC					3,989		27,650
098	01	PAIN CLINIC							21,949
099		NONPAID WORKERS							
100		OTHER NONREIMBURSABLE				1,932			
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	189,079	218,898	435,374	328,606	267,920		530,193

		COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
		GENERAL SERVICE COST CNTR			
003		NEW CAP REL COSTS-BLDG &			
004		NEW CAP REL COSTS-MVBLE E			
005		EMPLOYEE BENEFITS			
006		ADMINISTRATIVE & GENERAL			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
014		NURSING ADMINISTRATION			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	2,449,588		2,449,588
026		INTENSIVE CARE UNIT	936,585		936,585
031		SUBPROVIDER	1,337,591		1,337,591
033		NURSERY	150,971		150,971
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	2,371,307		2,371,307
039		DELIVERY ROOM & LABOR ROO			
041		RADIOLOGY-DIAGNOSTIC	3,063,892		3,063,892
044		LABORATORY	1,692,610		1,692,610
047		BLOOD STORING, PROCESSING			
049		RESPIRATORY THERAPY			
050		PHYSICAL THERAPY	714,944		714,944
051		OCCUPATIONAL THERAPY			
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	1,133,101		1,133,101
053	01	CARDIOLOGY			
055		MEDICAL SUPPLIES CHARGED	1,169,131		1,169,131
056		DRUGS CHARGED TO PATIENTS	2,564,097		2,564,097
059		OTHER ANCILLARY	174,260		174,260
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	354,536		354,536
061		EMERGENCY	1,917,439		1,917,439
062		OBSERVATION BEDS (NON-DIS			
		OTHER REIMBURS COST CNTRS			
065		AMBULANCE SERVICES	1,600,095		1,600,095
		SPEC PURPOSE COST CENTERS			
095		SUBTOTALS	21,630,147		21,630,147
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	7,740		7,740
097		RESEARCH	2,122		2,122
097	05	TRANSPORTATION			
098		PHYSICIANS' PRIVATE OFFIC	2,539,228		2,539,228
098	01	PAIN CLINIC	125,179		125,179
099		NONPAID WORKERS			
100		OTHER NONREIMBURSABLE	250,384		250,384
101		CROSS FOOT ADJUSTMENT			
102		NEGATIVE COST CENTER			
103		TOTAL	24,554,800		24,554,800

ALLOCATION OF NEW CAPITAL RELATED COSTS

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
			0	3	4	4a	5	6	8
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL		203,455		203,455		203,455	
008		OPERATION OF PLANT		100,189		100,189		8,592	108,781
009		LAUNDRY & LINEN SERVICE		45,014		45,014		1,219	4,403
010		HOUSEKEEPING		6,526		6,526		1,621	638
011		DIETARY		130,302		130,302		2,532	12,747
012		CAFETERIA						2,723	
014		NURSING ADMINISTRATION		4,551		4,551		2,142	445
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		22,819		22,819		4,051	2,232
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		175,254		175,254		14,532	17,144
026		INTENSIVE CARE UNIT		35,828		35,828		6,573	3,505
031		SUBPROVIDER		91,710		91,710		9,552	
033		NURSERY		22,278		22,278		1,195	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM		192,793		192,793		16,273	18,860
039		DELIVERY ROOM & LABOR ROO							
041		RADIOLOGY-DIAGNOSTIC		104,616		104,616		22,138	10,234
044		LABORATORY		44,016		44,016		13,411	4,306
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY		38,301		38,301		5,440	3,747
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY		57,711		57,711		8,208	5,645
053	01	CARDIOLOGY							
055		MEDICAL SUPPLIES CHARGED		37,241		37,241		9,339	3,643
056		DRUGS CHARGED TO PATIENTS		2,203		2,203		20,920	215
059		OTHER ANCILLARY		17,270		17,270		1,265	1,689
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		87,450		87,450		2,152	8,555
061		EMERGENCY		95,264		95,264		13,226	9,319
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES		14,859		14,859		12,588	1,454
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS		1,529,650		1,529,650		179,692	108,781
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		5,383		5,383		53	
097		RESEARCH						18	
097	05	TRANSPORTATION							
098		PHYSICIANS' PRIVATE OFFIC						20,778	
098	01	PAIN CLINIC						855	
099		NONPAID WORKERS							
100		OTHER NONREIMBURSABLE		3,013		3,013		2,059	
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL		1,538,046		1,538,046		203,455	108,781

		COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECOR DS & LIBRARY
			9	10	11	12	14	16	17
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE	50,636						
010		HOUSEKEEPING	4,590	13,375					
011		DIETARY	2,215		147,796				
012		CAFETERIA				2,723			
014		NURSING ADMINISTRATION				43	7,181		
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		209		138			29,449
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	16,300	3,391	85,006	330	918		5,082
026		INTENSIVE CARE UNIT	1,083	952	19,722	148	294		190
031		SUBPROVIDER	1,512	1,015	43,068	220	214		63
033		NURSERY				37			127
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	7,040	3,140		188	2,298		2,312
039		DELIVERY ROOM & LABOR ROO							
041		RADIOLOGY-DIAGNOSTIC	4,426	701		270	80		12,777
044		LABORATORY	172	597		151	27		190
047		BLOOD STORING, PROCESSING							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY	2,869			99			
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY	2,093	754		197	1,042		332
053	01	CARDIOLOGY							
055		MEDICAL SUPPLIES CHARGED		136		42			
056		DRUGS CHARGED TO PATIENTS	583	157		80	615		
059		OTHER ANCILLARY		73		30	18		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		230		24	178		
061		EMERGENCY	6,498	1,926		255	1,381		5,241
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	1,255	10		455	9		380
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	50,636	13,291	147,796	2,707	7,074		26,694
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		84					
097		RESEARCH							
097	05	TRANSPORTATION							
098		PHYSICIANS' PRIVATE OFFIC					107		1,536
098	01	PAIN CLINIC							1,219
099		NONPAID WORKERS							
100		OTHER NONREIMBURSABLE				16			
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	50,636	13,375	147,796	2,723	7,181		29,449

		COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			25	26	27
		GENERAL SERVICE COST CNTR			
003		NEW CAP REL COSTS-BLDG &			
004		NEW CAP REL COSTS-MVBLE E			
005		EMPLOYEE BENEFITS			
006		ADMINISTRATIVE & GENERAL			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
014		NURSING ADMINISTRATION			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	317,957		317,957
026		INTENSIVE CARE UNIT	68,295		68,295
031		SUBPROVIDER	147,354		147,354
033		NURSERY	23,637		23,637
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	242,904		242,904
039		DELIVERY ROOM & LABOR ROO			
041		RADIOLOGY-DIAGNOSTIC	155,242		155,242
044		LABORATORY	62,870		62,870
047		BLOOD STORING, PROCESSING			
049		RESPIRATORY THERAPY			
050		PHYSICAL THERAPY	50,456		50,456
051		OCCUPATIONAL THERAPY			
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	75,982		75,982
053	01	CARDIOLOGY			
055		MEDICAL SUPPLIES CHARGED	50,401		50,401
056		DRUGS CHARGED TO PATIENTS	24,773		24,773
059		OTHER ANCILLARY	20,345		20,345
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	98,589		98,589
061		EMERGENCY	133,110		133,110
062		OBSERVATION BEDS (NON-DIS			
		OTHER REIMBURS COST CNTRS			
065		AMBULANCE SERVICES	31,010		31,010
		SPEC PURPOSE COST CENTERS			
095		SUBTOTALS	1,502,925		1,502,925
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	5,520		5,520
097		RESEARCH	18		18
097	05	TRANSPORTATION			
098		PHYSICIANS' PRIVATE OFFIC	22,421		22,421
098	01	PAIN CLINIC	2,074		2,074
099		NONPAID WORKERS			
100		OTHER NONREIMBURSABLE	5,088		5,088
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	1,538,046		1,538,046

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & FEET	NEW CAP REL COSTS-MVBLE & FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECONCILIATION	ADMINISTRATIV E & GENERAL ACCUM. COST	OPERATION OF PLANT SQUARE FEET
		3	4	5	6a.00	6	8
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	74,009					
004	NEW CAP REL COSTS-MVB		74,009				
005	EMPLOYEE BENEFITS			13,243,010			
006	ADMINISTRATIVE & GENE	9,790	9,790	1,527,677	-3,806,075	20,748,725	
008	OPERATION OF PLANT	4,821	4,821	195,449		876,159	53,509
009	LAUNDRY & LINEN SERVI	2,166	2,166	42,251		124,305	2,166
010	HOUSEKEEPING	314	314	103,825		165,345	314
011	DIETARY	6,270	6,270	72,145		258,236	6,270
012	CAFETERIA			188,772		277,671	
014	NURSING ADMINISTRATIO	219	219	169,315		218,468	219
016	PHARMACY						
017	MEDICAL RECORDS & LIB	1,098	1,098	284,294		413,088	1,098
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	8,433	8,433	939,960		1,481,934	8,433
026	INTENSIVE CARE UNIT	1,724	1,724	491,451		670,297	1,724
031	SUBPROVIDER	4,413	4,413	635,205		974,144	
033	NURSERY	1,072	1,072	71,063		121,892	
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	9,277	9,277	1,306,722		1,659,449	9,277
039	DELIVERY ROOM & LABOR						
041	RADIOLOGY-DIAGNOSTIC	5,034	5,034	1,756,935		2,258,423	5,034
044	LABORATORY	2,118	2,118	458,571		1,367,608	2,118
047	BLOOD STORING, PROCES						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY	1,843	1,843	350,946		554,778	1,843
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	2,777	2,777	490,419		837,001	2,777
053 01	CARDIOLOGY						
055	MEDICAL SUPPLIES CHAR	1,792	1,792	79,892		952,377	1,792
056	DRUGS CHARGED TO PATI	106	106	315,488		2,133,346	106
059	OTHER ANCILLARY	831	831	71,731		128,958	831
	OUTPAT SERVICE COST C						
060	CLINIC	4,208	4,208	80,194		219,448	4,208
061	EMERGENCY	4,584	4,584	1,376,537		1,348,799	4,584
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	715	715	914,537		1,283,749	715
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	73,605	73,605	11,923,379	-3,806,075	18,325,475	53,509
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	259	259			5,383	
097	RESEARCH					1,793	
097 05	TRANSPORTATION						
098	PHYSICIANS' PRIVATE O			1,268,548		2,118,904	
098 01	PAIN CLINIC					87,229	
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE	145	145	51,083		209,941	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,538,046		3,523,252		3,806,075	1,036,879
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	20.781878		.266046		.183437	19.377656
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III					203,455	108,781
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.009806	2.032948

		COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME PENT)	DIETARY S(MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMIN ISTRATION (HOURS UPERVISED)	PHARMACY S(DRUGS HARGED)	MEDICAL RECOR DS & LIBRARY C(TIME SPENT)
			9	10	11	12	14	16	17
		GENERAL SERVICE COST							
003		NEW CAP REL COSTS-BLD							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENE							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVI	31,553						
010		HOUSEKEEPING	2,860	1,278					
011		DIETARY	1,380		2,488				
012		CAFETERIA				307,494			
014		NURSING ADMINISTRATIO				4,803	806		
016		PHARMACY						100	
017		MEDICAL RECORDS & LIB		20		15,558			1,860
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	10,158	324	1,431	37,322	103		321
026		INTENSIVE CARE UNIT	675	91	332	16,661	33		12
031		SUBPROVIDER	942	97	725	24,806	24		4
033		NURSERY				4,154			8
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	4,387	300		21,183	258		146
039		DELIVERY ROOM & LABOR							
041		RADIOLOGY-DIAGNOSTIC	2,758	67		30,527	9		807
044		LABORATORY	107	57		17,094	3		12
047		BLOOD STORING, PROCES							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY	1,788			11,203			
051		OCCUPATIONAL THERAPY							
052		SPEECH PATHOLOGY							
053		ELECTROCARDIOLOGY	1,304	72		22,203	117		21
053	01	CARDIOLOGY							
055		MEDICAL SUPPLIES CHAR		13		4,773			
056		DRUGS CHARGED TO PATI	363	15		9,060	69	100	
059		OTHER ANCILLARY		7		3,443	2		
		OUTPAT SERVICE COST C							
060		CLINIC		22		2,691	20		
061		EMERGENCY	4,049	184		28,764	155		331
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES	782	1		51,441	1		24
		SPEC PURPOSE COST CEN							
095		SUBTOTALS	31,553	1,270	2,488	305,686	794	100	1,686
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE		8					
097		RESEARCH							
097	05	TRANSPORTATION							
098		PHYSICIANS' PRIVATE O					12		97
098	01	PAIN CLINIC							77
099		NONPAID WORKERS							
100		OTHER NONREIMBURSABLE				1,808			
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	189,079	218,898	435,374	328,606	267,920		530,193
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.992425	171.281690	174.989550	1.068658	332.406948		285.050000
105		COST TO BE ALLOCATED (WRKSHT B, PART II)							
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107		COST TO BE ALLOCATED (WRKSHT B, PART III	50,636	13,375	147,796	2,723	7,181		29,449
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.604792	10.465571	59.403537	.008855	8.909429		15.832796

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET C I PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	2,449,588		2,449,588		
26		INTENSIVE CARE UNIT	936,585		936,585		
31		SUBPROVIDER	1,337,591		1,337,591		
33		NURSERY	150,971		150,971		
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	2,371,307		2,371,307		
39		DELIVERY ROOM & LABOR ROO					
41		RADIOLOGY-DIAGNOSTIC	3,063,892		3,063,892		
44		LABORATORY	1,692,610		1,692,610		
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY	714,944		714,944		
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY	1,133,101		1,133,101		
53	01	CARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED	1,169,131		1,169,131		
56		DRUGS CHARGED TO PATIENTS	2,564,097		2,564,097		
59		OTHER ANCILLARY	174,260		174,260		
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	354,536		354,536		
61		EMERGENCY	1,917,439		1,917,439		
62		OBSERVATION BEDS (NON-DIS	498,217		498,217		
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	1,600,095		1,600,095		
101		SUBTOTAL	22,128,364		22,128,364		
102		LESS OBSERVATION BEDS	498,217		498,217		
103		TOTAL	21,630,147		21,630,147		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	1,799,548		1,799,548			
26		INTENSIVE CARE UNIT	1,076,120		1,076,120			
31		SUBPROVIDER	909,100		909,100			
33		NURSERY	90,331		90,331			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	554,941	2,802,467	3,357,408	.706291	.706291	
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	441,624	9,486,834	9,928,458	.308597	.308597	
44		LABORATORY	1,159,241	5,821,669	6,980,910	.242463	.242463	
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	268,753	1,553,022	1,821,775	.392444	.392444	
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	701,472	2,303,711	3,005,183	.377049	.377049	
53	01	CARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED	1,199,770	1,992,586	3,192,356	.366228	.366228	
56		DRUGS CHARGED TO PATIENTS	1,909,850	6,441,123	8,350,973	.307042	.307042	
59		OTHER ANCILLARY		113,205	113,205	1.539331	1.539331	
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY	56,734	2,791,349	2,848,083	.673238	.673238	
62		OBSERVATION BEDS (NON-DIS	92,330	414,407	506,737	.983187	.983187	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES		1,871,350	1,871,350	.855048	.855048	
101		SUBTOTAL	10,259,814	35,591,723	45,851,537			
102		LESS OBSERVATION BEDS						
103		TOTAL	10,259,814	35,591,723	45,851,537			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-1314
I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007

I PREPARED 5/28/2008 I WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	2,449,588		2,449,588		
26		INTENSIVE CARE UNIT	936,585		936,585		
31		SUBPROVIDER	1,337,591		1,337,591		
33		NURSERY	150,971		150,971		
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	2,371,307		2,371,307		
39		DELIVERY ROOM & LABOR ROO					
41		RADIOLOGY-DIAGNOSTIC	3,063,892		3,063,892		
44		LABORATORY	1,692,610		1,692,610		
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY	714,944		714,944		
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY	1,133,101		1,133,101		
53	01	CARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED	1,169,131		1,169,131		
56		DRUGS CHARGED TO PATIENTS	2,564,097		2,564,097		
59		OTHER ANCILLARY	174,260		174,260		
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	354,536		354,536		
61		EMERGENCY	1,917,439		1,917,439		
62		OBSERVATION BEDS (NON-DIS	498,217		498,217		
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	1,600,095		1,600,095		
101		SUBTOTAL	22,128,364		22,128,364		
102		LESS OBSERVATION BEDS	498,217		498,217		
103		TOTAL	21,630,147		21,630,147		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-1314
I PERIOD:
I FROM 1/ 1/2007
I TO 12/31/2007

I PREPARED 5/28/2008
I WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	1,799,548		1,799,548			
26		INTENSIVE CARE UNIT	1,076,120		1,076,120			
31		SUBPROVIDER	909,100		909,100			
33		NURSERY	90,331		90,331			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	554,941	2,802,467	3,357,408	.706291	.706291	
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	441,624	9,486,834	9,928,458	.308597	.308597	
44		LABORATORY	1,159,241	5,821,669	6,980,910	.242463	.242463	
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	268,753	1,553,022	1,821,775	.392444	.392444	
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	701,472	2,303,711	3,005,183	.377049	.377049	
53	01	CARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED	1,199,770	1,992,586	3,192,356	.366228	.366228	
56		DRUGS CHARGED TO PATIENTS	1,909,850	6,441,123	8,350,973	.307042	.307042	
59		OTHER ANCILLARY		113,205	113,205	1.539331	1.539331	
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY	56,734	2,791,349	2,848,083	.673238	.673238	
62		OBSERVATION BEDS (NON-DIS	92,330	414,407	506,737	.983187	.983187	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES		1,871,350	1,871,350	.855048	.855048	
101		SUBTOTAL	10,259,814	35,591,723	45,851,537			
102		LESS OBSERVATION BEDS						
103		TOTAL	10,259,814	35,591,723	45,851,537			

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,371,307	242,904	2,128,403			2,371,307
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	3,063,892	155,242	2,908,650			3,063,892
44		LABORATORY	1,692,610	62,870	1,629,740			1,692,610
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	714,944	50,456	664,488			714,944
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	1,133,101	75,982	1,057,119			1,133,101
53	01	CARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED	1,169,131	50,401	1,118,730			1,169,131
56		DRUGS CHARGED TO PATIENTS	2,564,097	24,773	2,539,324			2,564,097
59		OTHER ANCILLARY	174,260	20,345	153,915			174,260
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	354,536	98,589	255,947			354,536
61		EMERGENCY	1,917,439	133,110	1,784,329			1,917,439
62		OBSERVATION BEDS (NON-DIS	498,217		498,217			498,217
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	1,600,095	31,010	1,569,085			1,600,095
101		SUBTOTAL	17,253,629	945,682	16,307,947			17,253,629
102		LESS OBSERVATION BEDS	498,217		498,217			498,217
103		TOTAL	16,755,412	945,682	15,809,730			16,755,412

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	3,357,408	.706291	.706291
39		DELIVERY ROOM & LABOR ROO			
41		RADIOLOGY-DIAGNOSTIC	9,928,458	.308597	.308597
44		LABORATORY	6,980,910	.242463	.242463
47		BLOOD STORING, PROCESSING			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	1,821,775	.392444	.392444
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	3,005,183	.377049	.377049
53	01	CARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED	3,192,356	.366228	.366228
56		DRUGS CHARGED TO PATIENTS	8,350,973	.307042	.307042
59		OTHER ANCILLARY	113,205	1.539331	1.539331
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	2,848,083	.673238	.673238
62		OBSERVATION BEDS (NON-DIS	506,737	.983187	.983187
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	1,871,350	.855048	.855048
101		SUBTOTAL	41,976,438		
102		LESS OBSERVATION BEDS	506,737		
103		TOTAL	41,469,701		

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,371,307	242,904	2,128,403			2,371,307
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	3,063,892	155,242	2,908,650			3,063,892
44		LABORATORY	1,692,610	62,870	1,629,740			1,692,610
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY	714,944	50,456	664,488			714,944
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	1,133,101	75,982	1,057,119			1,133,101
53	01	CARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED	1,169,131	50,401	1,118,730			1,169,131
56		DRUGS CHARGED TO PATIENTS	2,564,097	24,773	2,539,324			2,564,097
59		OTHER ANCILLARY	174,260	20,345	153,915			174,260
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	354,536	98,589	255,947			354,536
61		EMERGENCY	1,917,439	133,110	1,784,329			1,917,439
62		OBSERVATION BEDS (NON-DIS	498,217		498,217			498,217
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	1,600,095	31,010	1,569,085			1,600,095
101		SUBTOTAL	17,253,629	945,682	16,307,947			17,253,629
102		LESS OBSERVATION BEDS	498,217		498,217			498,217
103		TOTAL	16,755,412	945,682	15,809,730			16,755,412

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

PROVIDER NO: 15-1314
PERIOD: FROM 1/ 1/2007 TO 12/31/2007

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	3,357,408	.706291	.706291
39		DELIVERY ROOM & LABOR ROO			
41		RADIOLOGY-DIAGNOSTIC	9,928,458	.308597	.308597
44		LABORATORY	6,980,910	.242463	.242463
47		BLOOD STORING, PROCESSING			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	1,821,775	.392444	.392444
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	3,005,183	.377049	.377049
53	01	CARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED	3,192,356	.366228	.366228
56		DRUGS CHARGED TO PATIENTS	8,350,973	.307042	.307042
59		OTHER ANCILLARY	113,205	1.539331	1.539331
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	2,848,083	.673238	.673238
62		OBSERVATION BEDS (NON-DIS	506,737	.983187	.983187
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	1,871,350	.855048	.855048
101		SUBTOTAL	41,976,438		
102		LESS OBSERVATION BEDS	506,737		
103		TOTAL	41,469,701		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				317,957	50,812	267,145
26	INTENSIVE CARE UNIT				68,295		68,295
31	SUBPROVIDER				147,354		147,354
33	NURSERY				23,637		23,637
101	TOTAL				557,243		506,431

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	2,334	968			114.46	110,797
26	INTENSIVE CARE UNIT	520	442			131.34	58,052
31	SUBPROVIDER	1,135	449			129.83	58,294
33	NURSERY	195				121.22	
101	TOTAL	4,184	1,859				227,143

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

PROVIDER NO: 15-1314 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/28/2008 | WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					2,334	
26	INTENSIVE CARE UNIT					520	
31	SUBPROVIDER					1,135	
33	NURSERY					195	
101	TOTAL					4,184	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	968	
26	INTENSIVE CARE UNIT	442	
31	SUBPROVIDER	449	
33	NURSERY		
101	TOTAL	1,859	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 12/31/2007	PART V
15-1314		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.706291		.706291		
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC	.308597		.308597		
44	LABORATORY	.242463		.242463		
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	.392444		.392444		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	.377049		.377049		
53 01	CARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366228		.366228		
56	DRUGS CHARGED TO PATIENTS	.307042		.307042		
59	OTHER ANCILLARY	1.539331		1.539331		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	.673238		.673238		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.983187		.983187		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	.855048		.855048		
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
		4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		872,438			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		2,708,695			
44	LABORATORY		2,233,449			
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY		354,136			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		780,143			
53 01	CARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		701,906			
56	DRUGS CHARGED TO PATIENTS		3,144,197			
59	OTHER ANCILLARY		7,692			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		663,677			
62	OBSERVATION BEDS (NON-DISTINCT PART)		264,503			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		11,730,836			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		11,730,836			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 12/31/2007	PART V
15-1314		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	616,195		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	835,895		
44	LABORATORY	541,529		
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	138,979		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	294,152		
53 01	CARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	257,058		
56	DRUGS CHARGED TO PATIENTS	965,401		
59	OTHER ANCILLARY	11,841		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	446,813		
62	OBSERVATION BEDS (NON-DISTINCT PART)	260,056		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	4,367,919		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	4,367,919		

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008
I COMPONENT NO: 15-M314 I WORKSHEET D PART II

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		242,904	3,357,408	1,440		
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC		155,242	9,928,458	36,640		
44		LABORATORY		62,870	6,980,910	67,060		
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY		50,456	1,821,775	5,211		
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY		75,982	3,005,183	16,796		
53	01	CARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED		50,401	3,192,356	6,166		
56		DRUGS CHARGED TO PATIENTS		24,773	8,350,973	137,264		
59		OTHER ANCILLARY		20,345	113,205			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		98,589				
61		EMERGENCY		133,110	2,848,083	2,521		
62		OBSERVATION BEDS (NON-DIS			506,737			
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL		914,672	40,105,088	273,098		

WKST A LINE	NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.072349	104
39		DELIVERY ROOM & LABOR ROO		
41		RADIOLOGY-DIAGNOSTIC	.015636	573
44		LABORATORY	.009006	604
47		BLOOD STORING, PROCESSING		
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY	.027696	144
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY	.025284	425
53	01	CARDIOLOGY		
55		MEDICAL SUPPLIES CHARGED	.015788	97
56		DRUGS CHARGED TO PATIENTS	.002966	407
59		OTHER ANCILLARY	.179718	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
61		EMERGENCY	.046737	118
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		2,472

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

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			3,357,408			1,440	
39		DELIVERY ROOM & LABOR ROO							
41		RADIOLOGY-DIAGNOSTIC			9,928,458			36,640	
44		LABORATORY			6,980,910			67,060	
47		BLOOD STORING, PROCESSING							
49		RESPIRATORY THERAPY							
50		PHYSICAL THERAPY			1,821,775			5,211	
51		OCCUPATIONAL THERAPY							
52		SPEECH PATHOLOGY							
53		ELECTROCARDIOLOGY			3,005,183			16,796	
53	01	CARDIOLOGY							
55		MEDICAL SUPPLIES CHARGED			3,192,356			6,166	
56		DRUGS CHARGED TO PATIENTS			8,350,973			137,264	
59		OTHER ANCILLARY			113,205				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
61		EMERGENCY			2,848,083			2,521	
62		OBSERVATION BEDS (NON-DIS			506,737				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL			40,105,088			273,098	

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:		PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007		WORKSHEET D-1
COMPONENT NO:	TO 12/31/2007		PART I
15-1314			

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,806
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,334
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,334
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	472
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)	-33
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)	33
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	968
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	404
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	132.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,449,588
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	4,356
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	391,466
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,058,122
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,799,548
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,799,548
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.143688
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	771.01
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	2,058,122

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	881.80
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	853,582
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	853,582

		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	936,585	520	1,801.13	442	796,099
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	958,928
49	TOTAL PROGRAM INPATIENT COSTS	2,608,609
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	356,247
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	356,247
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	OTHER
PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY			
			1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST		
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		
68	PROGRAM ROUTINE SERVICE COST		
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		
72	PER DIEM CAPITAL-RELATED COSTS		
73	PROGRAM CAPITAL-RELATED COSTS		
74	INPATIENT ROUTINE SERVICE COST		
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		
PART IV - COMPUTATION OF OBSERVATION BED COST			
83	TOTAL OBSERVATION BED DAYS		565
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		881.80
85	OBSERVATION BED COST		498,217

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,135
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,135
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,135
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	449
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,337,591
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	1,337,591
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	909,100
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	909,100
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.471335
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	800.97
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	1,337,591

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,178.49
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	529,142
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	529,142

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

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	83,063
49	TOTAL PROGRAM INPATIENT COSTS	612,205

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	58,294
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2,472
52	TOTAL PROGRAM EXCLUDABLE COST	60,766
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	551,439

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	76
55	TARGET AMOUNT PER DISCHARGE	5,588.81
56	TARGET AMOUNT	424,750
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-126,689
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	42,107
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	527,623
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS		
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		1,178.49
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		1,337,591			
87	NEW CAPITAL-RELATED COST	147,354	1,337,591	.110164		
88	NON PHYSICIAN ANESTHETIST		1,337,591			
89	MEDICAL EDUCATION		1,337,591			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL TEFRA

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,806
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,334
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,334
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)	439
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)	33
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	232
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)	195
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
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	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,799,548
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,799,548
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	771.01
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	

TITLE XIX - I/P HOSPITAL TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
42	NURSERY (TITLE V & XIX ONLY)		195			
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT		520			
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					220,307
49	TOTAL PROGRAM INPATIENT COSTS					220,307

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	220,307

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	60
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 TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	565
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,135
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,135
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,135
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	117
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
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	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	909,100
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	909,100
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	800.97
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	

TITLE XIX - I/P SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

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

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

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	21,359
49	TOTAL PROGRAM INPATIENT COSTS	21,359

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	21,359

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	25
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 SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		677,585	
26		INTENSIVE CARE UNIT		749,784	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.706291	204,761	144,621
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.308597	199,497	61,564
44		LABORATORY	.242463	448,550	108,757
47		BLOOD STORING, PROCESSING & TRANS.			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.392444	85,946	33,729
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	.377049	273,334	103,060
53	01	CARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.366228	598,653	219,243
56		DRUGS CHARGED TO PATIENTS	.307042	929,737	285,468
59		OTHER ANCILLARY	1.539331		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	.673238	3,692	2,486
62		OBSERVATION BEDS (NON-DISTINCT PART)	.983187		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		2,744,170	958,928
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		2,744,170	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I COMPONENT NO: 15-M314 I

I PREPARED 5/28/2008 I WORKSHEET D-4 I

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER		357,900	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.706291	1,440	1,017
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.308597	36,640	11,307
44		LABORATORY	.242463	67,060	16,260
47		BLOOD STORING, PROCESSING & TRANS.			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.392444	5,211	2,045
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	.377049	16,796	6,333
53	01	CARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.366228	6,166	2,258
56		DRUGS CHARGED TO PATIENTS	.307042	137,264	42,146
59		OTHER ANCILLARY	1.539331		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	.673238	2,521	1,697
62		OBSERVATION BEDS (NON-DISTINCT PART)	.983187		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		273,098	83,063
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		273,098	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.706291		
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.308597	10,587	3,267
44		LABORATORY	.242463	34,336	8,325
47		BLOOD STORING, PROCESSING & TRANS.			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.392444	120,642	47,345
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	.377049	8,425	3,177
53	01	CARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.366228	42,780	15,667
56		DRUGS CHARGED TO PATIENTS	.307042	146,429	44,960
59		OTHER ANCILLARY	1.539331		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	.673238		
62		OBSERVATION BEDS (NON-DISTINCT PART)	.983187		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		363,199	122,741
102		LESS P&P CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		363,199	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1314	PERIOD: FROM 1/ 1/2007	PREPARED 5/28/2008
COMPONENT NO: 15-1314	TO 12/31/2007	WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		146,572	
26	INTENSIVE CARE UNIT		39,585	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.706291	141,724	100,098
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.308597	33,236	10,257
44	LABORATORY	.242463	84,965	20,601
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.392444	6,757	2,652
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.377049	34,411	12,975
53 01	CARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.366228	103,262	37,817
56	DRUGS CHARGED TO PATIENTS	.307042	99,139	30,440
59	OTHER ANCILLARY	1.539331		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.673238	8,121	5,467
62	OBSERVATION BEDS (NON-DISTINCT PART)	.983187		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		511,615	220,307
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		511,615	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET D-4

I COMPONENT NO: 15-M314 I

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER		100,141	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.706291	410	290
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	.308597	4,467	1,379
44		LABORATORY	.242463	28,845	6,994
47		BLOOD STORING, PROCESSING & TRANS.			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY	.392444	423	166
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY	.377049	4,296	1,620
53	01	CARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.366228	694	254
56		DRUGS CHARGED TO PATIENTS	.307042	26,349	8,090
59		OTHER ANCILLARY	1.539331		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	.673238	3,812	2,566
62		OBSERVATION BEDS (NON-DISTINCT PART)	.983187		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		69,296	21,359
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		69,296	

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,367,919
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,367,919
	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)	4,411,598
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	32,605
18.01	CAH ACTUAL BILLED COINSURANCE	1,905,582
19	LINE 17.01 (SEE INSTRUCTIONS) SUBTOTAL (SEE INSTRUCTIONS)	2,473,411
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	2,473,411
24	PRIMARY PAYER PAYMENTS	2,583
25	SUBTOTAL	2,470,828
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	367,901
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	367,901
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	367,901
28	SUBTOTAL	2,838,729
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	2,838,729
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,129,410
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-290,681
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2007	
15-1314		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	INPATIENT-PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,705,730		2,907,546
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	9/10/2007	33,070	9/10/2007	91,520
	ADJUSTMENTS TO PROVIDER	.02	8/16/2007	59,530	8/16/2007	164,742
	ADJUSTMENTS TO PROVIDER	.03	7/31/2007	12,455		
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51			7/31/2007	34,398
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		105,055		221,864
4	TOTAL INTERIM PAYMENTS			2,810,785		3,129,410
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01			
		SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008 I WORKSHEET E-1

I COMPONENT NO: 15-M314 I

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			277,504		
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	7/31/2007	24,293		
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		-24,293		NONE
4	TOTAL INTERIM PAYMENTS			253,211		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2007	
15-2314		

TITLE XVIII SWING BED SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			550,322		
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	7/31/2007	7,308		
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		-7,308		NONE
4	TOTAL INTERIM PAYMENTS			543,014		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY					

NAME OF INTERMEDIARY:
INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: 15-1314 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I PREPARED 5/28/2008
I COMPONENT NO: 15-Z314 I WORKSHEET E-2

TITLE XVIII SWING BED SNF

	COMPUTATION OF NET COST OF COVERED SERVICES	PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	359,809	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	123,968	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	404	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	483,777	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	483,777	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	483,777	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	9,548	
14	80% OF PART B COSTS		
15	SUBTOTAL	474,229	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	474,229	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	543,014	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-68,785	
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)	527,623
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	131,906
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	213,756
1.09	NET IPF PPS OUTLIER PAYMENTS	22,725
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)	3.109589
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	236,481
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	369,336
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	277,002
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-)	40,521
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	408,908
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	408,908
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	408,908
7	DEDUCTIBLES	49,560
8	SUBTOTAL	359,348
9	COINSURANCE	9,176
10	SUBTOTAL	350,172
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	350,172
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)	350,172
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	253,211
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	96,961
21	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

----- 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.

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT

		HOSPITAL
1	INPATIENT SERVICES	2,608,609
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,608,609
5	PRIMARY PAYER PAYMENTS	122
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,634,572
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,634,572
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	254,276
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,380,296
23	COINSURANCE	7,192
24	SUBTOTAL	2,373,104
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	89,851
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	89,851
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	89,851
26	SUBTOTAL	2,462,955
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,462,955
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,810,785
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-347,830
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2007	PART III
-		

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

TITLE XIX HOSPITAL

		TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	220,307	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	220,307	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	220,307	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	511,615	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	511,615	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	511,615	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	291,308	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	220,307	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	220,307	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	220,307	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	220,307	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	220,307	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	220,307	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	220,307	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	175,624	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	44,683	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/28/2008
15-1314	FROM 1/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2007	PART III
15-M314		

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

TITLE XIX SUBPROVIDER 1

		TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	21,359	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	21,359	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	21,359	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	570,446	
11	ANCILLARY SERVICE CHARGES	69,296	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	639,742	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	639,742	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	618,383	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	21,359	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	21,359	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	21,359	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	21,359	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	21,359	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	21,359	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	21,359	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	59,598	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	-38,239	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	865,012			
2	TEMPORARY INVESTMENTS	8,932			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,530,201			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	1,134,454			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,538,599			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	9,958,474			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	9,958,474			
	OTHER ASSETS				
22	INVESTMENTS	10,162			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	718,695			
26	TOTAL OTHER ASSETS	728,857			
27	TOTAL ASSETS	18,225,930			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	2,789,550			
29	SALARIES, WAGES & FEES PAYABLE	1,773,364			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	4,379,562			
36	TOTAL CURRENT LIABILITIES	8,942,476			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	3,773,758			
42	TOTAL LONG-TERM LIABILITIES	3,773,758			
43	TOTAL LIABILITIES	12,716,234			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	5,509,696			
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	5,509,696			
52	TOTAL LIABILITIES AND FUND BALANCES	18,225,930			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		9,614,900		
2	NET INCOME (LOSS)		-4,105,204		
3	TOTAL		5,509,696		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		5,509,696		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12					
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		5,509,696		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | PROVIDER NO: 15-1314 | PERIOD: FROM 1/ 1/2007 TO 12/31/2007 | PREPARED 5/28/2008 | WORKSHEET G-2 | PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	7,710,991		7,710,991
2	00	SUBPROVIDER			
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	7,710,991		7,710,991
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT			
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	7,710,991		7,710,991
17	00	ANCILLARY SERVICES	2,634,641	740,097	3,374,738
18	00	OUTPATIENT SERVICES		42,353,848	42,353,848
20	00	AMBULANCE SERVICES			
24	00				
25	00	TOTAL PATIENT REVENUES	10,345,632	43,093,945	53,439,577

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	27,810,447	
		ADD (SPECIFY)		
27	00			
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		
		DEDUCT (SPECIFY)		
34	00	OTHER	806,777	
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS	806,777	
40	00	TOTAL OPERATING EXPENSES	27,003,670	

STATEMENT OF REVENUES AND EXPENSES

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	53,439,577
2	LESS: ALLOWANCES AND DISCOUNTS ON	30,595,658
3	NET PATIENT REVENUES	22,843,919
4	LESS: TOTAL OPERATING EXPENSES	27,003,670
5	NET INCOME FROM SERVICE TO PATIENT	-4,159,751
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	81,405
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 REVENUE	693,966
25	TOTAL OTHER INCOME	775,371
26	TOTAL	-3,384,380
	OTHER EXPENSES	
27	INTEREST EXPENSE	323,539
28	OTHER EXPENSE	397,285
29		
30	TOTAL OTHER EXPENSES	720,824
31	NET INCOME (OR LOSS) FOR THE PERIO	-4,105,204