

Graham Hospital Association

**Title XVIII Medicare Cost Report
Provider No. 14-0001**

Fiscal Year Ended June 30, 2008

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0001	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/11/2008 TIME 13:05

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: GRAHAM HOSPITAL ASSOCIATION 14-0001 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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: 11/11/2008 TIME 13:05

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PI ENCRYPTION INFORMATION
DATE: 11/11/2008 TIME 13:05

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4	
1	HOSPITAL	0	-350,775	84,371	0	
5	HOSPITAL-BASED SNF	0	208,423	-75	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	368,112	0	
9 .01	RHC II	0	0	0	0	
9 .02	RHC III	0	0	0	0	
100	TOTAL	0	-142,352	452,408	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 210 WEST WALNUT P.O. BOX:
 1.01 CITY: CANTON STATE: IL ZIP CODE: 61520- COUNTY: FULTON

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	XVIII	XIX
02.00	HOSPITAL	14-0001		7/19/1966	N	P	O
06.00	HOSPITAL-BASED SNF	14-5572		7/2/1987	N	P	N
09.00	HOSPITAL-BASED HHA	14-7142		6/1/1979	N	P	N
12.00	HOSP-BASED HOSPICE	14-1558		7/28/1993			
14.00	HOSPITAL-BASED RHC	14-3493		1/1/2008	N	O	N
14.01	HOSPITAL-BASED RHC 2	14-3494		1/1/2008	N	O	N
14.02	HOSPITAL-BASED RHC 3	14-3492		1/1/2008	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

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

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

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? N

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

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

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

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

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

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. I

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2007 ENDING: 6/30/2008
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

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

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

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

	1	2	3	4
28.02	100	0.8320	0.8335	
	0.00	2	14	99914

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

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

	%	Y/N
28.03 STAFFING	48.57%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	3.72%	N
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS)
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? Y
 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? N
 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? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ 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
49.00 SNF	N	N			
50.00 HHA	N	N			

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 253,088
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
14-0001 I FROM 7/ 1/2007 I WORKSHEET S-3
I TO 6/30/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	40	2.01	3	4	4,838	5
2 HMO							1,166
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	40	14,579				4,838	1,166
6 INTENSIVE CARE UNIT	5	1,830				428	60
11 NURSERY							383
12 TOTAL	45	16,409				5,266	1,609
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	32	11,712				5,677	678
16 NURSING FACILITY	22	8,052					2,922
18 HOME HEALTH AGENCY						3,137	1,994
21 HOSPICE							
24 RHC							
25 TOTAL	99					5,648	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS TOTAL ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED	TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES TOTAL	RES. FTES LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			8,524				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			8,524				
6 INTENSIVE CARE UNIT			688				
11 NURSERY			553				
12 TOTAL			9,765				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			8,066				
16 NURSING FACILITY			7,473				
18 HOME HEALTH AGENCY			5,131				
21 HOSPICE							
24 RHC			39,302				
25 TOTAL			991	352	639		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,118	407	2,321
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		429.04			1,118	407	2,321
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		34.15					
16 NURSING FACILITY		19.82					
18 HOME HEALTH AGENCY		8.84					
21 HOSPICE		4.17					
24 RHC		54.66					
25 TOTAL		550.68					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET S-3
 I I TO 6/30/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	24,296,028		24,296,028	1,037,367.92	23.42	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	590,496		590,496	5,592.00	105.60	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,178,544		1,178,544	71,057.70	16.59	
8.01 EXCLUDED AREA SALARIES	2,010,091	3,195	2,013,286	106,703.38	18.87	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	48,740		48,740	910.25	53.55	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,429,195		5,429,195			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	842,030		842,030			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	156,258		156,258			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	166,210		166,210	8,996.06	18.48	
22 ADMINISTRATIVE & GENERAL	3,014,853		3,014,853	139,381.98	21.63	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,015,179	-3,195	1,011,984	58,565.12	17.28	
25 LAUNDRY & LINEN SERVICE	36,668		36,668	3,172.44	11.56	
26 HOUSEKEEPING	519,441		519,441	50,656.61	10.25	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	623,051	-230,965	392,086	34,625.20	11.32	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		230,965	230,965	20,396.57	11.32	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	595,393		595,393	22,805.02	26.11	
31 CENTRAL SERVICE AND SUPPLY	35,006		35,006	3,180.08	11.01	
32 PHARMACY	557,931		557,931	25,217.60	22.12	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	471,707		471,707	37,953.40	12.43	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	23,705,532		23,705,532	1,031,775.92	22.98	
2 EXCLUDED AREA SALARIES	3,188,635	3,195	3,191,830	177,761.08	17.96	
3 SUBTOTAL SALARIES	20,516,897	-3,195	20,513,702	854,014.84	24.02	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	48,740		48,740	910.25	53.55	
5 SUBTOTAL WAGE-RELATED COSTS	5,429,195		5,429,195		26.47	
6 TOTAL	25,994,832	-3,195	25,991,637	854,925.09	30.40	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	7,035,439	-3,195	7,032,244	404,950.08	17.37	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET 5-4
I HHA NO: I TO 6/30/2008 I
I 14-7142 I
COUNTY: FULTON

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,073	237	1,080
2 UNDUPLICATED CENSUS COUNT		181.00	20.71	94.33

TOTAL
5

1 HOME HEALTH AIDE HOURS	3,390
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.56		.56
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.70		1.70
6 DIRECTING NURSING SERVICE	4.21		4.21
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.47		.47
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.19		.19
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.04	.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.08		.08
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.63		1.63
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914	

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	1,930	47	81	12
22 SKILLED NURSING VISIT CHARGES	264,304	6,463	11,138	1,650
23 PHYSICAL THERAPY VISITS	296	0	9	5
24 PHYSICAL THERAPY VISIT CHARGES	43,679	0	1,334	741
25 OCCUPATIONAL THERAPY VISITS	101	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	14,947	0	148	0
27 SPEECH PATHOLOGY VISITS	62	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	9,191	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	33	1	3	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,161	188	564	0
31 HOME HEALTH AIDE VISITS	414	16	1	0
32 HOME HEALTH AIDE VISIT CHARGES	38,931	1,508	94	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	2,836	64	95	17
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	377,213	8,159	13,278	2,391
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	191	0	34	3
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	35,196	474	5,486	272

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET 5-4
I HHA NO: I TO 6/30/2008 I
I 14-7142 I
COUNTY: FULTON

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	85	2,155
22 SKILLED NURSING VISIT CHARGES	0	11,432	294,987
23 PHYSICAL THERAPY VISITS	0	16	326
24 PHYSICAL THERAPY VISIT CHARGES	0	2,372	48,126
25 OCCUPATIONAL THERAPY VISITS	0	0	102
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	15,095
27 SPEECH PATHOLOGY VISITS	0	9	71
28 SPEECH PATHOLOGY VISIT CHARGES	0	1,334	10,525
29 MEDICAL SOCIAL SERVICE VISITS	0	1	38
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	188	7,101
31 HOME HEALTH AIDE VISITS	0	14	445
32 HOME HEALTH AIDE VISIT CHARGES	0	1,319	41,852
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	125	3,137
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	16,645	417,686
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	5	233
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	662	42,090

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET S-7
I I TO 6/30/2008 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 DAYS	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	SRVCS 4/1/01 TO 9/30/01 DAYS
1	2	3	4	4.02	4.03
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB		3		
6	RVA		5		
6 .01	RVX				
6 .02	RVL		32		
7	RHC		87		
8	RHB		251		
9	RHA		238		
9 .01	RHX				
9 .02	RHL				
10	RMC		104		
11	RMB		370		
12	RMA		803		
12 .01	RMX		792		
12 .02	RML		2,078		
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3		339		
16	SE2		246		
17	SE1				
18	SSC		20		
19	SSB				
20	SSA		203		
21	CC2				
22	CC1				
23	CB2				
24	CB1		15		
25	CA2				
26	CA1		91		
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL		5,677		

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

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8320
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008 I

I PREPARED 11/11/2008
I WORKSHEET S-7
I

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8320
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET S-7
I I TO 6/30/2008 I NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

1	GROUP(1) 1	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC		458.21			478.65		
2	RUB		423.86			442.78		
3	RUA		406.10			424.23		
3 .01	RUX		531.62			555.34		
3 .02	RUL		472.41			493.49		
4	RVC		361.85			378.00		
5	RVB		345.27			360.68	360.68	3
6	RVA		313.30			327.29	327.29	5
6 .01	RVX		398.56			416.34		
6 .02	RVL		373.70			390.37	390.37	32
7	RHC		310.08	310.08	14	323.91	323.91	73
8	RHB		297.06	297.06	50	310.31	310.31	201
9	RHA		276.93	276.93	48	289.28	289.28	190
9 .01	RHX		333.76			348.65		
9 .02	RHL		327.84			342.47		
10	RMC		283.49	283.49	14	296.13	296.13	90
11	RMB		276.38	276.38	105	288.72	288.72	265
12	RMA		270.46	270.46	118	282.53	282.53	685
12 .01	RMX		375.84	375.84	165	392.62	392.62	627
12 .02	RML		346.24	346.24	525	361.69	361.69	1,553
13	RLB		245.70			256.66		
14	RLA		211.37			220.79		
14 .01	RLX		265.84			277.69		
15	SE3		297.80	297.80	154	311.09	311.09	185
16	SE2		253.99	253.99	73	265.33	265.33	173
17	SE1		226.75			236.87		
18	SSC		223.20	223.20	3	233.17	233.17	17
19	SSB		211.36			220.79		
20	SSA		207.81	207.81	39	217.09	217.09	164
21	CC2		222.01			231.93		
22	CC1		203.07			212.13		
23	CB2		193.60			202.24		
24	CB1		185.31	185.31	15	193.58		
25	CA2		184.12			192.34		
26	CA1		172.28	172.28	14	179.97	179.97	77
27	IB2		165.18			172.55		
28	IB1		162.81			170.08		
29	IA2		149.79			156.47		
30	IA1		143.86			150.28		
31	BB2		163.99			171.32		
32	BB1		159.26			166.37		
33	BA2		148.60			155.24		
34	BA1		139.13			145.34		
35	PE2		178.21			186.16		
36	PE1		174.65			182.45		
37	PD2		169.92			177.50		
38	PD1		167.55			175.03		
39	PC2		161.63			168.85		
40	PC1		159.26			166.37		
41	PB2		142.69			149.05		
42	PB1		141.50			147.81		
43	PA2		140.31			146.57		
44	PA1		136.76			142.87		
45	Default		136.76			142.87		
46	TOTAL				1,337			4,340

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8320
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET S-7
I I TO 6/30/2008 I NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS		CODE 042		SWING		TOTAL
		SERV PRIOR TO	OCT. 1ST	DAYS	SERV ON/AFTER	OCT. 1ST	DAYS	BED SNF	DAYS	
1	2	RATE			RATE					5
1	RUC	1,044.72		4.03	1,091.32		4.05	4.06		
2	RUB	966.40			1,009.54					
3	RUA	925.91			967.24					
3 .01	RUX	1,212.09			1,266.18					
3 .02	RUL	1,077.09			1,125.16					
4	RVC	825.02			861.84					
5	RVB	787.22			822.35					1,082
6	RVA	714.32			746.22					1,636
6 .01	RVX	908.72			949.26					
6 .02	RVL	852.04			890.04					
7	RHC	706.98			738.51					12,492
8	RHB	677.30			707.51					27,986
9	RHA	631.40			659.56					77,225
9 .01	RHX	760.97			794.92					68,256
9 .02	RHL	747.48			780.83					
10	RMC	646.36			675.18					
11	RMB	630.15			658.28					30,621
12	RMA	616.65			644.17					105,531
12 .01	RMX	856.92			895.17					225,447
12 .02	RML	789.43			824.65					308,187
13	RLB	560.20			585.18					743,481
14	RLA	481.92			503.40					
14 .01	RLX	606.12			633.13					
15	SE3	678.98			709.29					103,413
16	SE2	579.10			604.95					64,443
17	SE1	516.99			540.06					
18	SSC	508.90			531.63					4,634
19	SSB	481.90			503.40					
20	SSA	473.81			494.97					43,708
21	CC2	506.18			528.80					
22	CC1	463.00			483.66					
23	CB2	441.41			461.11					
24	CB1	422.51			441.36					2,780
25	CA2	419.79			438.54					
26	CA1	392.80			410.33					16,270
27	IB2	376.61			393.41					
28	IB1	371.21			387.78					
29	IA2	341.52			356.75					
30	IA1	328.00			342.64					
31	BB2	373.90			390.61					
32	BB1	363.11			379.32					
33	BA2	338.81			353.95					
34	BA1	317.22			331.38					
35	PE2	406.32			424.44					
36	PE1	398.20			415.99					
37	PD2	387.42			404.70					
38	PD1	382.01			399.07					
39	PC2	368.52			384.98					
40	PC1	363.11			379.32					
41	PB2	325.33			339.83					
42	PB1	322.62			337.01					
43	PA2	319.91			334.18					
44	PA1	311.81			325.74					
45	Default	311.81			325.74					
46	TOTAL									1,837,192

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

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8320
 Wage Index Factor (after 10/01): 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:

[X] Calculate Total Days from this worksheet.
 [] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET S-7
I I TO 6/30/2008 I NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8320
 Wage Index Factor (after 10/01): 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO:
I 14-0001
I

I PERIOD: I PREPARED 11/11/2008
I FROM 7/ 1/2007 I WORKSHEET S-7
I TO 6/30/2008 I NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS		CODE 042		SWING BED SNF	TOTAL	
		SERV PRIOR TO RATE	OCT. 1ST DAYS	SERV ON/AFTER RATE	OCT. 1ST DAYS	OCT. 1ST DAYS	DAYS			
1	RUC		4.02		4.03		4.04	4.05	4.06	5
2	RUB									
3	RUA									
3	.01 RUX									
3	.02 RUL									
4	RVC									
5	RVB									
6	RVA									
6	.01 RVX									
6	.02 RVL									
7	RHC									
8	RHB									
9	RHA									
9	.01 RHX									
9	.02 RHL									
10	RMC									
11	RMB									
12	RMA									
12	.01 RMX									
12	.02 RML									
13	RLB									
14	RLA									
14	.01 RLX									
15	SE3									
16	SE2									
17	SE1									
18	SSC									
19	SSB									
20	SSA									
21	CC2									
22	CC1									
23	CB2									
24	CB1									
25	CA2									
26	CA1									
27	IB2									
28	IB1									
29	IA2									
30	IA1									
31	BB2									
32	BB1									
33	BA2									
34	BA1									
35	PE2									
36	PE1									
37	PD2									
38	PD1									
39	PC2									
40	PC1									
41	PB2									
42	PB1									
43	PA2									
44	PA1									
45	Default									
46	TOTAL									

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8320
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2001 NORTH MAIN STREET
 1.01 CITY: LEWISTOWN STATE: IL ZIP CODE: 61542 COUNTY: FULTON
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MARCI WELL MD	1821107699
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	BENJAMIN PHILLIPS MD	1275678021
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ERIN SIMPSON O'BRIEN PA	1881730331
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JASON CHAMBERLIN DO	1831207349
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	NANCY CROUSE	1821106345
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DAVID STEUTERMANN, MD	1336258158
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ALLEN SAVEGNAGO, MD	1003924085
9.07 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JOHN QUINONES, DO	1063520021
9.08 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	KENNETH KROCK, MD	1699883868
9.09 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SUZANNE HOLTHAUS, MD	1174631337
9.10 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DEBRA HAYES, CFNP	1548378789
9.11 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ERIN SIMPSON O'BRIEN, PA	1881730331
9.12 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SUSAN ADAMS, NP	1922004332
9.13 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	GRETCHEN FAWCETT, PA	1588758700
9.14 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JOHN MCCARTHY, MD	1033327069
9.15 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JIMMIE SMITH, MD	1194834937
9.16 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	BECKEY GORHAM, PA	1912037201
9.17 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DENNIS RETER, DO	1558479527
9.18 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JOHN DAY, MD	1375651802

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	BENJAMIN PHILLIPS, MD	32.00
10.01 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	JASON CHAMBERLIN, DO	40.00
10.02 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	ALLEN SAVEGNAGO, MD	40.00
10.03 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DENNIS RETER, DO	40.00
10.04 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	JOHN MCCARTHY, MD	40.00
10.05 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	JOHN DAY, MD	40.00
10.06 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	SUZANNE HOLTHAUS, MD	40.00

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	830	1500	730	1730	730	1730	730	1730	730	1730	730	1730	830	1710

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. Y 3

15 PROVIDER NAME: FARMINGTON CLINIC PROVIDER NUMBER: 143494
 15.01 PROVIDER NAME: CANTON CLINIC PROVIDER NUMBER: 143492

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. TITLE V TITLE XVIII TITLE XIX

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

HOSPICE IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET 5-9
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	14-1558	I		I	

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE				
3 INPATIENT RESPITE CARE	2,111	80		
4 GENERAL INPATIENT CARE				82
5 TOTAL HOSPICE DAYS	2,111	80		82

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	271	2,462
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE	2,515	2,515
5 TOTAL HOSPICE DAYS	2,786	4,977

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	72	4		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.32	20.00		
9 UNDUPLICATED CENSUS COUNT	64	3		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	9	85
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	309.56	58.55
9 UNDUPLICATED CENSUS COUNT	9	76

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET S-10
I		I	TO 6/30/2008	I	
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 499,695

17.01 GROSS MEDICAID REVENUES 17,513,552

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 18,013,247

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .351498

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0001
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008
II PREPARED 11/11/2008
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		3,882,995	3,882,995	-2,054,644	1,828,351
3.01	0301 NEW CAP REL COSTS-CARDIAC REHAB				35,357	35,357
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,808,872	1,808,872
5	0500 EMPLOYEE BENEFITS	166,210	6,465,681	6,631,891		6,631,891
6	0600 ADMINISTRATIVE & GENERAL	3,014,853	3,957,986	6,972,839	532,678	7,505,517
8	0800 OPERATION OF PLANT	1,015,179	1,689,172	2,704,351	-4,202	2,700,149
9	0900 LAUNDRY & LINEN SERVICE	36,668	239,746	276,414		276,414
10	1000 HOUSEKEEPING	519,441	91,111	610,552	-60	610,492
11	1100 DIETARY	623,051	619,811	1,242,862	-461,081	781,781
12	1200 CAFETERIA				460,814	460,814
14	1400 NURSING ADMINISTRATION	595,393	45,224	640,617	-266	640,351
15	1500 CENTRAL SERVICES & SUPPLY	35,006	1,382,496	1,417,502	-37,606	1,379,896
16	1600 PHARMACY	557,931	1,539,516	2,097,447	-1,631,139	466,308
17	1700 MEDICAL RECORDS & LIBRARY	471,707	129,402	601,109		601,109
21	2100 NURSING SCHOOL	787,136	177,907	965,043	-169	964,874
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICES	2,420,295	232,673	2,652,968	-3,123	2,649,845
26	2600 INTENSIVE CARE UNIT	482,659	65,460	548,119	-573	547,546
33	3300 NURSERY	230,150	9,422	239,572	-1	239,571
34	3400 SKILLED NURSING FACILITY	1,178,544	67,159	1,245,703	-504	1,245,199
35	3500 NURSING FACILITY	585,951	17,427	603,378	-104	603,274
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,345,420	2,239,108	3,584,528	-21,459	3,563,069
39	3900 DELIVERY ROOM & LABOR ROOM	62,202	-3	62,199		62,199
40	4000 ANESTHESIOLOGY	590,496	321,905	912,401	-1,298	911,103
41	4100 RADIOLOGY-DIAGNOSTIC	752,209	1,599,976	2,352,185	-4,608	2,347,577
44	4400 LABORATORY	1,258,010	1,341,027	2,599,037	-1,120	2,597,917
49	4900 RESPIRATORY THERAPY	340,869	59,257	400,126	-1,825	398,301
50	5000 PHYSICAL THERAPY	746,533	64,715	811,248	-74	811,174
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,230	4,230
56	5600 DRUGS CHARGED TO PATIENTS				1,813,681	1,813,681
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	16,278	5,574	21,852	11	21,863
60.01	6001 CARDIAC REHAB	238,632	43,110	281,742	-3,294	278,448
61	6100 EMERGENCY	1,988,996	848,780	2,837,776	-3,411	2,834,365
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC	3,169,631	8,585,070	11,754,701	-25,091	11,729,610
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	429,574	740,083	1,169,657	2,878	1,172,535
71	7100 HOME HEALTH AGENCY	378,745	16,284	395,029	51,877	446,906
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		527,407	527,407	-527,407	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	188,484	270,420	458,904	-158,888	300,016
95	9500 SUBTOTALS	24,226,253	37,275,901	61,502,154	-231,549	61,270,605
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
99.01	9901 NONPAID WORKERS					
99.02	9902 FOUNDATION	6,609	4,288	10,897	-2,506	8,391
100	7950 PHYSICIANS CLINIC					
100.01	7951 PROCTOR CHEMICAL DEPENDENCY					
100.02	7952 ST. FRANCIS RENAL DIALYSIS					
100.03	7953 RUCHFORD POB				9,635	9,635
100.04	7954 GRAHAM POB				210,611	210,611
100.05	7955 FARMINGTON POB				4,825	4,825
100.06	7956 LEWISTON POB				8,901	8,901
100.07	7957 OTHER RENTAL PROPERTY					
100.08	7958 KELLEY HOME	63,166	27,143	90,309	83	90,392
101	TOTAL	24,296,028	37,307,332	61,603,360	-0-	61,603,360

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0001
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008
II PREPARED 11/11/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-191	1,828,160
3.01	0301 NEW CAP REL COSTS-CARDIAC REHAB		35,357
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-4,788	1,804,084
5	0500 EMPLOYEE BENEFITS	-2,605,161	4,026,730
6	0600 ADMINISTRATIVE & GENERAL	-1,532,436	5,973,081
8	0800 OPERATION OF PLANT	-15,443	2,684,706
9	0900 LAUNDRY & LINEN SERVICE		276,414
10	1000 HOUSEKEEPING	-6,580	603,912
11	1100 DIETARY	-22,135	759,646
12	1200 CAFETERIA	-358,764	102,050
14	1400 NURSING ADMINISTRATION	-3,902	636,449
15	1500 CENTRAL SERVICES & SUPPLY		1,379,896
16	1600 PHARMACY	-375,214	91,094
17	1700 MEDICAL RECORDS & LIBRARY	-26,366	574,743
21	2100 NURSING SCHOOL	-504,956	459,918
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-58,970	2,590,875
26	2600 INTENSIVE CARE UNIT		547,546
33	3300 NURSERY		239,571
34	3400 SKILLED NURSING FACILITY	17,568	1,262,767
35	3500 NURSING FACILITY	12,078	615,352
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,563,069
39	3900 DELIVERY ROOM & LABOR ROOM		62,199
40	4000 ANESTHESIOLOGY	-841,586	69,517
41	4100 RADIOLOGY-DIAGNOSTIC	-81,076	2,266,501
44	4400 LABORATORY	-136,390	2,461,527
49	4900 RESPIRATORY THERAPY		398,301
50	5000 PHYSICAL THERAPY		811,174
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,230
56	5600 DRUGS CHARGED TO PATIENTS		1,813,681
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		21,863
60.01	6001 CARDIAC REHAB	-3,000	275,448
61	6100 EMERGENCY	-1,528,025	1,306,340
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC	-6,071,678	5,657,932
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-138,255	1,034,280
71	7100 HOME HEALTH AGENCY		446,906
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-25,310	274,706
95	SUBTOTALS	-14,310,580	46,960,025
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
99.01	9901 NONPAID WORKERS		
99.02	9902 FOUNDATION		8,391
100	7950 PHYSICIANS CLINIC		
100.01	7951 PROCTOR CHEMICAL DEPENDENCY		
100.02	7952 ST. FRANCIS RENAL DIALYSIS		
100.03	7953 RUCHFORD POB		9,635
100.04	7954 GRAHAM POB		210,611
100.05	7955 FARMINGTON POB		4,825
100.06	7956 LEWISTON POB		8,901
100.07	7957 OTHER RENTAL PROPERTY		
100.08	7958 KELLEY HOME		90,392
101	TOTAL	-14,310,580	47,292,780

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/11/2008
I 14-0001	I FROM 7/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 6/30/2008	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	
3.01	NEW CAP REL COSTS-CARDIAC REHAB	0301	NEW CAP REL COSTS-BLDG & FIXT
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	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CARDIAC REHAB	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	NONPAID WORKERS	9901	NONPAID WORKERS
99.02	FOUNDATION	9902	NONPAID WORKERS
100	PHYSICIANS CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PROCTOR CHEMICAL DEPENDENCY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ST. FRANCIS RENAL DIALYSIS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RUCHFORD POB	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	GRAHAM POB	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FARMINGTON POB	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LEWISTON POB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OTHER RENTAL PROPERTY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	KELLEY HOME	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140001	7/ 1/2007	11/11/2008
	FROM	WORKSHEET A-6
	TO	6/30/2008

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	INCREASE			
		LINE NO	SALARY	OTHER	
	1	2	3	4	5
1 TO RECLASS DRUG EXPENSE	A	DRUGS CHARGED TO PATIENTS	56		1,813,681
		CLINIC	60		11
20 TO RECLASS INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		527,407
21 TO RECLASS TELEPHONE EXPENSE	C	ADMINISTRATIVE & GENERAL	6		34,948
1 TO RECLASS TELEPHONE EXPENSE	C				
2 TO RECLASS UTILITY EXPENSE	D	OPERATION OF PLANT	8		1,597
3 TO RECLASS HOSPICE EXPENSE	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,230
		HOME HEALTH AGENCY	71		60,610
5 TO RECLASS POSTAGE AND SHIPPING COST	F	ADMINISTRATIVE & GENERAL	6		15,995
24 TO RECLASS CAFETERIA COSTS	G	CAFETERIA	12	230,965	229,849
25 TO RECLASS MAINTENANCE AND LABOR	H	GRAHAM POB	100.04	3,195	
26 TO RECLASS MARKETING EXPENSE	I	ADMINISTRATIVE & GENERAL	6		12,046
33 TO RECLASS OFFSITE CAPITAL COSTS	J	DURABLE MEDICAL EQUIP-RENTED	66		37,018
		RUCHFORD POB	100.03		9,635
		GRAHAM POB	100.04		207,416

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140001	7/ 1/2007	11/11/2008
	TO 6/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS OFFSITE CAPITAL COSTS	J	FARMINGTON POB	100.05		4,825
2		LEWISTON POB	100.06		8,901
3		KELLEY HOME	100.08		338
4 TO RECLASS PROPERTY INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		57,718
5 TO RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS-CARDIAC REHAB	3.01		34,966
6		NEW CAP REL COSTS-MVBLE EQUIP	4		1,792,596
36 TOTAL RECLASSIFICATIONS				234,160	4,853,787

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

RECLASSIFICATIONS

PROVIDER NO:
140001

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/11/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 TO RECLASS DRUG EXPENSE	A	CENTRAL SERVICES & SUPPLY	15			37,317	
2		PHARMACY	16			1,630,616	
3		NURSING SCHOOL	21			164	
4		ADULTS & PEDIATRICS	25			3,008	
5		INTENSIVE CARE UNIT	26			559	
6		NURSERY	33			1	
7		SKILLED NURSING FACILITY	34			499	
8		NURSING FACILITY	35			104	
9		OPERATING ROOM	37			20,369	
10		ANESTHESIOLOGY	40			812	
11		RADIOLOGY-DIAGNOSTIC	41			4,329	
12		LABORATORY	44			994	
13		RESPIRATORY THERAPY	49			1,201	
14		PHYSICAL THERAPY	50			54	
15		HOSPICE	93			92,823	
16		CARDIAC REHAB	60.01			698	
17		EMERGENCY	61			2,587	
18		DURABLE MEDICAL EQUIP-RENTED	66			16,277	
19		HOME HEALTH AGENCY	71			1,280	
20 TO RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88			527,407	
21 TO RECLASS TELEPHONE EXPENSE	C	OPERATION OF PLANT	8			846	
22		HOUSEKEEPING	10			60	
23		DIETARY	11			157	
24		NURSING ADMINISTRATION	14			266	
25		PHARMACY	16			153	
26		OPERATING ROOM	37			341	
27		ANESTHESIOLOGY	40			305	
28		RADIOLOGY-DIAGNOSTIC	41			251	
29		LABORATORY	44			111	
30		RESPIRATORY THERAPY	49			8	
31		CARDIAC REHAB	60.01			39	
32		EMERGENCY	61			17	
33		RHC	63.50			12,176	
34		DURABLE MEDICAL EQUIP-RENTED	66			14,107	
35		HOME HEALTH AGENCY	71			5,856	
1 TO RECLASS TELEPHONE EXPENSE	C	KELLEY HOME	100.08			255	
2 TO RECLASS UTILITY EXPENSE	D	HOME HEALTH AGENCY	71			1,597	
3 TO RECLASS HOSPICE EXPENSE	E	HOSPICE	93			64,840	
4							
5 TO RECLASS POSTAGE AND SHIPPING COST	F	OPERATION OF PLANT	8			1,758	
6		DIETARY	11			110	
7		CENTRAL SERVICES & SUPPLY	15			289	
8		PHARMACY	16			370	
9		NURSING SCHOOL	21			5	
10		ADULTS & PEDIATRICS	25			115	
11		INTENSIVE CARE UNIT	26			14	
12		SKILLED NURSING FACILITY	34			5	
13		OPERATING ROOM	37			149	
14		ANESTHESIOLOGY	40			181	
15		RADIOLOGY-DIAGNOSTIC	41			28	
16		LABORATORY	44			15	
17		RESPIRATORY THERAPY	49			616	
18		PHYSICAL THERAPY	50			20	
19		CARDIAC REHAB	60.01			2	
20		EMERGENCY	61			39	
21		RHC	63.50			10,614	
22		DURABLE MEDICAL EQUIP-RENTED	66			1,599	
23		HOSPICE	93			66	
24 TO RECLASS CAFETERIA COSTS	G	DIETARY	11		230,965	229,849	
25 TO RECLASS MAINTENANCE AND LABOR	H	OPERATION OF PLANT	8		3,195		
26 TO RECLASS MARKETING EXPENSE	I	OPERATING ROOM	37			600	
27		CARDIAC REHAB	60.01			2,555	
28		EMERGENCY	61			768	
29		RHC	63.50			2,301	
30		DURABLE MEDICAL EQUIP-RENTED	66			2,157	
31		HOSPICE	93			1,159	
32		FOUNDATION	99.02			2,506	
33 TO RECLASS OFFSITE CAPITAL COSTS	J	NEW CAP REL COSTS-BLDG & FIXT	3			268,133	
34							
35							

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/11/2008
140001	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
		LINE NO 7				
1 TO RECLASS OFFSITE CAPITAL COSTS	J					
2						
3						
4 TO RECLASS PROPERTY INSURANCE	K ADMINISTRATIVE & GENERAL	6			57,718	12
5 TO RECLASS DEPRECIATION EXPENSE	L NEW CAP REL COSTS-BLDG & FIXT	3			1,827,562	9
6						9
36 TOTAL RECLASSIFICATIONS				234,160	4,853,787	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140001	FROM 7/ 1/2007	11/11/2008
	TO 6/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DRUG EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,813,681	CENTRAL SERVICES & SUPPLY	15	37,317	
2.00	CLINIC	60	11	PHARMACY	16	1,630,616	
3.00			0	NURSING SCHOOL	21	164	
4.00			0	ADULTS & PEDIATRICS	25	3,008	
5.00			0	INTENSIVE CARE UNIT	26	559	
6.00			0	NURSERY	33	1	
7.00			0	SKILLED NURSING FACILITY	34	499	
8.00			0	NURSING FACILITY	35	104	
9.00			0	OPERATING ROOM	37	20,369	
10.00			0	ANESTHESIOLOGY	40	812	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	4,329	
12.00			0	LABORATORY	44	994	
13.00			0	RESPIRATORY THERAPY	49	1,201	
14.00			0	PHYSICAL THERAPY	50	54	
15.00			0	HOSPICE	93	92,823	
16.00			0	CARDIAC REHAB	60.01	698	
17.00			0	EMERGENCY	61	2,587	
18.00			0	DURABLE MEDICAL EQUIP-RENTED	66	16,277	
19.00			0	HOME HEALTH AGENCY	71	1,280	
TOTAL RECLASSIFICATIONS FOR CODE A			1,813,692				1,813,692

RECLASS CODE: B
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	527,407	INTEREST EXPENSE	88	527,407	
TOTAL RECLASSIFICATIONS FOR CODE B			527,407				527,407

RECLASS CODE: C
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	34,948	OPERATION OF PLANT	8	846	
2.00			0	HOUSEKEEPING	10	60	
3.00			0	DIETARY	11	157	
4.00			0	NURSING ADMINISTRATION	14	266	
5.00			0	PHARMACY	16	153	
6.00			0	OPERATING ROOM	37	341	
7.00			0	ANESTHESIOLOGY	40	305	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	251	
9.00			0	LABORATORY	44	111	
10.00			0	RESPIRATORY THERAPY	49	8	
11.00			0	CARDIAC REHAB	60.01	39	
12.00			0	EMERGENCY	61	17	
13.00			0	RHC	63.50	12,176	
14.00			0	DURABLE MEDICAL EQUIP-RENTED	66	14,107	
15.00			0	HOME HEALTH AGENCY	71	5,856	
16.00			0	KELLEY HOME	100.08	255	
TOTAL RECLASSIFICATIONS FOR CODE C			34,948				34,948

RECLASS CODE: D
EXPLANATION : TO RECLASS UTILITY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,597	HOME HEALTH AGENCY	71	1,597	
TOTAL RECLASSIFICATIONS FOR CODE D			1,597				1,597

RECLASS CODE: E
EXPLANATION : TO RECLASS HOSPICE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,230	HOSPICE	93	64,840	
2.00	HOME HEALTH AGENCY	71	60,610			0	
TOTAL RECLASSIFICATIONS FOR CODE E			64,840				64,840

RECLASS CODE: F
EXPLANATION : TO RECLASS POSTAGE AND SHIPPING COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	15,995	OPERATION OF PLANT	8	1,758	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140001	FROM 7/ 1/2007	11/11/2008
	TO 6/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F
 EXPLANATION : TO RECLASS POSTAGE AND SHIPPING COST

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
2.00			0	DIETARY	11	110		
3.00			0	CENTRAL SERVICES & SUPPLY	15	289		
4.00			0	PHARMACY	16	370		
5.00			0	NURSING SCHOOL	21	5		
6.00			0	ADULTS & PEDIATRICS	25	115		
7.00			0	INTENSIVE CARE UNIT	26	14		
8.00			0	SKILLED NURSING FACILITY	34	5		
9.00			0	OPERATING ROOM	37	149		
10.00			0	ANESTHESIOLOGY	40	181		
11.00			0	RADIOLOGY-DIAGNOSTIC	41	28		
12.00			0	LABORATORY	44	15		
13.00			0	RESPIRATORY THERAPY	49	616		
14.00			0	PHYSICAL THERAPY	50	20		
15.00			0	CARDIAC REHAB	60.01	2		
16.00			0	EMERGENCY	61	39		
17.00			0	RHC	63.50	10,614		
18.00			0	DURABLE MEDICAL EQUIP-RENTED	66	1,599		
19.00			0	HOSPICE	93	66		
TOTAL RECLASSIFICATIONS FOR CODE F			15,995					15,995

RECLASS CODE: G
 EXPLANATION : TO RECLASS CAFETERIA COSTS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	CAFETERIA	12	460,814	DIETARY	11	460,814		
TOTAL RECLASSIFICATIONS FOR CODE G			460,814					460,814

RECLASS CODE: H
 EXPLANATION : TO RECLASS MAINTENANCE AND LABOR

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	GRAHAM POB	100.04	3,195	OPERATION OF PLANT	8	3,195		
TOTAL RECLASSIFICATIONS FOR CODE H			3,195					3,195

RECLASS CODE: I
 EXPLANATION : TO RECLASS MARKETING EXPENSE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ADMINISTRATIVE & GENERAL	6	12,046	OPERATING ROOM	37	600		
2.00			0	CARDIAC REHAB	60.01	2,555		
3.00			0	EMERGENCY	61	768		
4.00			0	RHC	63.50	2,301		
5.00			0	DURABLE MEDICAL EQUIP-RENTED	66	2,157		
6.00			0	HOSPICE	93	1,159		
7.00			0	FOUNDATION	99.02	2,506		
TOTAL RECLASSIFICATIONS FOR CODE I			12,046					12,046

RECLASS CODE: J
 EXPLANATION : TO RECLASS OFFSITE CAPITAL COSTS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	DURABLE MEDICAL EQUIP-RENTED	66	37,018	NEW CAP REL COSTS-BLDG & FIXT	3	268,133		
2.00	RUCHFORD POB	100.03	9,635			0		
3.00	GRAHAM POB	100.04	207,416			0		
4.00	FARMINGTON POB	100.05	4,825			0		
5.00	LEWISTON POB	100.06	8,901			0		
6.00	KELLEY HOME	100.08	338			0		
TOTAL RECLASSIFICATIONS FOR CODE J			268,133					268,133

RECLASS CODE: K
 EXPLANATION : TO RECLASS PROPERTY INSURANCE

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OTHER CAPITAL RELATED COSTS	90	57,718	ADMINISTRATIVE & GENERAL	6	57,718		
TOTAL RECLASSIFICATIONS FOR CODE K			57,718					57,718

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140001	7/ 1/2007	11/11/2008
	FROM	WORKSHEET A-6
	TO	6/30/2008
		NOT A CMS WORKSHEET

RECLASS CODE: L
 EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-CARDIAC REHA	3.01	34,966	NEW CAP REL COSTS-BLDG & FIXT	3	1,827,562	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,792,596			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,827,562			1,827,562	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	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	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	1,520,856	159,835		159,835		1,680,691	
2 LAND IMPROVEMENTS	1,560,451	13,675		13,675		1,574,126	
3 BUILDINGS & FIXTURE	34,984,847	3,201,654		3,201,654		38,186,501	
4 BUILDING IMPROVEMEN	13,594,190	932,282		932,282	571	14,525,901	
5 FIXED EQUIPMENT	606,174	22,531		22,531	12,137	616,568	
6 MOVABLE EQUIPMENT	21,559,503	2,489,656		2,489,656	2,485,846	21,563,313	
7 SUBTOTAL	73,826,021	6,819,633		6,819,633	2,498,554	78,147,100	
8 RECONCILING ITEMS							
9 TOTAL	73,826,021	6,819,633		6,819,633	2,498,554	78,147,100	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	54,385,281		54,385,281	.711231	41,051			41,051
3 01	NEW CAP REL COSTS-CA	517,815		517,815	.006772	391			391
4	NEW CAP REL COSTS-MV	21,563,313		21,563,313	.281997	16,276			16,276
5	TOTAL	76,466,409		76,466,409	1.000000	57,718			57,718

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	2,055,242			41,051		-268,133	1,828,160
3 01	NEW CAP REL COSTS-CA	34,966			391			35,357
4	NEW CAP REL COSTS-MV	1,787,808			16,276			1,804,084
5	TOTAL	3,878,016			57,718		-268,133	3,667,601

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	3,882,995						3,882,995
3 01	NEW CAP REL COSTS-CA							
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,882,995						3,882,995

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007 I PREPARED 11/11/2008
I TO 6/30/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	
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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-527,407	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-9,119	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-2,898	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,801,236			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-358,764	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-365,748	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-26,366	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-504,956	NURSING SCHOOL	21	
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		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CRNA SALARY EXPENSE	A	-590,496	ANESTHESIOLOGY	40	
38 CRNA BENEFITS EXPENSE	A	-118,991	EMPLOYEE BENEFITS	5	
39 CRNA CONTRACTED EXPENSE	A	-251,090	ANESTHESIOLOGY	40	
40 UNEMPLOYMENT-CASH BASIS	A	-43,078	EMPLOYEE BENEFITS	5	
41 HME-NON PATIENT SALES	B	-138,255	DURABLE MEDICAL EQUIP-REN	66	
42 PHOTOCOPY REIMBURSE	B	-20	ADMINISTRATIVE & GENERAL	6	
43 DIETARY CONSULT & EMP PURCH	B	-14,804	DIETARY	11	
44 PHYSICIAN RECRUITMENT	A	-178,399	ADMINISTRATIVE & GENERAL	6	
45 NRSNG SVC-CPR,CLASS FEES	B	-3,902	NURSING ADMINISTRATION	14	
46 LAMAZE CLASS FEES	B	-180	ADULTS & PEDIATRICS	25	
47 RENTAL OF CLINIC SPACE	B	-38,457	RHC	63.50	
48 PHONE SALARIES EXPENSE	A	-8,969	ADMINISTRATIVE & GENERAL	6	
49 PHONE BENEFITS EXPENSE	A	-1,840	EMPLOYEE BENEFITS	5	
49.01 PHONE OTHER EXPENSE	A	-884	ADMINISTRATIVE & GENERAL	6	
49.02 PHONE DEPRECIATION BSVC EXPENSE	A	-191	NEW CAP REL COSTS-BLDG &	3	9
49.03 PHONE DEPREC M/M EXPENSE	A	-365	NEW CAP REL COSTS-MVBLE E	4	9
49.04 BIOTECH LAB OUTREACH	B	-15,443	OPERATION OF PLANT	8	
49.05 MEDICAL STAFF DUES	B	-1,800	ADMINISTRATIVE & GENERAL	6	
49.06 IL PROVIDER PARTIC FEE	A	17,568	SKILLED NURSING FACILITY	34	
49.07 IL PROVIDER PARTIC FEE	A	12,078	NURSING FACILITY	35	
49.08 REFUNDS/EXP REBATE	B	-9,466	PHARMACY	16	
49.09 REFUNDS/EXP REBATE	B	-7,331	DIETARY	11	
49.10 HOSPICE OTHER REVENUE	B	-25,310	HOSPICE	93	
49.11 HOUSEKEEPING OTHER REVENUE	B	-6,580	HOUSEKEEPING	10	
49.12 OTHER INCOME & PURCHASE GROUP	B	-96,515	ADMINISTRATIVE & GENERAL	6	
49.13 MISCELLANEOUS REVENUE	B	-79,343	ADMINISTRATIVE & GENERAL	6	
49.14 IHA & AHA DUES-LOBBYING PORTION	A	-24,855	ADMINISTRATIVE & GENERAL	6	
49.15 NATIONAL ASSOCIATION HOME CARE	A	-353	ADMINISTRATIVE & GENERAL	6	
49.16 IL HOMECARE COUNCIL	A	-954	ADMINISTRATIVE & GENERAL	6	
49.17 NATIONAL ASSOCIATION FOR HOME CARE	A	-655	ADMINISTRATIVE & GENERAL	6	
49.18 MARKETING DEPT SALARY EXPENSE	A	-78,004	ADMINISTRATIVE & GENERAL	6	
49.19 MARKETING DEPT BENEFITS EXPENSE	A	-15,718	EMPLOYEE BENEFITS	5	
49.20 MARKETING DEPT OTHER EXPENSE	A	-503,540	ADMINISTRATIVE & GENERAL	6	
49.21 MARKETING DEPRECIATION EXPENSE	A	-1,525	NEW CAP REL COSTS-MVBLE E	4	9
49.22 SELF INS COSTS	A	-1,694,260	EMPLOYEE BENEFITS	5	
49.23 MISCELLANEOUS REVENUE	B	-6,045	RADIOLOGY-DIAGNOSTIC	41	
49.24 DONATION TO U OF I	A	-5,000	ADMINISTRATIVE & GENERAL	6	
49.25 DONATION TO SPOON RIVER ECON DEVELOPE	A	-7,500	ADMINISTRATIVE & GENERAL	6	
49.26 CLINIC SALARY EXPENSE	A	-1,558,075	RHC	63.50	
49.27 CLINIC OTHER EXPENSE	A	-4,455,895	RHC	63.50	
49.28 RHC OTHER INCOME	B	-19,251	RHC	63.50	
49.29 ER PHYSICIAN BENEFITS	A	-252,340	EMPLOYEE BENEFITS	5	
49.30 PURCHASE DISCOUNTS	B	-9,119	ADMINISTRATIVE & GENERAL	6	
49.31 CLINIC BENEFITS	A	-478,934	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,310,580			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007 I PREPARED 11/11/2008
I TO 6/30/2008 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			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,310,580				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET A-8-2
 I I TO 6/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	EMERGENCY							
2 44	PATHOLOGY					12,984		1,528,025
3 44	EKG							57,000
4 41	MAMMOGRAM							79,390
5 41	ECHO							61
6 60 1	CARDIAC REHAB							74,970
7 25	OB							3,000
8	0							58,790
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					12,984		1,801,236

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-CARDIAC REHAB	6	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CARDIAC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
		0	3	3.01	4	5	5a.00	6
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &	1,828,160	1,828,160					
004	NEW CAP REL COSTS-CARDIAC	35,357		35,357				
004	NEW CAP REL COSTS-MVBLE E	1,804,084			1,804,084			
005	EMPLOYEE BENEFITS	4,026,730	12,914		2,289	4,041,933		
006	ADMINISTRATIVE & GENERAL	5,973,081	216,906		466,977	541,417	7,198,381	7,198,381
008	OPERATION OF PLANT	2,684,706	272,059		20,899	187,137	3,164,801	568,196
009	LAUNDRY & LINEN SERVICE	276,414	29,501		56	6,781	312,752	56,150
010	HOUSEKEEPING	603,912	19,806		9,666	96,056	729,440	130,961
011	DIETARY	759,646	76,163		40,441	72,505	948,755	170,336
012	CAFETERIA	102,050	20,361			42,710	165,121	29,645
014	NURSING ADMINISTRATION	636,449	29,899			110,101	778,750	139,814
015	CENTRAL SERVICES & SUPPLY	1,379,896			3,011	6,473	1,389,380	249,444
016	PHARMACY	91,094	17,410		62,384	103,173	274,061	49,204
017	MEDICAL RECORDS & LIBRARY	574,743	34,793		18,839	87,229	715,604	128,477
021	NURSING SCHOOL	459,918	227,415		20,931	145,558	853,822	153,292
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,590,875	142,158		105,665	447,563	3,286,261	590,002
026	INTENSIVE CARE UNIT	547,546	27,373		9,916	89,254	674,089	121,023
033	NURSERY	239,571	7,937		3,431	42,560	293,499	52,694
034	SKILLED NURSING FACILITY	1,262,767	106,302		13,653	217,938	1,600,660	287,376
035	NURSING FACILITY	615,352	47,004		6,429	108,355	777,140	139,525
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,563,069	128,032		297,575	248,796	4,237,472	760,779
039	DELIVERY ROOM & LABOR ROO	62,199	23,525		622	11,502	97,848	17,567
040	ANESTHESIOLOGY	69,517	9,260		9,471		88,248	15,844
041	RADIOLOGY-DIAGNOSTIC	2,266,501	74,470		419,279	139,099	2,899,349	520,538
044	LABORATORY	2,461,527	84,886		132,434	232,632	2,911,479	522,715
049	RESPIRATORY THERAPY	398,301	1,425		162	63,034	462,922	83,111
050	PHYSICAL THERAPY	811,174	31,037		24,809	138,050	1,005,070	180,446
055	MEDICAL SUPPLIES CHARGED	4,230					4,230	759
056	DRUGS CHARGED TO PATIENTS	1,813,681					1,813,681	325,621
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	21,863	3,765			3,010	28,638	5,142
060	01 CARDIAC REHAB	275,448		35,357		44,128	354,933	63,723
061	EMERGENCY	1,306,340	85,108		63,287	367,807	1,822,542	327,212
062	OBSERVATION BEDS (NON-DIS							
063	50 RHC	5,657,932				292,463	5,950,395	1,068,302
	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN	1,034,280			46,423	79,437	1,160,140	208,287
071	HOME HEALTH AGENCY	446,906			20,912	70,038	537,856	96,565
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	274,706			186	34,855	309,747	55,611
095	SUBTOTALS	46,960,025	1,729,509	35,357	1,802,048	4,029,661	46,847,066	7,118,361
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		41,518		150		41,668	7,481
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
099	01 NONPAID WORKERS							
099	02 FOUNDATION	8,391					8,391	1,506
100	PHYSICIANS CLINIC		22,424		1,568		23,992	4,307
100	01 PROCTOR CHEMICAL DEPENDEN		888				888	159
100	02 ST. FRANCIS RENAL DIALYSI		33,821				33,821	6,072
100	03 RUCHFORD POB	9,635					9,635	1,730
100	04 GRAHAM POB	210,611				591	211,202	37,918
100	05 FARMINGTON POB	4,825					4,825	866
100	06 LEWISTON POB	8,901					8,901	1,598
100	07 OTHER RENTAL PROPERTY							
100	08 KELLEY HOME	90,392			318	11,681	102,391	18,383
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	47,292,780	1,828,160	35,357	1,804,084	4,041,933	47,292,780	7,198,381

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-CARDIAC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	3,732,997						
009 LAUNDRY & LINEN SERVICE	83,035	451,937					
010 HOUSEKEEPING	55,747	6,203	922,351				
011 DIETARY	214,370			1,333,461			
012 CAFETERIA	57,309				252,075		
014 NURSING ADMINISTRATION	84,154		4,986			1,017,461	
015 CENTRAL SERVICES & SUPPLY					1,145		1,639,969
016 PHARMACY	49,003		13,891		9,276		
017 MEDICAL RECORDS & LIBRARY	97,928		10,650		14,086		
021 NURSING SCHOOL	640,092		20,694		13,902		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	400,124	131,979	302,821	498,396	41,462	746,129	
026 INTENSIVE CARE UNIT	77,046	15,367	35,938	35,914	6,581	118,424	
033 NURSERY	22,340	3,312			3,611	64,982	
034 SKILLED NURSING FACILITY	299,201	92,584	20,338	414,824	24,980		
035 NURSING FACILITY	132,298	50,329		384,327	16,231		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	360,364	69,698	208,932		21,086		
039 DELIVERY ROOM & LABOR ROO	66,214				1,107		
040 ANESTHESIOLOGY	26,064					19,921	
041 RADIOLOGY-DIAGNOSTIC	209,605	22,487	44,949		13,605		
044 LABORATORY	238,923	360	39,607		22,560		
049 RESPIRATORY THERAPY	4,010	340	7,871		3,779	68,005	
050 PHYSICAL THERAPY	87,357	10,675	23,151		10,719		
055 MEDICAL SUPPLIES CHARGED							1,639,969
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,597	1,641					
060 01 CARDIAC REHAB					4,016		
061 EMERGENCY	239,548	43,861	129,185		21,911		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY			4,630		6,703		
SPEC PURPOSE COST CENTERS							
093 HOSPICE					3,077		
095 SUBTOTALS	3,455,329	448,836	867,643	1,333,461	249,594	1,017,461	1,639,969
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	116,858		6,767				
098 PHYSICIANS' PRIVATE OFFIC			25,110		534		
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	63,116						
100 01 PROCTOR CHEMICAL DEPENDEN	2,500						
100 02 ST. FRANCIS RENAL DIALYSI	95,194	3,101	22,831				
100 03 RUCHFORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME					1,947		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,732,997	451,937	922,351	1,333,461	252,075	1,017,461	1,639,969

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008

I PREPARED 11/11/2008
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	NURSING SCHOO L 21	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-CARDIAC						
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						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY	395,435					
017	MEDICAL RECORDS & LIBRARY		966,745				
021	NURSING SCHOOL	35		1,681,837			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	422	341,810	911,488	7,250,894		7,250,894
026	INTENSIVE CARE UNIT	82	24,938	45,315	1,154,717		1,154,717
033	NURSERY		26,749		467,187		467,187
034	SKILLED NURSING FACILITY	84	14,304	291,041	3,045,392		3,045,392
035	NURSING FACILITY	22	13,267	1,788	1,514,927		1,514,927
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	4,003	51,950	196,858	5,911,142		5,911,142
039	DELIVERY ROOM & LABOR ROO				202,657		202,657
040	ANESTHESIOLOGY				130,156		130,156
041	RADIOLOGY-DIAGNOSTIC	904	277,283		3,988,720		3,988,720
044	LABORATORY	48	98,337		3,834,029		3,834,029
049	RESPIRATORY THERAPY	257			630,295		630,295
050	PHYSICAL THERAPY	12		15,530	1,332,960		1,332,960
055	MEDICAL SUPPLIES CHARGED				1,644,958		1,644,958
056	DRUGS CHARGED TO PATIENTS	365,708			2,505,010		2,505,010
	OUTPAT SERVICE COST CNTRS						
060	CLINIC	6			46,024		46,024
060	01 CARDIAC REHAB	151			422,823		422,823
061	EMERGENCY	380	118,107	91,055	2,793,801		2,793,801
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC				7,018,697		7,018,697
	OTHER REIMBURS COST CNTRS						
066	DURABLE MEDICAL EQUIP-REN	3,443			1,371,870		1,371,870
071	HOME HEALTH AGENCY	281		30,836	676,871		676,871
	SPEC PURPOSE COST CENTERS						
093	HOSPICE	19,597		20,110	408,142		408,142
095	SUBTOTALS	395,435	966,745	1,604,021	46,351,272		46,351,272
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				172,774		172,774
098	PHYSICIANS' PRIVATE OFFIC				25,644		25,644
099	NONPAID WORKERS						
099	01 NONPAID WORKERS						
099	02 FOUNDATION				9,897		9,897
100	PHYSICIANS CLINIC			77,816	169,231		169,231
100	01 PROCTOR CHEMICAL DEPENDEN				3,547		3,547
100	02 ST. FRANCIS RENAL DIALYSI				161,019		161,019
100	03 RUCHFORD POB				11,365		11,365
100	04 GRAHAM POB				249,120		249,120
100	05 FARMINGTON POB				5,691		5,691
100	06 LEWISTON POB				10,499		10,499
100	07 OTHER RENTAL PROPERTY						
100	08 KELLEY HOME				122,721		122,721
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	395,435	966,745	1,681,837	47,292,780		47,292,780

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-0001I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/11/2008
I WORKSHEET B
I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-CARDIAC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-CARDIAC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		12,914		2,289	15,203	15,203	
006 ADMINISTRATIVE & GENERAL		216,906		466,977	683,883	2,028	685,911
008 OPERATION OF PLANT	14,050	272,059		20,899	307,008	704	54,140
009 LAUNDRY & LINEN SERVICE		29,501		56	29,557	26	5,350
010 HOUSEKEEPING		19,806		9,666	29,472	362	12,479
011 DIETARY	1,200	76,163		40,441	117,804	273	16,230
012 CAFETERIA		20,361			20,361	161	2,825
014 NURSING ADMINISTRATION		29,899		2,301	32,200	414	13,322
015 CENTRAL SERVICES & SUPPLY				3,011	3,011	24	23,768
016 PHARMACY	1,367	17,410		62,384	81,161	388	4,688
017 MEDICAL RECORDS & LIBRARY		34,793		18,839	53,632	328	12,242
021 NURSING SCHOOL		227,415		20,931	248,346	548	14,606
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		142,158		105,665	247,823	1,685	56,218
026 INTENSIVE CARE UNIT		27,373		9,916	37,289	336	11,532
033 NURSERY		7,937		3,431	11,368	160	5,021
034 SKILLED NURSING FACILITY		106,302		13,653	119,955	820	27,382
035 NURSING FACILITY		47,004		6,429	53,433	408	13,295
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		128,032		297,575	425,607	936	72,490
039 DELIVERY ROOM & LABOR ROO		23,525		622	24,147	43	1,674
040 ANESTHESIOLOGY		9,260		9,471	18,731		1,510
041 RADIOLOGY-DIAGNOSTIC	540,792	74,470		419,279	1,034,541	524	49,599
044 LABORATORY		84,886		132,434	217,320	876	49,807
049 RESPIRATORY THERAPY		1,425		162	1,587	237	7,919
050 PHYSICAL THERAPY		31,037		24,809	55,846	520	17,194
055 MEDICAL SUPPLIES CHARGED							72
056 DRUGS CHARGED TO PATIENTS							31,027
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		3,765			3,765	11	490
060 01 CARDIAC REHAB			35,357		35,357	166	6,072
061 EMERGENCY		85,108		63,287	148,395	1,384	31,178
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC	24,948				24,948	1,101	101,808
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	37,018			46,423	83,441	299	19,847
071 HOME HEALTH AGENCY				20,912	20,912	264	9,201
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	51,039			186	51,225	131	5,299
095 SUBTOTALS	670,414	1,729,509	35,357	1,802,048	4,237,328	15,157	678,285
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		41,518		150	41,668		713
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							144
100 PHYSICIANS CLINIC		22,424		1,568	23,992		410
100 01 PROCTOR CHEMICAL DEPENDEN		888			888		15
100 02 ST. FRANCIS RENAL DIALYSI		33,821			33,821		579
100 03 RUCHFORD POB	9,635				9,635		165
100 04 GRAHAM POB	207,416				207,416	2	3,613
100 05 FARMINGTON POB	4,825				4,825		83
100 06 LEWISTON POB	8,901				8,901		152
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME	338			318	656	44	1,752
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	901,529	1,828,160	35,357	1,804,084	4,569,130	15,203	685,911

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-CARDIAC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	361,852						
009 LAUNDRY & LINEN SERVICE	8,049	42,982					
010 HOUSEKEEPING	5,404	590	48,307				
011 DIETARY	20,780			155,087			
012 CAFETERIA	5,555				28,902		
014 NURSING ADMINISTRATION	8,157		261		1,119	55,473	
015 CENTRAL SERVICES & SUPPLY					131		26,934
016 PHARMACY	4,750		728		1,064		
017 MEDICAL RECORDS & LIBRARY	9,493		558		1,615		
021 NURSING SCHOOL	62,046		1,084		1,594		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	38,785	12,552	15,859	57,965	4,753	40,679	
026 INTENSIVE CARE UNIT	7,468	1,462	1,882	4,177	755	6,457	
033 NURSERY	2,166	315			414	3,543	
034 SKILLED NURSING FACILITY	29,003	8,805	1,065	48,246	2,864		
035 NURSING FACILITY	12,824	4,787		44,699	1,861		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	34,931	6,629	10,943		2,418		
039 DELIVERY ROOM & LABOR ROO	6,418				127		
040 ANESTHESIOLOGY	2,526					1,086	
041 RADIOLOGY-DIAGNOSTIC	20,318	2,139	2,354		1,560		
044 LABORATORY	23,160	34	2,074		2,587		
049 RESPIRATORY THERAPY	389	32	412		433	3,708	
050 PHYSICAL THERAPY	8,468	1,015	1,213		1,229		
055 MEDICAL SUPPLIES CHARGED							26,934
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,027	156					
060 01 CARDIAC REHAB					460		
061 EMERGENCY	23,220	4,171	6,766		2,512		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY			243		769		
SPEC PURPOSE COST CENTERS							
093 HOSPICE					353		
095 SUBTOTALS	334,937	42,687	45,442	155,087	28,618	55,473	26,934
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	11,327		354				
098 PHYSICIANS' PRIVATE OFFIC			1,315		61		
099 NONPAID WORKERS							
099 01 NONPAID WORKERS							
099 02 FOUNDATION							
100 PHYSICIANS CLINIC	6,118						
100 01 PROCTOR CHEMICAL DEPENDEN	242						
100 02 ST. FRANCIS RENAL DIALYSI	9,228	295	1,196				
100 03 RUCHFORD POB							
100 04 GRAHAM POB							
100 05 FARMINGTON POB							
100 06 LEWISTON POB							
100 07 OTHER RENTAL PROPERTY							
100 08 KELLEY HOME					223		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	361,852	42,982	48,307	155,087	28,902	55,473	26,934

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	NURSING SCHO O L	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
GENERAL SERVICE COST CNTR	16	17	21	25	26	27
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-CARDIAC						
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						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	92,779					
017 MEDICAL RECORDS & LIBRARY		77,868				
021 NURSING SCHOOL	8		328,232			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	99	27,531		503,949		503,949
026 INTENSIVE CARE UNIT	19	2,009		73,386		73,386
033 NURSERY		2,155		25,142		25,142
034 SKILLED NURSING FACILITY	20	1,152		239,312		239,312
035 NURSING FACILITY	5	1,069		132,381		132,381
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	939	4,184		559,077		559,077
039 DELIVERY ROOM & LABOR ROO				33,495		33,495
040 ANESTHESIOLOGY				22,767		22,767
041 RADIOLOGY-DIAGNOSTIC	212	22,334		1,133,581		1,133,581
044 LABORATORY	11	7,921		303,790		303,790
049 RESPIRATORY THERAPY	60			14,777		14,777
050 PHYSICAL THERAPY	3			85,488		85,488
055 MEDICAL SUPPLIES CHARGED				27,006		27,006
056 DRUGS CHARGED TO PATIENTS	85,805			116,832		116,832
OUTPAT SERVICE COST CNTRS						
060 CLINIC	2			5,451		5,451
060 01 CARDIAC REHAB	35			42,090		42,090
061 EMERGENCY	89	9,513		227,228		227,228
062 OBSERVATION BEDS (NON-DIS						
063 50 RHC				127,857		127,857
OTHER REIMBURS COST CNTRS						
066 DURABLE MEDICAL EQUIP-REN	808			104,395		104,395
071 HOME HEALTH AGENCY	66			31,455		31,455
SPEC PURPOSE COST CENTERS						
093 HOSPICE	4,598			61,606		61,606
095 SUBTOTALS	92,779	77,868		3,871,065		3,871,065
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				54,062		54,062
098 PHYSICIANS' PRIVATE OFFIC				1,376		1,376
099 NONPAID WORKERS						
099 01 NONPAID WORKERS						
099 02 FOUNDATION				144		144
100 PHYSICIANS CLINIC				30,520		30,520
100 01 PROCTOR CHEMICAL DEPENDEN				1,145		1,145
100 02 ST. FRANCIS RENAL DIALYSI				45,119		45,119
100 03 RUCHFORD POB				9,800		9,800
100 04 GRAHAM POB				211,031		211,031
100 05 FARMINGTON POB				4,908		4,908
100 06 LEWISTON POB				9,053		9,053
100 07 OTHER RENTAL PROPERTY						
100 08 KELLEY HOME				2,675		2,675
101 CROSS FOOT ADJUSTMENTS			328,232	328,232		328,232
102 NEGATIVE COST CENTER						
103 TOTAL	92,779	77,868	328,232	4,569,130		4,569,130

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMINISTRATIV
	OSTS-BLDG &	OSTS-CARDIAC	OSTS-MVBLE E	FITS	E & GENERAL
	(SQUARE FEET	(SQUARE) FEET	(DOLLAR)VALUE	(GROSS)ALARIES	(ACCUM. COST)
	3	3.01	4	5	6
				5 RECONCIL-) IATION	6a.00
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD	197,620				
004 NEW CAP REL COSTS-CAR		34,966			
005 NEW CAP REL COSTS-MVB			1,792,596		
006 EMPLOYEE BENEFITS	1,396		2,274	21,857,665	
008 ADMINISTRATIVE & GENE	23,447		464,004	2,927,880	-7,198,381
009 OPERATION OF PLANT	29,409		20,766	1,011,984	40,094,399
010 LAUNDRY & LINEN SERVI	3,189		56	36,668	3,164,801
011 HOUSEKEEPING	2,141		9,604	519,441	312,752
012 DIETARY	8,233		40,183	392,086	729,440
014 CAFETERIA	2,201			230,965	948,755
015 NURSING ADMINISTRATIO	3,232		2,286	595,393	165,121
016 CENTRAL SERVICES & SU			2,992	35,006	778,750
017 PHARMACY	1,882		61,987	557,931	1,389,380
021 MEDICAL RECORDS & LIB	3,761		18,719	471,707	274,061
025 NURSING SCHOOL	24,583		20,798	787,136	715,604
026 INPAT ROUTINE SRVC CN					853,822
026 ADULTS & PEDIATRICS	15,367		104,992	2,420,295	3,286,261
033 INTENSIVE CARE UNIT	2,959		9,853	482,659	674,089
034 NURSERY	858		3,409	230,150	293,499
035 SKILLED NURSING FACIL	11,491		13,566	1,178,544	1,600,660
037 NURSING FACILITY	5,081		6,388	585,951	777,140
039 ANCILLARY SRVC COST C					
040 OPERATING ROOM	13,840		295,680	1,345,420	4,237,472
041 DELIVERY ROOM & LABOR	2,543		618	62,202	97,848
044 ANESTHESIOLOGY	1,001		9,411		88,248
049 RADIOLOGY-DIAGNOSTIC	8,050		416,609	752,209	2,899,349
050 LABORATORY	9,176		131,591	1,258,010	2,911,479
055 RESPIRATORY THERAPY	154		161	340,869	462,922
056 PHYSICAL THERAPY	3,355		24,651	746,533	1,005,070
060 MEDICAL SUPPLIES CHAR					4,230
060 DRUGS CHARGED TO PATI					1,813,681
060 01 CLINIC	407			16,278	28,638
061 CARDIAC REHAB		34,966		238,632	354,933
062 EMERGENCY	9,200		62,884	1,988,996	1,822,542
063 50 OBSERVATION BEDS (NON					
066 RHC				1,581,556	5,950,395
071 OTHER REIMBURS COST C			46,127	429,574	1,160,140
093 DURABLE MEDICAL EQUIP			20,779	378,745	537,856
095 HOME HEALTH AGENCY			185	188,484	309,747
099 SPEC PURPOSE COST CEN					
099 HOSPICE					
099 SUBTOTALS	186,956	34,966	1,790,573	21,791,304	-7,198,381
099 NONREIMBURS COST CENT					39,648,685
100 GIFT, FLOWER, COFFEE	4,488		149		41,668
100 01 PHYSICIANS' PRIVATE O					
100 02 NONPAID WORKERS					
100 01 NONPAID WORKERS					
100 02 FOUNDATION					8,391
100 01 PHYSICIANS CLINIC	2,424		1,558		23,992
100 02 PROCTOR CHEMICAL DEPE	96				888
100 03 ST. FRANCIS RENAL DIA	3,656				33,821
100 04 RUCHFORD POB					9,635
100 05 GRAHAM POB				3,195	211,202
100 06 FARMINGTON POB					4,825
100 07 LEWISTON POB					8,901
100 08 OTHER RENTAL PROPERTY					
101 KELLEY HOME			316	63,166	102,391
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	1,828,160	35,357	1,804,084	4,041,933	7,198,381
104 (WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	9.250886		1.006409		
105 (WRKSHT B, PT I)		1.011182		.184921	.179536
105 COST TO BE ALLOCATED					
106 (WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
107 (WRKSHT B, PT II)				15,203	685,911
107 COST TO BE ALLOCATED					
108 (WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER				.000696	.017107

COST ALLOCATION = STATISTICAL BASIS

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007 I
I TO 6/30/2008 I

I PREPARED 11/11/2008
I WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	R
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT)SING HRS	NR(COSTED)EQUIS.	
		8	9	10	11	12	14	15	
003	GENERAL SERVICE COST								
003	01 NEW CAP REL COSTS-BLD								
004	NEW CAP REL COSTS-CAR								
005	NEW CAP REL COSTS-MVB								
006	EMPLOYEE BENEFITS								
008	ADMINISTRATIVE & GENERAL								
009	OPERATION OF PLANT	143,368							
010	LAUNDRY & LINEN SERVICE	3,189	1,174,475						
011	HOUSEKEEPING	2,141	16,120	25,896					
012	DIETARY	8,233			77,785				
012	CAFETERIA	2,201							
014	NURSING ADMINISTRATION	3,232				33,018			
015	CENTRAL SERVICES & SUPPLY			140		1,278	7,406		
016	PHARMACY	1,882		390		150		1,159,608	
017	MEDICAL RECORDS & LIBRARY	3,761		299		1,215			
021	NURSING SCHOOL	24,583		581		1,845			
025	INPAT ROUTINE SERVICE CENTER					1,821			
026	ADULTS & PEDIATRICS	15,367	342,979	8,502	29,073	5,431	5,431		
033	INTENSIVE CARE UNIT	2,959	39,936	1,009	2,095	862	862		
034	NURSERY	858	8,606			473	473		
035	SKILLED NURSING FACILITY	11,491	240,604	571	24,198	3,272			
037	NURSING FACILITY	5,081	130,793		22,419	2,126			
039	ANCILLARY SERVICE COST CENTER								
040	OPERATING ROOM	13,840	181,129	5,866		2,762			
041	DELIVERY ROOM & LABOR	2,543				145	145		
044	ANESTHESIOLOGY	1,001							
049	RADIOLOGY-DIAGNOSTIC	8,050	58,438	1,262		1,782			
050	LABORATORY	9,176	936	1,112		2,955			
055	RESPIRATORY THERAPY	154	884	221		495	495		
056	PHYSICAL THERAPY	3,355	27,742	650		1,404			
060	MEDICAL SUPPLIES CHARGED TO PATIENT							1,159,608	
061	DRUGS CHARGED TO PATIENT								
062	OUTPAT SERVICE COST CENTER	407	4,264						
063	CARDIAC REHABILITATION					526			
066	EMERGENCY	9,200	113,984	3,627		2,870			
071	OBSERVATION BEDS (NON-RHC)								
093	OTHER REIMBURSABLE COST CENTER								
095	DURABLE MEDICAL EQUIPMENT								
096	HOME HEALTH AGENCY			130		878			
098	SPECIFIC PURPOSE COST CENTER								
099	HOSPICE					403			
100	SUBTOTALS	132,704	1,166,415	24,360	77,785	32,693	7,406	1,159,608	
101	NONREIMBURSABLE COST CENTER								
102	GIFT, FLOWER, COFFEE	4,488		190					
103	PHYSICIANS' PRIVATE OPPORTUNITY			705		70			
104	NONPAID WORKERS								
105	01 NONPAID WORKERS								
106	02 FOUNDATION								
107	PHYSICIANS CLINIC	2,424							
108	01 PROCTOR CHEMICAL DEPARTMENT	96							
109	02 ST. FRANCIS RENAL DIALYSIS	3,656	8,060	641					
110	03 RUCHFORD POB								
111	04 GRAHAM POB								
112	05 FARMINGTON POB								
113	06 LEWISTON POB								
114	07 OTHER RENTAL PROPERTY								
115	08 KELLEY HOME					255			
116	CROSS FOOT ADJUSTMENT								
117	NEGATIVE COST CENTER								
118	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,732,997	451,937	922,351	1,333,461	252,075	1,017,461	1,639,969	
119	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.384799		17.142907		137.383338		
120	COST TO BE ALLOCATED (WRKSHT B, PART II)	26.037868		35.617508		7.634472		1.414244	
121	UNIT COST MULTIPLIER (WRKSHT B, PT II)								
122	COST TO BE ALLOCATED (WRKSHT B, PART III)	361,852	42,982	48,307	155,087	28,902	55,473	26,934	
123	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.036597		1.993791		7.490278		
124		2.523938		1.865423		.875341		.023227	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008 I

I PREPARED 11/11/2008
I WORKSHEET B-1
I

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY (TIME SPENT	NURSING SCHOOL (ASSIGNED TIME
	16	17	21
003 GENERAL SERVICE COST			
003 01 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-CAR			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENE			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVI			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATIO			
016 CENTRAL SERVICES & SU			
017 PHARMACY	1,833,160		
021 MEDICAL RECORDS & LIB		58,730	
025 NURSING SCHOOL	164		752,675
026 INPAT ROUTINE SRVC CN			
033 ADULTS & PEDIATRICS	1,954	20,765	407,920
034 INTENSIVE CARE UNIT	379	1,515	20,280
035 NURSERY		1,625	
037 SKILLED NURSING FACIL	390	869	130,250
039 NURSING FACILITY	104	806	800
040 ANCILLARY SRVC COST C			
041 OPERATING ROOM	18,559	3,156	88,100
044 DELIVERY ROOM & LABOR			
049 ANESTHESIOLOGY			
050 RADIOLOGY-DIAGNOSTIC	4,193	16,845	
055 LABORATORY	222	5,974	
056 RESPIRATORY THERAPY	1,193		
060 PHYSICAL THERAPY	54		6,950
061 MEDICAL SUPPLIES CHAR			
062 DRUGS CHARGED TO PATI	1,695,347		
063 OUTPAT SERVICE COST C			
066 CLINIC	30		
061 01 CARDIAC REHAB	698		
062 EMERGENCY	1,763	7,175	40,750
063 50 OBSERVATION BEDS (NON			
066 RHC			
071 OTHER REIMBURS COST C	15,960		
093 DURABLE MEDICAL EQUIP	1,304		13,800
095 HOME HEALTH AGENCY			
096 SPEC PURPOSE COST CEN			
098 HOSPICE	90,846		9,000
099 SUBTOTALS	1,833,160	58,730	717,850
096 NONREIMBURS COST CENT			
098 GIFT, FLOWER, COFFEE			
099 PHYSICIANS' PRIVATE O			
099 01 NONPAID WORKERS			
100 02 FOUNDATION			
100 PHYSICIANS CLINIC			34,825
100 01 PROCTOR CHEMICAL DEPE			
100 02 ST. FRANCIS RENAL DIA			
100 03 RUCHFORD POB			
100 04 GRAHAM POB			
100 05 FARMINGTON POB			
100 06 LEWISTON POB			
100 07 OTHER RENTAL PROPERTY			
100 08 KELLEY HOME			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	395,435	966,745	1,681,837
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		16.460838	
(WRKSHT B, PT I)	.215712		2.234480
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	92,779	77,868	328,232
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		1.325864	
(WRKSHT B, PT III)	.050612		.436087

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	7,250,894		7,250,894		7,250,894
26	INTENSIVE CARE UNIT	1,154,717		1,154,717		1,154,717
33	NURSERY	467,187		467,187		467,187
34	SKILLED NURSING FACILITY	3,045,392		3,045,392		3,045,392
35	NURSING FACILITY	1,514,927		1,514,927		1,514,927
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	5,911,142		5,911,142		5,911,142
39	DELIVERY ROOM & LABOR ROO	202,657		202,657		202,657
40	ANESTHESIOLOGY	130,156		130,156		130,156
41	RADIOLOGY-DIAGNOSTIC	3,988,720		3,988,720		3,988,720
44	LABORATORY	3,834,029		3,834,029		3,834,029
49	RESPIRATORY THERAPY	630,295		630,295		630,295
50	PHYSICAL THERAPY	1,332,960		1,332,960		1,332,960
55	MEDICAL SUPPLIES CHARGED	1,644,958		1,644,958		1,644,958
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,505,010		2,505,010		2,505,010
60	CLINIC	46,024		46,024		46,024
60	01 CARDIAC REHAB	422,823		422,823		422,823
61	EMERGENCY	2,793,801		2,793,801		2,793,801
62	OBSERVATION BEDS (NON-DIS	755,192		755,192		755,192
63	50 RHC	7,018,697		7,018,697		7,018,697
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN	1,371,870		1,371,870		1,371,870
101	SUBTOTAL	46,021,451		46,021,451		46,021,451
102	LESS OBSERVATION BEDS	755,192		755,192		755,192
103	TOTAL	45,266,259		45,266,259		45,266,259

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,504,994		8,504,994			
26	INTENSIVE CARE UNIT	1,364,643		1,364,643			
33	NURSERY	409,561		409,561			
34	SKILLED NURSING FACILITY	2,421,821		2,421,821			
35	NURSING FACILITY	1,071,469		1,071,469			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,939,074	8,802,291	16,741,365	.353086	.353086	.353086
39	DELIVERY ROOM & LABOR ROO	310,350	105,807	416,157	.486972	.486972	.486972
40	ANESTHESIOLOGY	771,590	1,080,281	1,851,871	.070284	.070284	.070284
41	RADIOLOGY-DIAGNOSTIC	4,503,162	26,309,423	30,812,585	.129451	.129451	.129451
44	LABORATORY	4,943,792	13,553,224	18,497,016	.207278	.207278	.207278
49	RESPIRATORY THERAPY	1,560,358	294,105	1,854,463	.339880	.339880	.339880
50	PHYSICAL THERAPY	1,357,635	1,623,752	2,981,387	.447094	.447094	.447094
55	MEDICAL SUPPLIES CHARGED	2,988,233	9,439,159	12,427,392	.132366	.132366	.132366
56	DRUGS CHARGED TO PATIENTS	5,067,238	2,119,326	7,186,564	.348569	.348569	.348569
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		440	440	104.600000	104.600000	104.600000
60	01 CARDIAC REHAB	779	305,020	305,799	1.382683	1.382683	1.382683
61	EMERGENCY	1,057,778	5,944,529	7,002,307	.398983	.398983	.398983
62	OBSERVATION BEDS (NON-DIS	360,777	617,243	978,020	.772164	.772164	.772164
63	50 RHC		11,767,455	11,767,455	.596450	.596450	.596450
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		2,185,538	2,185,538	.627704	.627704	.627704
101	SUBTOTAL	44,633,254	84,147,593	128,780,847			
102	LESS OBSERVATION BEDS						
103	TOTAL	44,633,254	84,147,593	128,780,847			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-0001
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008
II PREPARED 11/11/2008
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,250,894		7,250,894		7,250,894
26	INTENSIVE CARE UNIT	1,154,717		1,154,717		1,154,717
33	NURSERY	467,187		467,187		467,187
34	SKILLED NURSING FACILITY	3,045,392		3,045,392		3,045,392
35	NURSING FACILITY	1,514,927		1,514,927		1,514,927
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,911,142		5,911,142		5,911,142
39	DELIVERY ROOM & LABOR ROO	202,657		202,657		202,657
40	ANESTHESIOLOGY	130,156		130,156		130,156
41	RADIOLOGY-DIAGNOSTIC	3,988,720		3,988,720		3,988,720
44	LABORATORY	3,834,029		3,834,029		3,834,029
49	RESPIRATORY THERAPY	630,295		630,295		630,295
50	PHYSICAL THERAPY	1,332,960		1,332,960		1,332,960
55	MEDICAL SUPPLIES CHARGED	1,644,958		1,644,958		1,644,958
56	DRUGS CHARGED TO PATIENTS	2,505,010		2,505,010		2,505,010
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	46,024		46,024		46,024
60	01 CARDIAC REHAB	422,823		422,823		422,823
61	EMERGENCY	2,793,801		2,793,801		2,793,801
62	OBSERVATION BEDS (NON-DIS	755,192		755,192		755,192
63	50 RHC	7,018,697		7,018,697		7,018,697
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	1,371,870		1,371,870		1,371,870
101	SUBTOTAL	46,021,451		46,021,451		46,021,451
102	LESS OBSERVATION BEDS	755,192		755,192		755,192
103	TOTAL	45,266,259		45,266,259		45,266,259

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 14-0001
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008 I

I PREPARED 11/11/2008
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,504,994		8,504,994			
26	INTENSIVE CARE UNIT	1,364,643		1,364,643			
33	NURSERY	409,561		409,561			
34	SKILLED NURSING FACILITY	2,421,821		2,421,821			
35	NURSING FACILITY	1,071,469		1,071,469			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,939,074	8,802,291	16,741,365	.353086	.353086	.353086
39	DELIVERY ROOM & LABOR ROO	310,350	105,807	416,157	.486972	.486972	.486972
40	ANESTHESIOLOGY	771,590	1,080,281	1,851,871	.070284	.070284	.070284
41	RADIOLOGY-DIAGNOSTIC	4,503,162	26,309,423	30,812,585	.129451	.129451	.129451
44	LABORATORY	4,943,792	13,553,224	18,497,016	.207278	.207278	.207278
49	RESPIRATORY THERAPY	1,560,358	294,105	1,854,463	.339880	.339880	.339880
50	PHYSICAL THERAPY	1,357,635	1,623,752	2,981,387	.447094	.447094	.447094
55	MEDICAL SUPPLIES CHARGED	2,988,233	9,439,159	12,427,392	.132366	.132366	.132366
56	DRUGS CHARGED TO PATIENTS	5,067,238	2,119,326	7,186,564	.348569	.348569	.348569
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		440	440	104.600000	104.600000	104.600000
60	01 CARDIAC REHAB	779	305,020	305,799	1.382683	1.382683	1.382683
61	EMERGENCY	1,057,778	5,944,529	7,002,307	.398983	.398983	.398983
62	OBSERVATION BEDS (NON-DIS	360,777	617,243	978,020	.772164	.772164	.772164
63	50 RHC		11,767,455	11,767,455	.596450	.596450	.596450
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		2,185,538	2,185,538	.627704	.627704	.627704
101	SUBTOTAL	44,633,254	84,147,593	128,780,847			
102	LESS OBSERVATION BEDS						
103	TOTAL	44,633,254	84,147,593	128,780,847			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,911,142	559,077	5,352,065			5,911,142
39	DELIVERY ROOM & LABOR ROO	202,657	33,495	169,162			202,657
40	ANESTHESIOLOGY	130,156	22,767	107,389			130,156
41	RADIOLOGY-DIAGNOSTIC	3,988,720	1,133,581	2,855,139			3,988,720
44	LABORATORY	3,834,029	303,790	3,530,239			3,834,029
49	RESPIRATORY THERAPY	630,295	14,777	615,518			630,295
50	PHYSICAL THERAPY	1,332,960	85,488	1,247,472			1,332,960
55	MEDICAL SUPPLIES CHARGED	1,644,958	27,006	1,617,952			1,644,958
56	DRUGS CHARGED TO PATIENTS	2,505,010	116,832	2,388,178			2,505,010
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	46,024	5,451	40,573			46,024
60	01 CARDIAC REHAB	422,823	42,090	380,733			422,823
61	EMERGENCY	2,793,801	227,228	2,566,573			2,793,801
62	OBSERVATION BEDS (NON-DIS	755,192	52,487	702,705			755,192
63	50 RHC	7,018,697	127,857	6,890,840			7,018,697
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,371,870	104,395	1,267,475			1,371,870
101	SUBTOTAL	32,588,334	2,856,321	29,732,013			32,588,334
102	LESS OBSERVATION BEDS	755,192	52,487	702,705			755,192
103	TOTAL	31,833,142	2,803,834	29,029,308			31,833,142

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	16,741,365	.353086	.353086
39	DELIVERY ROOM & LABOR ROO	416,157	.486972	.486972
40	ANESTHESIOLOGY	1,851,871	.070284	.070284
41	RADIOLOGY-DIAGNOSTIC	30,812,585	.129451	.129451
44	LABORATORY	18,497,016	.207278	.207278
49	RESPIRATORY THERAPY	1,854,463	.339880	.339880
50	PHYSICAL THERAPY	2,981,387	.447094	.447094
55	MEDICAL SUPPLIES CHARGED	12,427,392	.132366	.132366
56	DRUGS CHARGED TO PATIENTS	7,186,564	.348569	.348569
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	440	104.600000	104.600000
60	01 CARDIAC REHAB	305,799	1.382683	1.382683
61	EMERGENCY	7,002,307	.398983	.398983
62	OBSERVATION BEDS (NON-DIS	978,020	.772164	.772164
63	50 RHC	11,767,455	.596450	.596450
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	2,185,538	.627704	.627704
101	SUBTOTAL	115,008,359		
102	LESS OBSERVATION BEDS	978,020		
103	TOTAL	114,030,339		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,911,142	559,077	5,352,065			5,911,142
39	DELIVERY ROOM & LABOR ROO	202,657	33,495	169,162			202,657
40	ANESTHESIOLOGY	130,156	22,767	107,389			130,156
41	RADIOLOGY-DIAGNOSTIC	3,988,720	1,133,581	2,855,139			3,988,720
44	LABORATORY	3,834,029	303,790	3,530,239			3,834,029
49	RESPIRATORY THERAPY	630,295	14,777	615,518			630,295
50	PHYSICAL THERAPY	1,332,960	85,488	1,247,472			1,332,960
55	MEDICAL SUPPLIES CHARGED	1,644,958	27,006	1,617,952			1,644,958
56	DRUGS CHARGED TO PATIENTS	2,505,010	116,832	2,388,178			2,505,010
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	46,024	5,451	40,573			46,024
60	01 CARDIAC REHAB	422,823	42,090	380,733			422,823
61	EMERGENCY	2,793,801	227,228	2,566,573			2,793,801
62	OBSERVATION BEDS (NON-DIS	755,192	52,487	702,705			755,192
63	50 RHC	7,018,697	127,857	6,890,840			7,018,697
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,371,870	104,395	1,267,475			1,371,870
101	SUBTOTAL	32,588,334	2,856,321	29,732,013			32,588,334
102	LESS OBSERVATION BEDS	755,192	52,487	702,705			755,192
103	TOTAL	31,833,142	2,803,834	29,029,308			31,833,142

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	16,741,365	.353086	.353086
39	DELIVERY ROOM & LABOR ROO	416,157	.486972	.486972
40	ANESTHESIOLOGY	1,851,871	.070284	.070284
41	RADIOLOGY-DIAGNOSTIC	30,812,585	.129451	.129451
44	LABORATORY	18,497,016	.207278	.207278
49	RESPIRATORY THERAPY	1,854,463	.339880	.339880
50	PHYSICAL THERAPY	2,981,387	.447094	.447094
55	MEDICAL SUPPLIES CHARGED	12,427,392	.132366	.132366
56	DRUGS CHARGED TO PATIENTS	7,186,564	.348569	.348569
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	440	104.600000	104.600000
60	01 CARDIAC REHAB	305,799	1.382683	1.382683
61	EMERGENCY	7,002,307	.398983	.398983
62	OBSERVATION BEDS (NON-DIS	978,020	.772164	.772164
63	50 RHC	11,767,455	.596450	.596450
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	2,185,538	.627704	.627704
101	SUBTOTAL	115,008,359		
102	LESS OBSERVATION BEDS	978,020		
103	TOTAL	114,030,339		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				503,949		503,949
26	INTENSIVE CARE UNIT				73,386		73,386
33	NURSERY				25,142		25,142
101	TOTAL				602,477		602,477

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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	9,515	4,838			52.96	256,220
33	INTENSIVE CARE UNIT	688	428			106.67	45,655
	NURSERY	553				45.46	
101	TOTAL	10,756	5,266				301,875

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 14-0001 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM		559,077	16,741,365	3,837,305			
39	DELIVERY ROOM & LABOR ROO		33,495	416,157				
40	ANESTHESIOLOGY		22,767	1,851,871	339,593			
41	RADIOLOGY-DIAGNOSTIC		1,133,581	30,812,585	2,302,519			
44	LABORATORY		303,790	18,497,016	3,902,698			
49	RESPIRATORY THERAPY		14,777	1,854,463	719,688			
50	PHYSICAL THERAPY		85,488	2,981,387	245,198			
55	MEDICAL SUPPLIES CHARGED		27,006	12,427,392	920,221			
56	DRUGS CHARGED TO PATIENTS		116,832	7,186,564	2,500,907			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC		5,451	440				
60	01 CARDIAC REHAB		42,090	305,799	448			
61	EMERGENCY		227,228	7,002,307	431,572			
62	OBSERVATION BEDS (NON-DIS		52,487	978,020	216,146			
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN		104,395	2,185,538				
101	TOTAL		2,728,464	103,240,904	15,416,295			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 14-0001 I
 PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033395	128,147
39	DELIVERY ROOM & LABOR ROO	.080486	
40	ANESTHESIOLOGY	.012294	4,175
41	RADIOLOGY-DIAGNOSTIC	.036790	84,710
44	LABORATORY	.016424	64,098
49	RESPIRATORY THERAPY	.007968	5,734
50	PHYSICAL THERAPY	.028674	7,031
55	MEDICAL SUPPLIES CHARGED	.002173	2,000
56	DRUGS CHARGED TO PATIENTS	.016257	40,657
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	12.388636	
60	01 CARDIAC REHAB	.137639	62
61	EMERGENCY	.032450	14,005
62	OBSERVATION BEDS (NON-DIS	.053667	11,600
63	50 RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.047766	
101	TOTAL		362,219

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

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
I I TO 6/30/2008 I PART III
PPS

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		911,488		911,488	9,515	95.79
26	INTENSIVE CARE UNIT		45,315		45,315	688	65.86
33	NURSERY					553	
34	SKILLED NURSING FACILITY		291,041		291,041	8,066	36.08
35	NURSING FACILITY		1,788		1,788	7,473	.24
101	TOTAL		1,249,632		1,249,632	26,295	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	4,838	463,432
26	INTENSIVE CARE UNIT	428	28,188
33	NURSERY		
34	SKILLED NURSING FACILITY	5,677	204,826
35	NURSING FACILITY		
101	TOTAL	10,943	696,446

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			196,858			
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY			15,530			
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY			91,055			
62	OBSERVATION BEDS (NON-DIS			94,933			
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL			398,376			

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART IV
 I 14-0001 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	196,858	196,858	16,741,365	.011759	.011759	3,837,305	45,123
39	DELIVERY ROOM & LABOR ROO			416,157				
40	ANESTHESIOLOGY			1,851,871			339,593	
41	RADIOLOGY-DIAGNOSTIC			30,812,585			2,302,519	
44	LABORATORY			18,497,016			3,902,698	
49	RESPIRATORY THERAPY			1,854,463			719,688	
50	PHYSICAL THERAPY	15,530	15,530	2,981,387	.005209	.005209	245,198	1,277
55	MEDICAL SUPPLIES CHARGED			12,427,392			920,221	
56	DRUGS CHARGED TO PATIENTS			7,186,564			2,500,907	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			440				
60	01 CARDIAC REHAB			305,799			448	
61	EMERGENCY	91,055	91,055	7,002,307	.013004	.013004	431,572	5,612
62	OBSERVATION BEDS (NON-DIS	94,933	94,933	978,020	.097067	.097067	216,146	20,981
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN			2,185,538				
101	TOTAL	398,376	398,376	103,240,904			15,416,295	72,993

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,883,415			33,906		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	274,297					
41	RADIOLOGY-DIAGNOSTIC	6,519,480					
44	LABORATORY	1,217,154					
49	RESPIRATORY THERAPY	173,655					
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED	517,727					
56	DRUGS CHARGED TO PATIENTS	776,735					
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 CARDIAC REHAB	98,524					
61	EMERGENCY	920,585			11,971		
62	OBSERVATION BEDS (NON-DIS	202,212			19,628		
63	50 RHC						
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN						
101	TOTAL	13,583,784			65,505		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 14-0001
 I PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 I COMPONENT NO: 14-0001
 I PREPARED 11/11/2008
 I WORKSHEET D
 I PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.353086	.353086			
39 DELIVERY ROOM & LABOR ROOM	.486972	.486972			
40 ANESTHESIOLOGY	.070284	.070284			
41 RADIOLOGY-DIAGNOSTIC	.129451	.129451			
44 LABORATORY	.207278	.207278			
49 RESPIRATORY THERAPY	.339880	.339880			
50 PHYSICAL THERAPY	.447094	.447094			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.132366	.132366			
56 DRUGS CHARGED TO PATIENTS	.348569	.348569			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	104.600000	104.600000			
60 01 CARDIAC REHAB	1.382683	1.382683			
61 EMERGENCY	.398983	.398983			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.772164	.772164			
63 50 RHC					
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	.627704	.627704			
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
 I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I 14-0001 I I

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,883,415			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		274,297			
41 RADIOLOGY-DIAGNOSTIC		6,519,480			
44 LABORATORY		1,217,154			
49 RESPIRATORY THERAPY		173,655			
50 PHYSICAL THERAPY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		517,727			
56 DRUGS CHARGED TO PATIENTS		776,735			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB		98,524			
61 EMERGENCY		920,585			
62 OBSERVATION BEDS (NON-DISTINCT PART)		202,212			
63 50 RHC					
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		13,583,784			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		13,583,784			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,018,093	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				19,279	
41	RADIOLOGY-DIAGNOSTIC				843,953	
44	LABORATORY				252,289	
49	RESPIRATORY THERAPY				59,022	
50	PHYSICAL THERAPY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				68,529	
56	DRUGS CHARGED TO PATIENTS				270,746	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CARDIAC REHAB				136,227	
61	EMERGENCY				367,298	
62	OBSERVATION BEDS (NON-DISTINCT PART)				156,141	
63	50 RHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED					
101	SUBTOTAL				3,191,577	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				3,191,577	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I 14-0001 I I

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 CARDIAC REHAB
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- OTHER REIMBURS COST CNTRS
- 66 DURABLE MEDICAL EQUIP-RENTED
- 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

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I - I I

TITLE XVIII, PART B

SWING BED SNF

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.353086	.353086			
39 DELIVERY ROOM & LABOR ROOM	.486972	.486972			
40 ANESTHESIOLOGY	.070284	.070284			
41 RADIOLOGY-DIAGNOSTIC	.129451	.129451			
44 LABORATORY	.207278	.207278			
49 RESPIRATORY THERAPY	.339880	.339880			
50 PHYSICAL THERAPY	.447094	.447094			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.132366	.132366			
56 DRUGS CHARGED TO PATIENTS	.348569	.348569			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	104.600000	104.600000			
60 01 CARDIAC REHAB	1.382683	1.382683			
61 EMERGENCY	.398983	.398983			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.772164	.772164			
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	.627704	.627704			
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

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I - I I

TITLE XVIII, PART B

SWING BED SNF

Cost Center Description	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other
	5	6	7	8	9
(A) 37 ANCILLARY SRVC COST CNTRS					
39 OPERATING ROOM					
40 DELIVERY ROOM & LABOR ROOM					
41 ANESTHESIOLOGY					
44 RADIOLOGY-DIAGNOSTIC					
49 LABORATORY					
50 RESPIRATORY THERAPY					
55 PHYSICAL THERAPY					
56 MEDICAL SUPPLIES CHARGED TO PATIENTS	75				10
60 DRUGS CHARGED TO PATIENTS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CARDIAC REHAB					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
102 SUBTOTAL	75				10
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES	75				10

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I - I I

TITLE XVIII, PART B

SWING BED SNF

Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 CARDIAC REHAB
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- OTHER REIMBURS COST CNTRS
- 66 DURABLE MEDICAL EQUIP-RENTED
- 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 INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 14-5572 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
60	01 CARDIAC REHAB	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
63	50 RHC	
	OTHER REIMBURS COST CNTRS	
66	DURABLE MEDICAL EQUIP-REN	
101	TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			196,858			
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY			15,530			
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY			91,055			
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL			303,443			

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	196,858	196,858	16,741,365	.011759	.011759	1,582	19
39	DELIVERY ROOM & LABOR ROO			416,157				
40	ANESTHESIOLOGY			1,851,871				
41	RADIOLOGY-DIAGNOSTIC			30,812,585			21,437	
44	LABORATORY			18,497,016			54,238	
49	RESPIRATORY THERAPY			1,854,463			350,133	
50	PHYSICAL THERAPY	15,530	15,530	2,981,387	.005209	.005209	686,810	3,578
55	MEDICAL SUPPLIES CHARGED			12,427,392			168,822	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			7,186,564			505,072	
60	CLINIC			440				
60	01 CARDIAC REHAB			305,799				
61	EMERGENCY	91,055	91,055	7,002,307	.013004	.013004		
62	OBSERVATION BEDS (NON-DIS			978,020				
63	50 RHC							
66	OTHER REIMBURS COST CNTRS			2,185,538				
101	DURABLE MEDICAL EQUIP-REN TOTAL	303,443	303,443	103,240,904			1,788,094	3,597

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9		
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIAC REHAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	14-0001	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,515
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,515
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,515
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,838
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	7,250,894
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	7,250,894

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,517,713
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,517,713
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.761832
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,000.29
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	7,250,894

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 762.05
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,686,798
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,686,798

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,154,717	688	1,678.37	428	718,342
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 4,173,262
49 TOTAL PROGRAM INPATIENT COSTS					8,578,402

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 793,495
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 435,212
 52 TOTAL PROGRAM EXCLUDABLE COST 1,228,707
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 7,349,695

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 14-0001 I I

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & 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 991
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 762.05
- 85 OBSERVATION BED COST 755,192

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		7,250,894		755,192	
87 NEW CAPITAL-RELATED COST	503,949	7,250,894	.069502	755,192	52,487
88 NON PHYSICIAN ANESTHETIST		7,250,894		755,192	
89 MEDICAL EDUCATION	911,488	7,250,894	.125707	755,192	94,933
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	14-5572	I		I	

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,066
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,066
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,066
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)	5,677
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,045,392
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,045,392

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,458,593
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,458,593
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.238673
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	304.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,045,392

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,045,392
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		377.56
68	PROGRAM ROUTINE SERVICE COST		2,143,408
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,143,408
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		239,312
72	PER DIEM CAPITAL-RELATED COSTS		29.67
73	PROGRAM CAPITAL-RELATED COSTS		168,437
74	INPATIENT ROUTINE SERVICE COST		1,974,971
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,974,971
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,143,408
80	PROGRAM INPATIENT ANCILLARY SERVICES		639,046
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		2,782,454

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				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,515
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,515
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,515
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,166
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)	553
16	NURSERY DAYS (TITLE V OR XIX ONLY)	383

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	7,250,894
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	7,250,894

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,517,713
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,517,713
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.761832
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,000.29
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	7,250,894

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 14-0001 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 762.05
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 888,550
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 888,550

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	467,187	553	844.82	383	323,566
43 INTENSIVE CARE UNIT	1,154,717	688	1,678.37	60	100,702
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
 49 TOTAL PROGRAM INPATIENT COSTS 1,312,818

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 14-0001 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & 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 991
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 762.05
- 85 OBSERVATION BED COST 755,192

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	14-5572	I		I	

TITLE XIX - I/P

SNF

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,066
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,066
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,066
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)	678
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)	2,458,593
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,458,593
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	304.81
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	

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	239,312
72	PER DIEM CAPITAL-RELATED COSTS	29.67
73	PROGRAM CAPITAL-RELATED COSTS	20,116
74	INPATIENT ROUTINE SERVICE COST	-20,116
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-20,116
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

I PROVIDER NO: I PERIOD: I
 I 14-0001 I FROM 7/ 1/2007 I
 I COMPONENT NO: I TO 6/30/2008 I
 I 14-0001 I

WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,583,418	
26	INTENSIVE CARE UNIT		669,693	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.353086	3,837,305	1,354,899
39	DELIVERY ROOM & LABOR ROOM	.486972		
40	ANESTHESIOLOGY	.070284	339,593	23,868
41	RADIOLOGY-DIAGNOSTIC	.129451	2,302,519	298,063
44	LABORATORY	.207278	3,902,698	808,943
49	RESPIRATORY THERAPY	.339880	719,688	244,608
50	PHYSICAL THERAPY	.447094	245,198	109,627
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.132366	920,221	121,806
56	DRUGS CHARGED TO PATIENTS	.348569	2,500,907	871,739
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	104.600000		
60	01 CARDIAC REHAB	1.382683	448	619
61	EMERGENCY	.398983	431,572	172,190
62	OBSERVATION BEDS (NON-DISTINCT PART)	.772164	216,146	166,900
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.627704		
101	TOTAL		15,416,295	4,173,262
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		15,416,295	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 14-5572 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.353086	1,582	559
39	DELIVERY ROOM & LABOR ROOM	.486972		
40	ANESTHESIOLOGY	.070284		
41	RADIOLOGY-DIAGNOSTIC	.129451	21,437	2,775
44	LABORATORY	.207278	54,238	11,242
49	RESPIRATORY THERAPY	.339880	350,133	119,003
50	PHYSICAL THERAPY	.447094	686,810	307,069
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.132366	168,822	22,346
56	DRUGS CHARGED TO PATIENTS	.348569	505,072	176,052
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	104.600000		
60	01 CARDIAC REHAB	1.382683		
61	EMERGENCY	.398983		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.772164		
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.627704		
101	TOTAL		1,788,094	639,046
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,788,094	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,525,309	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,575,926	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	22,795	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	43.09	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
SUM OF LINES PLUS E-3, PT 3.21 - 3.23 VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	1.92	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.90	
4.02 SUM OF LINES 4 AND 4.01	17.82	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.15	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	497,251	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		6,621,281
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		7,382,579
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		7,382,579
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		520,063
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		491,620
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		72,993
16 TOTAL		8,467,255
17 PRIMARY PAYER PAYMENTS		423
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		8,466,832
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		820,576
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		11,728
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		23,946
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		16,762
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL		7,651,290
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		7,651,290
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		8,002,065
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-350,775
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART B
I	14-0001	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,642
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,126,072
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,986,456
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.862
1.04	LINE 1.01 TIMES LINE 1.03.	2,694,674
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.	65,505
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,642
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	7,580
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	7,580
	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)	7,580
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,938
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,642
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,051,961
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	50,513
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	850,454
19	SUBTOTAL (SEE INSTRUCTIONS)	2,153,636
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	2,153,636
24	PRIMARY PAYER PAYMENTS	549
25	SUBTOTAL	2,153,087
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	23,175
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	16,223
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,169,310
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	2,169,310
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,084,939
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	84,371
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART B
I	14-5572	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

CUSTOMARY CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 28
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 9
- 19 SUBTOTAL (SEE INSTRUCTIONS) -37
- 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 -37
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL -37
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL -37
- 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 -37
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS 38
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM -75
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	8,002,065	3	2,084,939
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		8,002,065		2,084,939
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		NONE
6 DETERMINED NET SETTLEMENT 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:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 14-5572 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,475,570		38
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,475,570		38
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	14-5572	I		I	

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
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			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR 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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
				1,729,658
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
				204,826
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
				3,597
31	SUBTOTAL			
				1,938,081
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
				1,938,081
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
				1,938,081
36	SUBTOTAL			
				254,088
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
39	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)			
				1,683,993
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			
				1,683,993
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
				1,683,993
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
				1,475,570
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
				208,423
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART III
I	14-5572	I		I	

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

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	996,771			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	12,596,508			
5	OTHER RECEIVABLES	17,500			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,970,199			
8	PREPAID EXPENSES	799,913			
9	OTHER CURRENT ASSETS	-367,647			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	16,013,244			
FIXED ASSETS					
12	LAND	1,680,691			
12.01					
13	LAND IMPROVEMENTS	1,574,126			
13.01	LESS ACCUMULATED DEPRECIATION	-1,105,002			
14	BUILDINGS	39,018,689			
14.01	LESS ACCUMULATED DEPRECIATION	-16,463,576			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	15,142,469			
16.01	LESS ACCUMULATED DEPRECIATION	-11,691,000			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	20,731,125			
18.01	LESS ACCUMULATED DEPRECIATION	-13,698,541			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	35,188,981			
OTHER ASSETS					
22	INVESTMENTS	1,149,319			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	45,500,861			
26	TOTAL OTHER ASSETS	46,650,180			
27	TOTAL ASSETS	97,852,405			

I
I
I

PROVIDER NO:
14-0001

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008

I PREPARED 11/11/2008
I
I WORKSHEET G

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,659,003			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	415,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-288,750			
35 OTHER CURRENT LIABILITIES	4,689,323			
36 TOTAL CURRENT LIABILITIES	6,474,576			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	15,085,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,900,000			
42 TOTAL LONG-TERM LIABILITIES	16,985,000			
43 TOTAL LIABILITIES	23,459,576			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	74,392,829			
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	74,392,829			
52 TOTAL LIABILITIES AND FUND BALANCES	97,852,405			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET G-1
I		I	TO 6/30/2008	I	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		74,144,901		
	OF PERIOD				
2	NET INCOME (LOSS)		247,928		
3	TOTAL		74,392,829		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		74,392,829		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		74,392,829		
	PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET G-2
 I I TO 6/30/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	9,517,713		9,517,713
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,458,593		2,458,593
7 00 NURSING FACILITY	1,071,469		1,071,469
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	13,047,775		13,047,775
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,466,834		1,466,834
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,466,834		1,466,834
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,514,609		14,514,609
17 00 ANCILLARY SERVICES	33,361,594	60,736,189	94,097,783
18 00 OUTPATIENT SERVICES			
18 50 RHC		24,941,787	24,941,787
19 00 HOME HEALTH AGENCY		693,685	693,685
23 00 HOSPICE		1,094,165	1,094,165
24 00			
25 00 TOTAL PATIENT REVENUES	47,876,203	87,465,826	135,342,029

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		61,603,360	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	3,837,497		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,837,497	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		65,440,857	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET G-3
I		I	TO 6/30/2008	I	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	135,342,029
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	72,104,892
3	NET PATIENT REVENUES	63,237,137
4	LESS: TOTAL OPERATING EXPENSES	65,440,857
5	NET INCOME FROM SERVICE TO PATIENTS	-2,203,720
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	77,991
7	INCOME FROM INVESTMENTS	2,250,651
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	16,797
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	358,764
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	2,763
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	365,547
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	26,366
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	526,224
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	52,104
23	GOVERNMENTAL APPROPRIATIONS	
24	NET ASSETS RELEASED FROM RESTRICTION	175,325
24.01	LAB OUTREACH	511,583
24.02	KELLEY HOME	43,635
24.03	OTHER HOSPITAL REVENUE	679,997
25	TOTAL OTHER INCOME	5,087,747
26	TOTAL	2,884,027
	OTHER EXPENSES	
27	UNREALIZED LOSS ON DISPOSAL	1,670,394
28	LOSS ON DISPOSAL OF ASSETS	47,914
29	CHANGE IN FMV SWAP OPTION	917,791
30	TOTAL OTHER EXPENSES	2,636,099
31	NET INCOME (OR LOSS) FOR THE PERIOD	247,928

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	122,630		23,868	243	-28,657	118,084
HHA REIMBURSABLE SERVICES						
6	194,297		3,178	10,599		208,074
7	37,099		1,436			38,535
8	16,622		365			16,987
9			812			812
10	6,817					6,817
11	1,280		4,440			5,720
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	378,745		34,099	10,842	-28,657	395,029

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	51,877	169,961		169,961
HHA REIMBURSABLE SERVICES				
6		208,074		208,074
7		38,535		38,535
8		16,987		16,987
9		812		812
10		6,817		6,817
11		5,720		5,720
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	51,877	446,906		446,906

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	169,961					169,961	169,961
HHA REIMBURSABLE SERVICES							
6	208,074					208,074	127,695
7	38,535					38,535	23,649
8	16,987					16,987	10,425
9	812					812	498
10	6,817					6,817	4,184
11	5,720					5,720	3,510
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	446,906					446,906	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	335,769						
7	62,184						
8	27,412						
9	1,310						
10	11,001						
11	9,230						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	446,906						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-169,961	276,945
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					208,074
7	PHYSICAL THERAPY					38,535
8	OCCUPATIONAL THERAPY					16,987
9	SPEECH PATHOLOGY					812
10	MEDICAL SOCIAL SERVICES					6,817
11	HOME HEALTH AIDE					5,720
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-169,961	276,945
25	COST TO BE ALLOCATED					169,961
26	UNIT COST MULTIPLIER					.613699

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-CARDIA	NEW CAP REL COSTS-MVBLE	EMPLOYEE BEN EFITS	SUBTOTAL 5A
	0	3	3.01	4	5	
1 ADMIN & GENERAL				20,912	22,677	43,589
2 SKILLED NURSING CARE	335,769				35,929	371,698
3 PHYSICAL THERAPY	62,184				6,860	69,044
4 OCCUPATIONAL THERAPY	27,412				3,074	30,486
5 SPEECH PATHOLOGY	1,310					1,310
6 MEDICAL SOCIAL SERVICES	11,001				1,261	12,262
7 HOME HEALTH AIDE	9,230				237	9,467
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	446,906			20,912	70,038	537,856
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATI VE & GENERAL	OPERATION OF PLANT	LAUNDRY & LI NEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	8	9	10	11	12
1 ADMIN & GENERAL	7,826			4,630		6,703
2 SKILLED NURSING CARE	66,734					
3 PHYSICAL THERAPY	12,396					
4 OCCUPATIONAL THERAPY	5,473					
5 SPEECH PATHOLOGY	235					
6 MEDICAL SOCIAL SERVICES	2,201					
7 HOME HEALTH AIDE	1,700					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	96,565			4,630		6,703
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	NURSING SCHOOL 21	SUBTOTAL 25
1 ADMIN & GENERAL			281		30,836	93,865
2 SKILLED NURSING CARE						438,432
3 PHYSICAL THERAPY						81,440
4 OCCUPATIONAL THERAPY						35,959
5 SPEECH PATHOLOGY						1,545
6 MEDICAL SOCIAL SERVICES						14,463
7 HOME HEALTH AIDE						11,167
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			281		30,836	676,871
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		93,865		
2 SKILLED NURSING CARE		438,432	70,588	509,020
3 PHYSICAL THERAPY		81,440	13,112	94,552
4 OCCUPATIONAL THERAPY		35,959	5,789	41,748
5 SPEECH PATHOLOGY		1,545	249	1,794
6 MEDICAL SOCIAL SERVICES		14,463	2,329	16,792
7 HOME HEALTH AIDE		11,167	1,798	12,965
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		676,871	93,865	676,871
21 UNIT COST MULTIPLIER			0.161002	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-CARDIA (SQUARE FEET) 3.01	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BEN EFITS (GROSS) ALARIES) 5	RECONCILIATI ON 6A	ADMINISTRATI VE & GENERAL (ACCUM. COST) 6
1 ADMIN & GENERAL			20,779	122,630		43,589
2 SKILLED NURSING CARE				194,297		371,698
3 PHYSICAL THERAPY				37,099		69,044
4 OCCUPATIONAL THERAPY				16,622		30,486
5 SPEECH PATHOLOGY						1,310
6 MEDICAL SOCIAL SERVICES				6,817		12,262
7 HOME HEALTH AIDE				1,280		9,467
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			20,779	378,745		537,856
21 COST TO BE ALLOCATED			20,912	70,038		96,565
22 UNIT COST MULTIPLIER			1.006401	0.184921		0.179537

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS ERVED) 11	CAFETERIA S (MEALS ERVED) 12	NURSING ADMI NISTRATION S (DIRECT NR) SING HRS) 14
1 ADMIN & GENERAL			130		878	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			130		878	
21 COST TO BE ALLOCATED			4,630		6,703	
22 UNIT COST MULTIPLIER			35.615385		7.634396	

HHA 1

HHA COST CENTER	CENTRAL SERV ICES & SUPPL (COSTED EQUIS.)	SERV PHARMACY R (COSTED) EQUIS.)	MEDICAL RECO RDS & LIBRAR R (TIME) SPENT)	NURSING SCHO OL (ASSIGNED TIME)
	15	16	17	21
1 ADMIN & GENERAL		1,304		13,800
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9,20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19,50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)		1,304		13,800
21 COST TO BE ALLOCATED		281		30,836
22 UNIT COST MULTIPLIER		0.215491		2.234493

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2008 I PARTS I II & III
 I 14-7142 I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES							PART A
1 SKILLED NURSING	2	509,020		509,020	3,592	141.71	1,170
2 PHYSICAL THERAPY	3	94,552		94,552	478	197.81	253
3 OCCUPATIONAL THERAPY	4	41,748		41,748	216	193.28	71
4 SPEECH PATHOLOGY	5	1,794		1,794	122	14.70	57
5 MEDICAL SOCIAL SERVICES	6	16,792		16,792	55	305.31	23
6 HOME HEALTH AIDE SERVICE	7	12,965		12,965	668	19.41	263
7 TOTAL		676,871		676,871	5,131		1,837

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	985		165,801	139,584		305,385
2 PHYSICAL THERAPY	73		50,046	14,440		64,486
3 OCCUPATIONAL THERAPY	31		13,723	5,992		19,715
4 SPEECH PATHOLOGY	14		838	206		1,044
5 MEDICAL SOCIAL SERVICES	15		7,022	4,580		11,602
6 HOME HEALTH AIDE SERVICES	182		5,105	3,533		8,638
7 TOTAL	1,300		242,535	168,335		410,870

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A 6
8 SKILLED NURSING	9914					
9 PHYSICAL THERAPY	9914					
10 OCCUPATIONAL THERAPY	9914					
11 SPEECH PATHOLOGY	9914					
12 MEDICAL SOCIAL SERVICES	9914					
13 HOME HEALTH AIDE SERVICE	9914					
14 TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2008 I PARTS I II & III
 I 14-7142 I I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				42,090		18,546
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	23,544				
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.447094			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.132366			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.348569			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS -----	
			PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998
1 PHYSICAL THERAPY	1	197.81	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	3	193.28				
3 SPEECH PATHOLOGY	4	14.70				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET H-7
I	HHA NO:	I	TO 6/30/2008	I	PARTS I & II
I	14-7142	I		I	

TITLE XVIII HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS

PART B
SUBJECT TO
DED & COINS

1

2

3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	217,402	147,815
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		1,379
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	4,448	4,242
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	491	388
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	8,095	3,429
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		1,573
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	230,436	158,826
13	EXCESS REASONABLE COST		
14	SUBTOTAL	230,436	158,826
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	230,436	158,826
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	230,436	158,826
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	230,436	158,826
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	230,436	158,826
25	INTERIM PAYMENTS	230,436	158,826
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: 14-0001 I PERIOD: FROM 7/ 1/2007 TO 6/30/2008 I PREPARED 11/11/2008 WORKSHEET H-8

I HHA NO: 14-7142 I

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		230,436		158,826
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		230,436		158,826
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2008 I
I 14-1558 I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	188,484			90,815
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	188,484			90,815

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2008 I
I 14-1558 I I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	179,605	458,904	-158,888	300,016
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	179,605	458,904	-158,888	300,016

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	14-1558	I		I	

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL		
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE	-25,310	274,706
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		
19 SPIRITUAL COUNSELING		
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)	-25,310	274,706

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 6/30/2008 I
I 14-1558 I

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
10.20	VISITING SERVICES			
11	PHYSICIAN SERVICES			
12	NURSING CARE	39,035		
13	NURSING CARE-CONTINUOUS HOME CARE			
14	PHYSICAL THERAPY			
15	OCCUPATIONAL THERAPY			
16	SPEECH/LANGUAGE PATHOLOGY			
17	MEDICAL SOCIAL SERVICES			
18	SPIRITUAL COUNSELING			
19	DIETARY COUNSELING			
20	COUNSELING - OTHER			
21	HOME HEALTH AIDE AND HOMEMAKER			
22	HH AIDE & HOMEMAKER-CONT. HOME CARE			
23	OTHER HOSPICE SERVICE COSTS			
24	OTHER			
25	DRUGS BIOLOGICAL AND INFUSION THERAPY			
26	ANALGESICS			
27	SEDATIVES / HYPNOTICS			
28	OTHER - SPECIFY			
29	DURABLE MEDICAL EQUIPMENT/OXYGEN			
30	PATIENT TRANSPORTATION			
31	IMAGING SERVICES			
32	LABS AND DIAGNOSTICS			
33	MEDICAL SUPPLIES			
34	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35	RADIATION THERAPY			
36	CHEMOTHERAPY			
37	OTHER			
38	BEREAVEMENT PROGRAM COSTS			
39	VOLUNTEER PROGRAM COSTS			
40	FUNDRAISING			
41	OTHER PROGRAM COSTS			
42	TOTAL (SUM OF LINES 1 THRU 33)	39,035		

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 6/30/2008 I
I 14-1558 I I

HOSPICE 1

	TOTAL		ALL
NURSES	THERAPISTS	AIDES	OTHER
5	6	7	8

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPITE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		149,449
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)		149,449

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	14-1558	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	188,484
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	188,484

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: 14-0001
I FROM 7/ 1/2007
I HOSPICE NO: 14-1558
I I TO 6/30/2008
I I

I WORKSHEET K-3
I

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	14-1558	I		I	

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				90,815
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				90,815

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2008	I	
I	14-1558	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	90,815
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	90,815

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 6/30/2008 I PART I
I 14-1558 I I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL			
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			
8 INPATIENT - RESPITE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	274,706		
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES			
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30 ANALGESICS			
20.31 SEDATIVES / HYPNOTICS			
20.32 OTHER - SPECIFY			
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
22 PATIENT TRANSPORTATION			
23 IMAGING SERVICES			
24 LABS AND DIAGNOSTICS			
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS			
31 VOLUNTEER PROGRAM COSTS			
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	274,706		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART I
I	14-1558	I		I	

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE		274,706	
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)		274,706	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2008	I	PART I
I	14-1558	I		I	

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	274,706
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	274,706

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 6/30/2008 I PART II
I 14-1558 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K-4
I HOSPICE NO: I TO 6/30/2008 I PART II
I 14-1558 I I

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL		274,706
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		274,706
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		
35	UNIT COST MULTIPLIER	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-CARDIAC REHAB	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	274,706			186
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		274,706			186
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	5A	6	8
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	34,855	309,747	55,611	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	34,855	309,747	55,611	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				3,077
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				3,077
30.00 UNIT COST MULTIPLIER				

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			19,597	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			19,597	
30.00 UNIT COST MULTIPLIER				

HOSPICE I

	NURSING SCHOOL	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
HOSPICE COST CENTER	21	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	20,110	408,142		408,142
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	20,110	408,142		408,142
30.00 UNIT COST MULTIPLIER				

	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
HOSPICE COST CENTER	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		408,142
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		408,142
30.00 UNIT COST MULTIPLIER	.000000	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET K-5
I	HOSPICE NO:	I	TO 6/30/2008	I	PART I
I	14-1558	I		I	

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-CARDIAC REHAB (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3	3.01	4	5
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			185	188,484
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			185	188,484
22.00 RADIATION THERAPY			186	34,855
23.00 CHEMOTHERAPY			1.005405	184923
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			185	188,484
30.00 TOTAL COST TO BE ALLOCATED			186	34,855
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.005405	184923

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
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1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		309,747		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

I PROVIDER NO: 14-0001 I PERIOD: 7/ 1/2007 I PREPARED 11/11/2008
I HOSPICE NO: 14-1558 I TO 6/30/2008 I WORKSHEET K-5
I PART II I

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		309,747		
30.00 TOTAL COST TO BE ALLOCATED		55,611		
31.00 UNIT COST MULTIPLIER		.179537	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSG HRS)
	10	11	12	14

1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		403	3,193	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		403	3,193	
30.00 TOTAL COST TO BE ALLOCATED			3,077	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.963671	.000000

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

I PROVIDER NO: 14-0001
 I HOSPICE NO: 14-1558
 I PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 I PREPARED 11/11/2008
 I WORKSHEET K-5
 I PART II

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	NURSING SCHOOL (ASSIGNED TIME) 21
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		90,846		9,000
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		90,846		9,000
30.00 TOTAL COST TO BE ALLOCATED		19,597		20,110
31.00 UNIT COST MULTIPLIER	.000000	.215717	.000000	2.234444

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.447094	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.348569	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.207278	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.132366	
8	EMERGENCY	61	.398983	
9	RADIOLOGY-DIAGNOSTIC	41	.129451	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2008
 I 14-0001 I FROM 7/ 1/2007 I WORKSHEET K-6
 I HOSPICE NO: I TO 6/30/2008 I
 I 14-1558 I I

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL (1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				408,142
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,977
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				82.01
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	2,111			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	173,123			
6 UNDUPLICATED MEDICAID DAYS		80		
7 AGGREGATE MEDICAID COST		6,561		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)			82	
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)			6,725	
10 UNDUPLICATED NF DAYS				2,786
11 AGGREGATE NF COST				228,480
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/11/2008
I	14-0001	I	FROM 7/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2008	I	PARTS I-IV
I	14-0001	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	517,987
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	2,076
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	25.17
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	520,063

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

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

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN		6,002,053	6,002,053	
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER	421,591		421,591	
5 VISITING NURSE				
6 OTHER NURSE	1,284,564		1,284,564	
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS	464,986		464,986	
10 SUBTOTAL (SUM OF LINES 1-9)	2,171,141	6,002,053	8,173,194	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT				
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT				
14 SUBTOTAL (SUM OF LINES 11-13)				
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		367,728	367,728	
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS		156,123	156,123	
21 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		523,851	523,851	
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	2,171,141	6,525,904	8,697,045	
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY		271,838	271,838	
25 DENTAL				
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		271,838	271,838	
29 FACILITY OVERHEAD				
29 FACILITY COSTS	99,758	359,639	459,397	
30 ADMINISTRATIVE COSTS	898,732	1,427,689	2,326,421	-25,091
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	998,490	1,787,328	2,785,818	-25,091
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	3,169,631	8,585,070	11,754,701	-25,091

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	6,002,053	-2,940,698	3,061,355
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	421,591	-182,420	239,171
5 VISITING NURSE			
6 OTHER NURSE	1,284,564	-646,888	637,676
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	464,986	-237,695	227,291
10 SUBTOTAL (SUM OF LINES 1-9)	8,173,194	-4,007,701	4,165,493
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT			
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT			
14 SUBTOTAL (SUM OF LINES 11-13)			
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES	367,728	-185,200	182,528
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS	156,123	-79,829	76,294
21 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	523,851	-265,029	258,822
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	8,697,045	-4,272,730	4,424,315
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY	271,838	-160,325	111,513
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	271,838	-160,325	111,513
29 FACILITY OVERHEAD			
30 FACILITY COSTS	459,397	-194,794	264,603
31 ADMINISTRATIVE COSTS	2,301,330	-1,443,829	857,501
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	2,760,727	-1,638,623	1,122,104
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	11,729,610	-6,071,678	5,657,932