

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		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0015		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 3/ 2/2009 TIME 15: 51

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:
 BLESSING HOSPITAL 14-0015

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	75,056	-14,059	0	
2	SUBPROVIDER	0	140,171	0	0	
2 .01	SUBPROVIDER II	0	13,895	0	0	
5	HOSPITAL-BASED SNF	0	78,681	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	10,643	0	
100	TOTAL	0	307,803	-3,416	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1005 BROADWAY P.O. BOX:
 1.01 CITY: QUINCY STATE: IL ZIP CODE: 62301- COUNTY: ADAMS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-0015	2.01	7/1/1966	N	P	O
03.00	SUBPROVIDER	14-T015		10/1/1985	N	P	N
03.01	SUBPROVIDER 2	14-S015		10/1/1993	N	T	N
06.00	HOSPITAL-BASED SNF	14-5643		6/20/1989	N	P	N
09.00	HOSPITAL-BASED HHA	14-7031		12/1/1984	N	P	N
12.00	HOSP-BASED HOSPICE	14-1501		6/1/1984			
14.00	HOSPITAL-BASED RHC	14-3422		9/8/1996	N	O	N
16.00	RENAL DIALYSIS	14-2301		10/18/1995			
16.01	RENAL DIALYSIS 2	26-3503		1/2/1997			
16.02	RENAL DIALYSIS 3	14-3529		2/4/2002			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/1/2007 TO: 9/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5
 20.01 SUBPROVIDER 11 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC 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 N N 9914

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? Y

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? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

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. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0015
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET S-2

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N N 0

MULTI CAMPUS

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

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 BLESSING HOSPITAL AT 11TH STREET	ADAMS	IL	62305	9914	0.00
62.01 BLESSING HOSPITAL AT 14TH STREET	ADAMS	IL	62305	9914	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: 14-0015
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	180	65,880			25,713		4,135
2 HMO					1,557		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	180	65,880			25,713		4,135
6 INTENSIVE CARE UNIT	25	9,150			2,694		262
11 NURSERY							1,263
12 TOTAL	205	75,030			28,407		5,660
13 RPCH VISITS							
14 SUBPROVIDER	15	5,490			3,131		208
14 01 SUBPROVIDER 2	47	17,202			1,350		3,715
15 SKILLED NURSING FACILITY	20	7,320			5,312		
18 HOME HEALTH AGENCY					10,221		
21 HOSPICE							
24 RURAL HEALTH CLINIC					2,376		
25 TOTAL	287						
26 OBSERVATION BED DAYS							449
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED BESDS 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			43,133				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			43,133				
6 INTENSIVE CARE UNIT			5,023				
11 NURSERY			2,513				
12 TOTAL			50,669			18.72	
13 RPCH VISITS							
14 SUBPROVIDER			4,863			.50	
14 01 SUBPROVIDER 2			6,808			.32	
15 SKILLED NURSING FACILITY			6,327				
18 HOME HEALTH AGENCY			17,618				
21 HOSPICE							
24 RURAL HEALTH CLINIC			10,645				
25 TOTAL						19.54	
26 OBSERVATION BED DAYS	15	434	3,022	393	2,629		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,120				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,941	1,392	11,698
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	18.72	1,616.09			5,941	1,392	11,698
13 RPCH VISITS							
14 SUBPROVIDER	.50	24.19			258	18	410
14 01 SUBPROVIDER 2	.32	51.89			247	565	1,079
15 SKILLED NURSING FACILITY		30.45					
18 HOME HEALTH AGENCY		27.77					
21 HOSPICE		33.62					
24 RURAL HEALTH CLINIC		7.60					
25 TOTAL	19.54	1,791.61					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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	85,572,847		85,572,847	3,740,878.00	22.88	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	152,450		152,450	684.00	222.88	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	5,974,078		5,974,078	33,607.00	177.76	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	971,456		971,456	40,631.00	23.91	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,279,940		1,279,940	63,578.00	20.13	
8.01 EXCLUDED AREA SALARIES	10,945,946	-267,446	10,678,500	389,454.00	27.42	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,883,320		1,883,320	29,008.00	64.92	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	370,928		370,928	1,648.00	225.08	
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)	17,739,296		17,739,296			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,194,992		3,194,992			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	41,137		41,137			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	1,595,211		1,595,211			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	22,854		22,854			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	260,536		260,536			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,185,007		2,185,007	140,015.00	15.61	
22 ADMINISTRATIVE & GENERAL	9,503,755		9,503,755	425,822.00	22.32	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	2,193,672		2,193,672	116,265.00	18.87	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	47,038		47,038	4,429.00	10.62	
26 HOUSEKEEPING	1,759,712		1,759,712	151,603.00	11.61	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,020,906	-1,107,456	913,450	73,940.00	12.35	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,107,456	1,107,456	89,644.00	12.35	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,776,994	-15,301	3,761,693	151,950.00	24.76	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,335,947		1,335,947	92,069.00	14.51	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	78,627,313		78,627,313	3,666,640.00	21.44	
2 EXCLUDED AREA SALARIES	12,225,886	-267,446	11,958,440	453,032.00	26.40	
3 SUBTOTAL SALARIES	66,401,427	267,446	66,668,873	3,213,608.00	20.75	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,254,248		2,254,248	30,656.00	73.53	
5 SUBTOTAL WAGE-RELATED COSTS	17,780,433		17,780,433		26.67	
6 TOTAL	86,436,108	267,446	86,703,554	3,244,264.00	26.73	
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	22,823,031	-15,301	22,807,730	1,245,737.00	18.31	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0015
HHA NO: 14-7031
COUNTY: ADAMS
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	5,984	0	4,421
2 UNDUPLICATED CENSUS COUNT		481.00		603.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	10,405			
2 UNDUPLICATED CENSUS COUNT	1,084.00			

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)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	6.27		6.27
6 DIRECTING NURSING SERVICE	12.40		12.40
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.66		2.66
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.13		.13
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.29		.29
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.02		.02
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	5.00		5.00
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914	
20.01		99926	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	3,639	1,445	84	84
22 SKILLED NURSING VISIT CHARGES	534,933	212,415	12,348	12,348
23 PHYSICAL THERAPY VISITS	1,395	67	31	10
24 PHYSICAL THERAPY VISIT CHARGES	205,016	9,849	4,557	1,470
25 OCCUPATIONAL THERAPY VISITS	159	15	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	23,373	2,205	147	0
27 SPEECH PATHOLOGY VISITS	68	10	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	9,996	1,470	0	0
29 MEDICAL SOCIAL SERVICE VISITS	11	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,617	0	0	0
31 HOME HEALTH AIDE VISITS	1,991	1,205	1	5
32 HOME HEALTH AIDE VISIT CHARGES	163,262	98,810	82	410
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,263	2,742	117	99
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	938,197	324,749	17,134	14,228
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	470	0	28	3
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	35	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,080	6,462	374	91

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET S-4
HHA NO:	TO 9/30/2008	
14-7031		
COUNTY:	ADAMS	

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 EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,252
22 SKILLED NURSING VISIT CHARGES	0	0	772,044
23 PHYSICAL THERAPY VISITS	0	0	1,503
24 PHYSICAL THERAPY VISIT CHARGES	0	0	220,892
25 OCCUPATIONAL THERAPY VISITS	0	0	175
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	25,725
27 SPEECH PATHOLOGY VISITS	0	0	78
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	11,466
29 MEDICAL SOCIAL SERVICE VISITS	0	0	11
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,617
31 HOME HEALTH AIDE VISITS	0	0	3,202
32 HOME HEALTH AIDE VISIT CHARGES	0	0	262,564
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	10,221
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,294,308
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	501
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	35
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	16,007

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 14-0015
SATELLITE NO:
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	2	101		1	4	5
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00	3.00			6.00	7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00	4.50				
4 CAPD EXCHANGES PER DAY				4.00		5.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	156	312				
6 NUMBER OF STATIONS		37				
7 TREATMENT CAPACITY PER DAY PER STATION	3	3				
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED		31.00				
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS		100.00				
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	7					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	1					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	549,579					
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM	37,815					
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT		326,270				
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT		22,450				

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0015 PERIOD: FROM 10/1/2007 TO 9/30/2008 PREPARED 3/2/2009 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		1				
5	RVB						
6	RVA						
6.01	RVX		36				
6.02	RVL		1				
7	RHC		107				
8	RHB		69				
9	RHA		28				
9.01	RHX						
9.02	RHL						
10	RMC		64				
11	RMB		10				
12	RMA		46				
12.01	RMX		2,387				
12.02	RML		1,883				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		199				
16	SE2		362				
17	SE1						
18	SSC		16				
19	SSB		38				
20	SSA		52				
21	CC2						
22	CC1						
23	CB2		13				
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		5,312				

(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): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0015 PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009 WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
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				

(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): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED
HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO: 14-0015
COMPONENT NO: 14-3422
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET S-8

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 102 PRAIRIE MILLS ROAD
1.01 CITY: GOLDEN STATE: IL ZIP CODE: 62339 COUNTY: ADAMS
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
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	HOURS OF SUPERVISION
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DEBRA PHILLIPS	C46142	
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DONNA WHITE	G39962	
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	PAULA MACKRIDES	E86293	
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	TIMOTHY VON FANGE	1154461739	
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DEBRA PHILLIPS		
10.01 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DONNA WHITE		
10.02 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	PAULA MACKRIDES		
10.03 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	TIMOTHY VON FANGE		

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.) N

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
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			900	1700	900	1700	900	1700	900	1700	900	1700		

(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. N

15 PROVIDER NAME: PROVIDER NUMBER:

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. N 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. N

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET S-9
14-1501		

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	18,417	2,085		1,529
3 INPATIENT RESPIRE CARE	15			
4 GENERAL INPATIENT CARE	36	7		3
5 TOTAL HOSPICE DAYS	18,468	2,092		1,532

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,201	21,703
3 INPATIENT RESPIRE CARE		15
4 GENERAL INPATIENT CARE	3	46
5 TOTAL HOSPICE DAYS	1,204	21,764

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	475	29		14
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	38.88	72.14		109.43
9 UNDUPLICATED CENSUS COUNT	475	29		14

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	49	553
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	24.57	39.36
9 UNDUPLICATED CENSUS COUNT	49	553

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 7,574,564
17.01	GROSS MEDICAID REVENUES 58,956,758
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 66,531,322
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) .354429
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 58,956,758

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 3/ 2/2009
| 14-0015 | FROM 10/ 1/2007 | WORKSHEET S-10
| | TO 9/30/2008 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	20,895,985
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,574,564
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,684,645
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	20,895,985

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009
I 14-0015 I FROM 10/ 1/2007 I WORKSHEET A
I TO 9/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP BUTLER BUILDING		1,775	1,775	24,303	26,078
3.02	0302 NEW CAP OLD BUILDING & FIXTURES		215,219	215,219	46,679	261,898
3.03	0303 NEW CAP NEW BUILDING & FIXTURES		3,659,423	3,659,423	87,554	3,746,977
3.04	0304 NEW CAP 14TH STREET		469,197	469,197	2,468,927	2,938,124
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8,906,328	8,906,328	791,880	9,698,208
5	0500 EMPLOYEE BENEFITS	2,185,007	24,051,872	26,236,879		26,236,879
6	0600 ADMINISTRATION & GENERAL	9,503,755	34,414,925	43,918,680	622,969	44,541,649
7	0700 MAINTENANCE & REPAIRS	2,193,672	4,682,697	6,876,369		6,876,369
9	0900 LAUNDRY & LINEN SERVICE		829,941	876,979		876,979
10	1000 HOUSEKEEPING	1,759,712	334,803	2,094,515		2,094,515
11	1100 DIETARY	2,020,906	2,784,253	4,805,159	-2,633,227	2,171,932
12	1200 CAFETERIA				2,633,227	2,633,227
14	1400 NURSING ADMINISTRATION	3,776,994	577,091	4,354,085	-15,347	4,338,738
17	1700 MEDICAL RECORDS & LIBRARY	1,335,947	646,940	1,982,887		1,982,887
21	2100 NURSING SCHOOL	1,880,672	1,037,256	2,917,928		2,917,928
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	971,456		971,456		971,456
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		838,936	838,936		838,936
24	2400 PARAMED PRGM					
24.01	2401 PARAMED PRGM-RADIOLOGY	196,044	5,581	201,625		201,625
24.02	2402 PARAMED PRGM-LABORATORY	65,574	1,542	67,116		67,116
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,970,102	1,883,747	15,853,849	-56,846	15,797,003
26	2600 INTENSIVE CARE UNIT	3,049,664	730,102	3,779,766	-129,904	3,649,862
31	3100 SUBPROVIDER	1,097,165	285,767	1,382,932	-5,031	1,377,901
31.01	3101 SUBPROVIDER 2	2,320,459	50,938	2,371,397	-80,476	2,290,921
33	3300 NURSERY	61,690	69,118	130,808	-31,873	98,935
34	3400 SKILLED NURSING FACILITY	1,279,940	98,834	1,378,774	-18,094	1,360,680
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,470,790	13,883,595	20,354,385	-9,714,065	10,640,320
39	3900 DELIVERY ROOM & LABOR ROOM	196,919	139,091	336,010	-67,013	268,997
40	4000 ANESTHESIOLOGY	122,818	618,426	741,244	-282,656	458,588
41	4100 RADIOLOGY-DIAGNOSTIC	4,380,194	3,227,519	7,607,713	-250,760	7,356,953
44	4400 LABORATORY	2,911,541	2,264,010	5,175,551	-12,949	5,162,602
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	236,044	1,237,235	1,473,279		1,473,279
49	4900 RESPIRATORY THERAPY	1,562,496	203,937	1,766,433	-44,227	1,722,206
50	5000 PHYSICAL THERAPY	1,276,269	227,127	1,503,396	196,272	1,699,668
51	5100 OCCUPATIONAL THERAPY	369,102	9,039	378,141	22,266	400,407
52	5200 SPEECH PATHOLOGY	187,875	12,648	200,523	7,336	207,859
53	5300 ELECTROCARDIOLOGY	966,087	1,441,326	2,407,413	-775,333	1,632,080
54	5400 ELECTROENCEPHALOGRAPHY	224,581	58,545	283,126	-23	283,103
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	597,651	449,943	1,047,594	11,582,714	12,630,308
56	5600 DRUGS CHARGED TO PATIENTS	2,750,379	9,320,258	12,070,637	-587,645	11,482,992
57	5700 RENAL DIALYSIS	1,153,583	872,655	2,026,238	545,957	2,572,195
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	8,740,234	1,541,248	10,281,482	-31,522	10,249,960
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	324,455	460,651	785,106	-1,907	783,199
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS	69,130	270,564	339,694	36,827	376,521
71	7100 HOME HEALTH AGENCY	1,357,422	321,106	1,678,528	-235,757	1,442,771
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		4,107,603	4,107,603	-4,107,603	
93	9300 HOSPICE	1,563,643	734,593	2,298,236		2,298,236
95	SUBTOTALS	83,177,010	127,977,404	211,154,414	-15,347	211,139,067
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 ADULT DAY CARE					
96.02	9602 DENMAN SERVICES					
96.03	9603 MEALS ON WHEELS					
96.04	9604 UNUSED SPACE					
96.05	9605 HEALTH EDUCATION				15,347	15,347
98	9800 PHYSICIANS' PRIVATE OFFICES	2,219,891	63,108	2,282,999		2,282,999
99	9900 NONPAID WORKERS					
99.01	9901 RENTED SPACE					
99.02	9902 AUGUSTA PHARMACY	175,946	842,134	1,018,080		1,018,080
101	TOTAL	85,572,847	128,882,646	214,455,493	-0-	214,455,493

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009
I 14-0015 I FROM 10/ 1/2007 I WORKSHEET A
I I TO 9/30/2008 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		
3.01	0301 NEW CAP BUTLER BUILDING		26,078
3.02	0302 NEW CAP OLD BUILDING & FIXTURES		261,898
3.03	0303 NEW CAP NEW BUILDING & FIXTURES	-108,661	3,638,316
3.04	0304 NEW CAP 14TH STREET	-683,686	2,254,438
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-328,122	9,370,086
5	0500 EMPLOYEE BENEFITS	-7,035,605	19,201,274
6	0600 ADMINISTRATION & GENERAL	-19,512,538	25,029,111
7	0700 MAINTENANCE & REPAIRS	-516,322	6,360,047
9	0900 LAUNDRY & LINEN SERVICE	4,699	881,678
10	1000 HOUSEKEEPING	-127,335	1,967,180
11	1100 DIETARY	-206,808	1,965,124
12	1200 CAFETERIA	-961,796	1,671,431
14	1400 NURSING ADMINISTRATION	-167,746	4,170,992
17	1700 MEDICAL RECORDS & LIBRARY	-6,692	1,976,195
21	2100 NURSING SCHOOL	-1,700,596	1,217,332
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		971,456
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		838,936
24	2400 PARAMED ED PRGM		
24.01	2401 PARAMED ED PRGM-RADIOLOGY	-41,122	160,503
24.02	2402 PARAMED ED PRGM-LABORATORY	-2,025	65,091
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-94,586	15,702,417
26	2600 INTENSIVE CARE UNIT	-13,874	3,635,988
31	3100 SUBPROVIDER	-13,874	1,364,027
31.01	3101 SUBPROVIDER 2		2,290,921
33	3300 NURSERY		98,935
34	3400 SKILLED NURSING FACILITY		1,360,680
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,046,523	9,593,797
39	3900 DELIVERY ROOM & LABOR ROOM		268,997
40	4000 ANESTHESIOLOGY		458,588
41	4100 RADIOLOGY-DIAGNOSTIC		7,356,953
44	4400 LABORATORY	-39,352	5,123,250
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,473,279
49	4900 RESPIRATORY THERAPY		1,722,206
50	5000 PHYSICAL THERAPY		1,699,668
51	5100 OCCUPATIONAL THERAPY		400,407
52	5200 SPEECH PATHOLOGY		207,859
53	5300 ELECTROCARDIOLOGY	-17,150	1,614,930
54	5400 ELECTROENCEPHALOGRAPHY		283,103
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,630,308
56	5600 DRUGS CHARGED TO PATIENTS	-2,258,836	9,224,156
57	5700 RENAL DIALYSIS	-73,439	2,498,756
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-5,470,553	4,779,407
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-35,740	747,459
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS	-13,039	363,482
71	7100 HOME HEALTH AGENCY	-500	1,442,271
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-19,889	2,278,347
95	SUBTOTALS	-40,491,710	170,647,357
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 ADULT DAY CARE		
96.02	9602 DENMAN SERVICES		
96.03	9603 MEALS ON WHEELS		
96.04	9604 UNUSED SPACE		
96.05	9605 HEALTH EDUCATION		15,347
98	9800 PHYSICIANS' PRIVATE OFFICES		2,282,999
99	9900 NONPAID WORKERS		
99.01	9901 RENTED SPACE		
99.02	9902 AUGUSTA PHARMACY		1,018,080
101	TOTAL	-40,491,710	173,963,783

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009
 I 14-0015 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 9/30/2008 I

COST CENTERS USED IN COST REPORT

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 BUTLER BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP OLD BUILDING & FIXTURES	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP NEW BUILDING & FIXTURES	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP 14TH STREET	0304	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-RADIOLOGY	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM-LABORATORY	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	ADULT DAY CARE	9601	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.02	DENMAN SERVICES	9602	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MEALS ON WHEELS	9603	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.04	UNUSED SPACE	9604	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HEALTH EDUCATION	9605	GI FT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	RENTED SPACE	9901	NONPAID WORKERS
99.02	AUGUSTA PHARMACY	9902	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140015

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 3/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAFETERIA COSTS	A	CAFETERIA	12	1,107,456	1,525,771
2 RECLASS C-SECTION COSTS	B	OPERATING ROOM	37	7,913	
3 RECLASS PSYCH ADMIN	C	ADULTS & PEDIATRICS	25	79,870	
4 RECLASS CAPITAL RELATED INSURANCE	D	NEW CAP BUTLER BUILDING	3.01		24,303
5		NEW CAP OLD BUILDING & FIXTURES	3.02		46,679
6		NEW CAP NEW BUILDING & FIXTURES	3.03		67,426
7		NEW CAP REL COSTS-MVBLE EQUIP	4		4,340
8 RECLASS HHA THERAPY COSTS	E	PHYSICAL THERAPY	50	175,306	28,022
9		OCCUPATIONAL THERAPY	51	19,273	3,088
10		SPEECH PATHOLOGY	52	8,298	1,320
11 RECLASS HEALTH EDUCATION	F	HEALTH EDUCATION	96.05	15,301	46
12 RECLASS INTEREST EXPENSE	G	NEW CAP NEW BUILDING & FIXTURES	3.03		34,870
13		NEW CAP 14TH STREET	3.04		2,468,927
14		NEW CAP REL COSTS-MVBLE EQUIP	4		787,540
15		ADMINISTRATIVE & GENERAL	6		816,266
16 RECLASS ER PHYSICIAN MALP INSUR	H	EMERGENCY	61		50,549
17 RECLASS CHARGEABLE MEDICAL SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,582,714
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	I				
2					
3					
4					
5 RECLASS RENAL BUILDING	J	RENAL DIALYSIS	57		14,742
6 RECLASS COST OF ARANESP	K	RENAL DIALYSIS	57		549,579
7		HOME PROGRAM DIALYSIS	64		37,815
36 TOTAL RECLASSIFICATIONS				1,413,417	18,043,997

(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:
140015

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 3/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CAFETERIA COSTS	A	DIETARY	11	1,107,456	1,525,771	
2 RECLASS C-SECTION COSTS	B	DELIVERY ROOM & LABOR ROOM	39	7,913		
3 RECLASS PSYCH ADMIN	C	SUBPROVIDER 2	31.01	79,870		
4 RECLASS CAPITAL RELATED INSURANCE	D	ADMINISTRATIVE & GENERAL	6		142,748	12
5						12
6						12
7						12
8 RECLASS HHA THERAPY COSTS	E	HOME HEALTH AGENCY	71	202,877	32,430	
9						
10						
11 RECLASS HEALTH EDUCATION	F	NURSING ADMINISTRATION	14	15,301	46	
12 RECLASS INTEREST EXPENSE	G	INTEREST EXPENSE	88		4,107,603	11
13						11
14						11
15						
16 RECLASS ER PHYSICIAN MALP INSUR	H	ADMINISTRATIVE & GENERAL	6		50,549	
17 RECLASS CHARGEABLE MEDICAL SUPPLIES	I	ADULTS & PEDIATRICS	25		136,716	
18		INTENSIVE CARE UNIT	26		129,904	
19		SUBPROVIDER	31		5,031	
20		SUBPROVIDER 2	31.01		606	
21		NURSERY	33		31,873	
22		SKILLED NURSING FACILITY	34		18,094	
23		OPERATING ROOM	37		9,721,978	
24		DELIVERY ROOM & LABOR ROOM	39		59,100	
25		ANESTHESIOLOGY	40		282,656	
26		RADIOLOGY-DIAGNOSTIC	41		250,760	
27		LABORATORY	44		12,949	
28		RESPIRATORY THERAPY	49		44,227	
29		PHYSICAL THERAPY	50		7,056	
30		OCCUPATIONAL THERAPY	51		95	
31		SPEECH PATHOLOGY	52		2,282	
32		ELECTROCARDIOLOGY	53		775,333	
33		ELECTROENCEPHALOGRAPHY	54		23	
34		DRUGS CHARGED TO PATIENTS	56		251	
35		RENAL DIALYSIS	57		18,364	
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	I	EMERGENCY	61		82,071	
2		RURAL HEALTH CLINIC	63.50		1,907	
3		HOME PROGRAM DIALYSIS	64		988	
4		HOME HEALTH AGENCY	71		450	
5 RECLASS RENAL BUILDING	J	NEW CAP NEW BUILDING & FIXTURES	3.03		14,742	10
6 RECLASS COST OF ARANESP	K	DRUGS CHARGED TO PATIENTS	56		587,394	
7						
36 TOTAL RECLASSIFICATIONS				1,413,417	18,043,997	

(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: 140015	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 3/ 2/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	2,633,227	DIETARY	11	2,633,227	
TOTAL RECLASSIFICATIONS FOR CODE A			2,633,227				2,633,227

RECLASS CODE: B
EXPLANATION : RECLASS C-SECTION COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	7,913	DELIVERY ROOM & LABOR ROOM	39	7,913	
TOTAL RECLASSIFICATIONS FOR CODE B			7,913				7,913

RECLASS CODE: C
EXPLANATION : RECLASS PSYCH ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	79,870	SUBPROVIDER 2	31.01	79,870	
TOTAL RECLASSIFICATIONS FOR CODE C			79,870				79,870

RECLASS CODE: D
EXPLANATION : RECLASS CAPITAL RELATED INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP BUTLER BUILDING	3.01	24,303	ADMINISTRATIVE & GENERAL	6	142,748	
2.00	NEW CAP OLD BUILDING & FIXTURE	3.02	46,679			0	
3.00	NEW CAP NEW BUILDING & FIXTURE	3.03	67,426			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,340			0	
TOTAL RECLASSIFICATIONS FOR CODE D			142,748				142,748

RECLASS CODE: E
EXPLANATION : RECLASS HHA THERAPY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	203,328	HOME HEALTH AGENCY	71	235,307	
2.00	OCCUPATIONAL THERAPY	51	22,361			0	
3.00	SPEECH PATHOLOGY	52	9,618			0	
TOTAL RECLASSIFICATIONS FOR CODE E			235,307				235,307

RECLASS CODE: F
EXPLANATION : RECLASS HEALTH EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HEALTH EDUCATION	96.05	15,347	NURSING ADMINISTRATION	14	15,347	
TOTAL RECLASSIFICATIONS FOR CODE F			15,347				15,347

RECLASS CODE: G
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP NEW BUILDING & FIXTURE	3.03	34,870	INTEREST EXPENSE	88	4,107,603	
2.00	NEW CAP 14TH STREET	3.04	2,468,927			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	787,540			0	
4.00	ADMINISTRATIVE & GENERAL	6	816,266			0	
TOTAL RECLASSIFICATIONS FOR CODE G			4,107,603				4,107,603

RECLASS CODE: H
EXPLANATION : RECLASS ER PHYSICIAN MALP INSUR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	50,549	ADMINISTRATIVE & GENERAL	6	50,549	
TOTAL RECLASSIFICATIONS FOR CODE H			50,549				50,549

RECLASS CODE: I
EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,582,714	ADULTS & PEDIATRICS	25	136,716	

RECLASSIFICATIONS

PROVIDER NO: 140015	PERIOD: FROM 10/ 1/2007 TO 9/30/2008	PREPARED 3/ 2/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: I
EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	INTENSIVE CARE UNIT	26	129,904	
3.00			0	SUBPROVIDER	31	5,031	
4.00			0	SUBPROVIDER 2	31.01	606	
5.00			0	NURSERY	33	31,873	
6.00			0	SKILLED NURSING FACILITY	34	18,094	
7.00			0	OPERATING ROOM	37	9,721,978	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	59,100	
9.00			0	ANESTHESIOLOGY	40	282,656	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	250,760	
11.00			0	LABORATORY	44	12,949	
12.00			0	RESPIRATORY THERAPY	49	44,227	
13.00			0	PHYSICAL THERAPY	50	7,056	
14.00			0	OCCUPATIONAL THERAPY	51	95	
15.00			0	SPEECH PATHOLOGY	52	2,282	
16.00			0	ELECTROCARDIOLOGY	53	775,333	
17.00			0	ELECTROENCEPHALOGRAPHY	54	23	
18.00			0	DRUGS CHARGED TO PATIENTS	56	251	
19.00			0	RENAL DIALYSIS	57	18,364	
20.00			0	EMERGENCY	61	82,071	
21.00			0	RURAL HEALTH CLINIC	63.50	1,907	
22.00			0	HOME PROGRAM DIALYSIS	64	988	
23.00			0	HOME HEALTH AGENCY	71	450	
TOTAL RECLASSIFICATIONS FOR CODE I			11,582,714			11,582,714	

RECLASS CODE: J
EXPLANATION : RECLASS RENAL BUILDING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	14,742	NEW CAP NEW BUILDING & FIXTURE	3.03	14,742	
TOTAL RECLASSIFICATIONS FOR CODE J			14,742			14,742	

RECLASS CODE: K
EXPLANATION : RECLASS COST OF ARANESP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	549,579	DRUGS CHARGED TO PATIENTS	56	587,394	
2.00	HOME PROGRAM DIALYSIS	64	37,815			0	
TOTAL RECLASSIFICATIONS FOR CODE K			587,394			587,394	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	12,126,039	146,460		146,460		12,272,499	
2 LAND IMPROVEMENTS	5,067,461	189,796		189,796		5,257,257	
3 BUILDINGS & FIXTURE	90,937,492	668,661		668,661		91,606,153	
4 BUILDING IMPROVEMENT	3,486,837	60		60		3,486,897	
5 FIXED EQUIPMENT	31,684,072	520,860		520,860		32,204,932	
6 MOVABLE EQUIPMENT	100,704,584	7,528,028		7,528,028	45,770	108,186,842	
7 SUBTOTAL	244,006,485	9,053,865		9,053,865	45,770	253,014,580	
8 RECONCILING ITEMS							
9 TOTAL	244,006,485	9,053,865		9,053,865	45,770	253,014,580	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP BUTLER BUILD	307,247		307,247	.001305				
3 02	NEW CAP OLD BUILDING	78,610,651		78,610,651	.333825				
3 03	NEW CAP NEW BUILDING	33,359,490		33,359,490	.141663				
3 04	NEW CAP 14TH STREET	15,020,593		15,020,593	.063786				
4	NEW CAP REL COSTS-MV	108,186,841		108,186,841	.459421				
5	TOTAL	235,484,822		235,484,822	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	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 01	NEW CAP BUTLER BUILD	1,775			24,303			26,078
3 02	NEW CAP OLD BUILDING	215,219			46,679			261,898
3 03	NEW CAP NEW BUILDING	3,562,018	-14,742	23,614	67,426			3,638,316
3 04	NEW CAP 14TH STREET	469,197		1,785,241				2,254,438
4	NEW CAP REL COSTS-MV	8,804,475		561,271	4,340			9,370,086
5	TOTAL	13,052,684	-14,742	2,370,126	142,748			15,550,816

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	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 01	NEW CAP BUTLER BUILD	1,775						1,775
3 02	NEW CAP OLD BUILDING	215,219						215,219
3 03	NEW CAP NEW BUILDING	3,659,423						3,659,423
3 04	NEW CAP 14TH STREET	469,197						469,197
4	NEW CAP REL COSTS-MV	8,906,328						8,906,328
5	TOTAL	13,251,942						13,251,942

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-419,552	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-131,871	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-626	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-13,642,466			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-480,506			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-961,796	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTBRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-2,258,836	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,692	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-1,700,596	NURSING SCHOOL	21	
22 VENDING MACHINES	B	-153,977	DIETARY	11	
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					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENTAL INSURANCE EXPENSE	A	-9,780	ADMINISTRATIVE & GENERAL	6	
38 DAMAGED GOODS	B	-11,033	ADMINISTRATIVE & GENERAL	6	
39 CHILD CARE CENTER	B	-1,273,903	EMPLOYEE BENEFITS	5	
40 GUEST TRAYS	B	-8,240	DIETARY	11	
41 BOOKKEEPING FEES	B	-129,276	ADMINISTRATIVE & GENERAL	6	
42 RADIOLOGY TUITION	B	-41,122	PARAMED ED PRGM-RADIOLOGY	24.01	
43 PRINT SHOP	B	-57,520	ADMINISTRATIVE & GENERAL	6	
44 AFFILIATED ORGANIZATION FEES	B	-43,907	ADMINISTRATIVE & GENERAL	6	
45 HEALTH PROMOTIONS	B	-167,746	NURSING ADMINISTRATIVE	14	
46 HOUSEKEEPING SERVICES	B	-127,335	HOUSEKEEPING	10	
47 ADVERTISING	A	-291,085	ADMINISTRATIVE & GENERAL	6	
48 RENTAL PROPERTY EXPENSE	A	-133,894	NEW CAP NEW BUILDING & FI	3.03	9
49 REAL ESTATE TAXES ON RENTAL	A	-43,099	MAINTENANCE & REPAIRS	7	
49.01 RENTAL PROPERTY EXPENSE	A	-34,088	MAINTENANCE & REPAIRS	7	
49.02 DIETARY CONSULT AUTOS	A	-3,167	NEW CAP REL COSTS-MVBLE E	4	11
49.03 INTEREST INCOME	A	-11,256	NEW CAP NEW BUILDING & FI	3.03	11
49.04 INTEREST INCOME	A	-1,066,414	NEW CAP 14TH STREET	3.04	11
49.05 INTEREST INCOME	A	-328,236	NEW CAP REL COSTS-MVBLE E	4	11
49.06 INTEREST INCOME	A	-263,501	ADMINISTRATIVE & GENERAL	6	
49.07 DIETARY OUTSIDE SERVICES	A	-44,591	DIETARY	11	
49.08 LI FELINE DEPRECIATION	A	-9,590	NEW CAP REL COSTS-MVBLE E	4	9
49.09 PHYSICIAN RECRUITMENT	A	-456,941	ADMINISTRATIVE & GENERAL	6	
49.10 LOBBYING EXPENSE	A	-35,059	ADMINISTRATIVE & GENERAL	6	
49.11 TRANSFER TO PARENT	A	-873,751	ADMINISTRATIVE & GENERAL	6	
49.12 HOSPICE PROFESSIONAL FEES	A	-19,889	HOSPICE	93	
49.13 ER PHYSICIAN BENEFITS	A	-278,778	EMPLOYEE BENEFITS	5	
49.14 ALCOHOL RELATED EXPENSES	A	-3,000	ADMINISTRATIVE & GENERAL	6	
49.15 BOOK TO MEDICARE DEPRECIATION	A	36,489	NEW CAP NEW BUILDING & FI	3.03	9
49.16 BOOK TO MEDICARE DEPRECIATION	A	8,599	NEW CAP REL COSTS-MVBLE E	4	9
49.17 HOME HEALTH PHYSICIAN	A	-500	HOME HEALTH AGENCY	71	
49.18 GROUND FEES	B	-59,985	MAINTENANCE & REPAIRS	7	
49.19 LABORATORY TUITION	B	-2,025	PARAMED ED PRGM-LABORATOR	24.02	
49.20 CV SURGEON BENEFITS	A	-43,601	EMPLOYEE BENEFITS	5	
49.21 ILLINIER PHYSICIAN BENEFITS	A	-122,401	EMPLOYEE BENEFITS	5	
49.22 SELF-FUNDED HEALTH INSURANCE	A	-5,589,149	EMPLOYEE BENEFITS	5	
49.23 LEASED EQUIPMENT	B	-10,134	NEW CAP REL COSTS-MVBLE E	4	9
49.24 CHEMISTRY	B	-1,846	LABORATORY	44	
49.25 PD SERVICES	B	-8,976	RENAL DIALYSIS	57	
49.26 DIALYZER TRAINING	B	-2,496	RENAL DIALYSIS	57	
49.27 STUDER GROUP EXPENSE	A	-382,704	ADMINISTRATIVE & GENERAL	6	
49.28 TRAUMA ON-CALL	A	-376,850	ADMINISTRATIVE & GENERAL	6	
49.29 NON-HOSPITAL DEPRECIATION	A	-21,319	NEW CAP REL COSTS-MVBLE E	4	9
49.30 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	382,728	NEW CAP 14TH STREET	3.04	11
49.31 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	105,134	NEW CAP REL COSTS-MVBLE E	4	11
49.32 AMORTIZATION EXPENSE	A	-27,667	ADMINISTRATIVE & GENERAL	6	
49.33 MISCELLANEOUS INCOME	B	-56,250	ADMINISTRATIVE & GENERAL	6	
49.34 MISCELLANEOUS INCOME	B	-1,855	ADMINISTRATIVE & GENERAL	6	
49.35 MISCELLANEOUS INCOME	B	-91,750	ADMINISTRATIVE & GENERAL	6	
49.36 MISCELLANEOUS INCOME	B	-68,783	NEW CAP REL COSTS-MVBLE E	4	9

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	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	6	
49.37 BPS EXPENSES	1	2				
50 TOTAL (SUM OF LINES 1 THRU 49)	A	-8,633,250	ADMINISTRATIVE & GENERAL			
		-40,491,710				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	7	MAINTENANCE & REPAIRS	BIO-MED	449,050	828,200	-379,150	
2	9	LAUNDRY & LINEN SERVICE	LAUNDRY	814,946	810,247	4,699	
3	57	RENAL DIALYSIS	HANNIBAL RENAL RENT	18,955	45,000	-26,045	
4	57	RENAL DIALYSIS	PITTSFIELD RENAL RENT	79,965	14,911	65,054	
4.01	63 50	RURAL HEALTH CLINIC	EAST ADAMS RENT	32,260	68,000	-35,740	
4.02	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	4,739,817	5,121,368	-381,551	
4.03	5	EMPLOYEE BENEFITS	BCS BENEFITS	272,227		272,227	
5		TOTALS		6,407,220	6,887,726	-480,506	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	DENMAN SERVICES	0.00	BIO-MED MAINTENANCE
2	G	0.00	DENMAN SERVICES	0.00	LAUNDRY SERVICES
3	G	0.00	THE BLESSING FOUNDATION	0.00	FUND RAISING
4	B	0.00	BLESSING CORPORATE SVCS	0.00	HOME OFFICE
5	G	0.00	ILLINI COMMUNITY HOSPITAL	0.00	HOSPITAL

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED: 3/2/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G	823,889	823,889					
2 25	CANCER CENTER	94,586	94,586					
3 26	ICU	36,000		36,000	159,800	288	22,126	1,106
4 31	REHAB	36,000		36,000	159,800	288	22,126	1,106
5 34	SNU	1,625		1,625	159,800	26	1,998	100
6 44	LABORATORY	37,506	37,506					
7 49	PULMONARY	10,800		10,800	159,800	144	11,063	553
8 49	RESPIRATORY THERAPY	10,800		10,800	159,800	144	11,063	553
9 53	EKG	14,300	14,300					
10 53	CARDIAC CATH	2,850	2,850					
11 57	DIALYSIS	115,625		115,625	165,600	184	14,649	732
12 61	EMS	21,318	21,318					
13 61	ER TRAUMA	68,000		68,000	159,800	340	26,121	1,306
14 61	SALARIED ER/URGENT CARE D	4,356,773	4,356,773					
15 61	ER DIRECTOR	152,450		152,450	159,800	684	52,550	2,628
16 61	URGENT CARE	76,399	76,399					
17 64	HOME DIALYSIS	14,950		14,950	165,600	24	1,911	96
18 37	HEART AND VASCULAR	144,193	144,193					
19 61	ILLINIER PHYSICIANS	871,409	871,409					
20 61	ILLINIER PHYSICIANS	2,875	2,875					
21 37	SURGERY CENTER	129,703		129,703	182,900	548	48,187	2,409
22 6	ANESTHESIA	6,010,496	6,010,496					
23 37	CV LOCUM TENENS	212,122	212,122					
24 37	CV SURGEONS	608,692	608,692					
25								
26								
27								
28								
29								
30								
101	TOTAL	13,853,361	13,277,408	575,953		2,670	211,794	10,589

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G							823,889
2 25	CANCER CENTER							94,586
3 26	ICU					22,126	13,874	13,874
4 31	REHAB					22,126	13,874	13,874
5 34	SNU					1,998		
6 44	LABORATORY							37,506
7 49	PULMONARY					11,063		
8 49	RESPIRATORY THERAPY					11,063		
9 53	EKG							14,300
10 53	CARDIAC CATH							2,850
11 57	DIALYSIS					14,649	100,976	100,976
12 61	EMS							21,318
13 61	ER TRAUMA					26,121	41,879	41,879
14 61	SALARIED ER/URGENT CARE D							4,356,773
15 61	ER DIRECTOR					52,550	99,900	99,900
16 61	URGENT CARE							76,399
17 64	HOME DIALYSIS					1,911	13,039	13,039
18 37	HEART AND VASCULAR							144,193
19 61	ILLINIER PHYSICIANS							871,409
20 61	ILLINIER PHYSICIANS							2,875
21 37	SURGERY CENTER					48,187	81,516	81,516
22 6	ANESTHESIA							6,010,496
23 37	CV LOCUM TENENS							212,122
24 37	CV SURGEONS							608,692
25								
26								
27								
28								
29								
30								
101	TOTAL					211,794	365,058	13,642,466

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
3.01	NEW CAP BUTLER BUILDING	31	SQUARE	FEET	ENTERED
3.02	NEW CAP OLD BUILDING & FIXTURES	32	SQUARE	FEET	ENTERED
3.03	NEW CAP NEW BUILDING & FIXTURES	33	SQUARE	FEET	ENTERED
3.04	NEW CAP 14TH STREET	34	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
7	MAINTENANCE & REPAIRS	6	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	DI RECT	NRSI NG HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TI ME	SPENT	ENTERED
21	NURSING SCHOOL	19	ASSI GNED	TI ME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSI GNED	TI ME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSI GNED	TI ME	ENTERED
24	PARAMED ED PRGM	22	ASSI GNED	TI ME	NOT ENTERED
24.01	PARAMED ED PRGM-RADIOLOGY	23	ASSI GNED	TI ME	ENTERED
24.02	PARAMED ED PRGM-LABORATORY	24	ASSI GNED	TI ME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & R	NEW CAP BUTLE R BUILDING	NEW CAP OLD B UILDING & FI	NEW CAP NEW B UILDING & FI	NEW CAP 14TH STREET	NEW CAP REL C OSTS-MVBLE E
		0	3	3.01	3.02	3.03	3.04	4
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP BUTLER BUILDING	26,078		26,078				
003 02	NEW CAP OLD BUILDING & FI	261,898			261,898			
003 03	NEW CAP NEW BUILDING & FI	3,638,316				3,638,316		
003 04	NEW CAP 14TH STREET	2,254,438					2,254,438	
004	NEW CAP REL COSTS-MVBLE E	9,370,086						9,370,086
005	EMPLOYEE BENEFITS	19,201,274			9,952	207,448		28,990
006	ADMINISTRATIVE & GENERAL	25,029,111			38,276	386,014	256,432	4,752,161
007	MAINTENANCE & REPAIRS	6,360,047		5,493	26,432	309,024	328,858	142,352
009	LAUNDRY & LINEN SERVICE	881,678			4,145			6,432
010	HOUSEKEEPING	1,967,180			6,691	11,497	27,755	153,752
011	DIETARY	1,965,124				71,004	79,263	14,994
012	CAFETERIA	1,671,431				30,706	46,234	
014	NURSING ADMINISTRATION	4,170,992			4,386	118,442	152,792	280,147
017	MEDICAL RECORDS & LIBRARY	1,976,195				85,275	27,059	10,564
021	NURSING SCHOOL	1,217,332		20,585		154,749		29,772
022	I&R SERVICES-SALARY & FRI	971,456						
023	I&R SERVICES-OTHER PRGM C	838,936						19
024	PARAMED ED PRGM							
024 01	PARAMED ED PRGM-RADIOLOGY	160,503			1,129		3,288	
024 02	PARAMED ED PRGM-LABORATOR	65,091			1,129			
INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	15,702,417				826,473	210,695	155,886
026	INTENSIVE CARE UNIT	3,635,988			10,403	132,900		245,485
031	SUBPROVIDER	1,364,027			12,458	28,684		17,726
031 01	SUBPROVIDER 2	2,290,921					248,620	3,611
033	NURSERY	98,935				24,748		6,292
034	SKILLED NURSING FACILITY	1,360,680				60,894		2,959
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	9,593,797			24,891	241,966	335,632	796,506
039	DELIVERY ROOM & LABOR ROO	268,997			10,101			48,218
040	ANESTHESIOLOGY	458,588			1,374	6,066	14,830	99,357
041	RADIOLOGY-DIAGNOSTIC	7,356,953			9,612	271,724	181,648	1,330,508
044	LABORATORY	5,123,250			1,545	127,469	23,338	136,211
046	WHOLE BLOOD & PACKED RED	1,473,279			843			409
049	RESPIRATORY THERAPY	1,722,206			36,922	31,762	7,298	49,675
050	PHYSICAL THERAPY	1,699,668			4,646	66,334	18,687	7,356
051	OCCUPATIONAL THERAPY	400,407			3,594			751
052	SPEECH PATHOLOGY	207,859			1,217			
053	ELECTROCARDIOLOGY	1,614,930			12,933	31,870		457,867
054	ELECTROENCEPHALOGRAPHY	283,103			7,043		6,142	36,719
055	MEDICAL SUPPLIES CHARGED	12,630,308				43,886	9,863	36,024
056	DRUGS CHARGED TO PATIENTS	9,224,156			254	43,053	23,094	101,921
057	RENAL DIALYSIS	2,498,756				70,611		154,605
OUTPAT SERVICE COST CNTRS								
061	EMERGENCY	4,779,407			10,182	143,995	54,697	208,965
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	747,459						259
OTHER REIMBURS COST CNTRS								
064	HOME PROGRAM DIALYSIS	363,482				1,968		
071	HOME HEALTH AGENCY	1,442,271			195		45,828	8,199
SPEC PURPOSE COST CENTERS								
093	HOSPICE	2,278,347				19,022	50,100	35,862
095	SUBTOTALS	170,647,357		26,078	240,353	3,547,584	2,152,153	9,360,554
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP				5,049		13,186	
096 01	ADULT DAY CARE							176
096 02	DENMAN SERVICES					8,947	21,324	5,221
096 03	MEALS ON WHEELS							
096 04	UNUSED SPACE				16,496	48,475	23,636	
096 05	HEALTH EDUCATION	15,347						
098	PHYSICIANS' PRIVATE OFFIC	2,282,999						3,635
099	NONPAID WORKERS							
099 01	RENTED SPACE					33,310	44,139	
099 02	AUGUSTA PHARMACY	1,018,080						500
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	173,963,783		26,078	261,898	3,638,316	2,254,438	9,370,086

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5	5a.00	6	7	9	10	11
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP BUTLER BUILDING							
003	03 NEW CAP OLD BUILDING & FI							
003	04 NEW CAP NEW BUILDING & FI							
004	NEW CAP 14TH STREET							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	19,447,664						
006	ADMINISTRATIVE & GENERAL	2,387,980	32,849,974	32,849,974				
007	MAINTENANCE & REPAIRS	551,197	7,723,403	1,797,939	9,521,342			
009	LAUNDRY & LINEN SERVICE	11,819	904,074	210,460	30,542	1,145,076		
010	HOUSEKEEPING	442,158	2,609,033	607,359	119,570	27,183	3,363,145	
011	DIETARY	229,520	2,359,905	549,365	269,488	4,984	66,785	3,250,527
012	CAFETERIA	278,267	2,026,638	471,783	137,889		80,946	
014	NURSING ADMINISTRATION	945,189	5,671,948	1,320,378	518,578		65,205	
017	MEDICAL RECORDS & LIBRARY	335,679	2,434,772	566,793	202,003		46,335	
021	NURSING SCHOOL	472,551	1,894,989	441,136	509,822		75,644	
022	I&R SERVICES-SALARY & FRI	244,095	1,215,551	282,969				
023	I&R SERVICES-OTHER PRGM C		838,955	195,301				
024	PARAMED PRGM							
024	01 PARAMED PRGM-RADIOLOGY	49,259	214,179	49,859	14,190			
024	02 PARAMED PRGM-LABORATOR	16,477	82,697	19,251	8,321			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,530,266	20,425,737	4,754,877	1,865,725	469,251	924,785	2,129,704
026	INTENSIVE CARE UNIT	766,280	4,791,056	1,115,315	316,171	58,529	193,836	243,447
031	SUBPROVIDER	275,681	1,698,576	395,413	143,484	28,277	84,667	235,681
031	01 SUBPROVIDER 2	562,986	3,106,138	723,081	443,885	21,248	148,588	335,048
033	NURSERY	15,501	145,476	33,866	44,603	5,980	22,756	
034	SKILLED NURSING FACILITY	321,607	1,746,140	406,486	109,750	43,051	77,488	306,647
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,474,940	12,467,732	2,902,376	1,218,728	150,018	408,385	
039	DELIVERY ROOM & LABOR ROO	47,491	374,807	87,252	74,419	27,246	88,652	
040	ANESTHESIOLOGY	30,860	611,075	142,253	47,538			
041	RADIOLOGY-DIAGNOSTIC	1,100,598	10,251,043	2,386,351	884,867	64,176	162,518	
044	LABORATORY	731,574	6,143,387	1,430,125	282,792	1,003	63,064	
046	WHOLE BLOOD & PACKED RED	59,310	1,533,841	357,064	6,208		988	
049	RESPIRATORY THERAPY	392,604	2,240,467	521,561	342,311		77,554	
050	PHYSICAL THERAPY	364,733	2,161,424	503,160	187,152	10,733	59,837	
051	OCCUPATIONAL THERAPY	97,586	502,338	116,940	26,478			
052	SPEECH PATHOLOGY	49,292	258,368	60,146	8,966			
053	ELECTROCARDIOLOGY	242,746	2,360,346	549,467	152,724	16,109	24,929	
054	ELECTROENCEPHALOGRAPHY	56,430	389,437	90,657	62,857	8,651	11,526	
055	MEDICAL SUPPLIES CHARGED	150,170	12,870,251	2,996,079	96,704	34,623	62,175	
056	DRUGS CHARGED TO PATIENTS	691,079	10,083,557	2,347,361	120,699		26,148	
057	RENAL DIALYSIS	289,857	3,013,829	701,592	127,262	33,014	68,827	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	844,157	6,041,403	1,406,384	432,194	136,678	295,957	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC	81,525	829,243	193,040			1,021	
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	17,370	382,820	89,117	3,548		8,233	
071	HOME HEALTH AGENCY	290,099	1,786,592	415,903	83,256		172,628	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	392,892	2,776,223	646,280	123,730	1,006	11,790	
095	SUBTOTALS	18,841,825	169,817,424	31,884,739	9,016,454	1,141,760	3,331,267	3,250,527
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		18,235	4,245	60,745	3,316		
096	01 ADULT DAY CARE		176	41				
096	02 DENMAN SERVICES		35,492	8,262	54,198		21,109	
096	03 MEALS ON WHEELS							
096	04 UNUSED SPACE		88,607	20,627	251,105			
096	05 HEALTH EDUCATION	3,845	19,192	4,468				
098	PHYSICIANS' PRIVATE OFFIC	557,785	2,844,419	662,155				
099	NONPAID WORKERS							
099	01 RENTED SPACE		77,449	18,029	138,840		10,769	
099	02 AUGUSTA PHARMACY	44,209	1,062,789	247,408				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	19,447,664	173,963,783	32,849,974	9,521,342	1,145,076	3,363,145	3,250,527

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
		12	14	17	21	22	23	24
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP BUTLER BUILDING							
003	03 NEW CAP OLD BUILDING & FI							
003	04 NEW CAP NEW BUILDING & FI							
004	NEW CAP 14TH STREET							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	2,717,256						
014	NURSING ADMINISTRATION	153,820	7,729,929					
017	MEDICAL RECORDS & LIBRARY	93,197		3,343,100				
021	NURSING SCHOOL	75,233			2,996,824			
022	I&R SERVICES-SALARY & FRI	41,129				1,539,649		
023	I&R SERVICES-OTHER PRGM C						1,034,256	
024	PARAMED ED PRGM							
024	01 PARAMED ED PRGM-RADIOLOGY	8,468						
024	02 PARAMED ED PRGM-LABORATOR	2,115						
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	654,025	3,103,756	2,167,356	1,404,204	1,071,936	720,071	
026	INTENSIVE CARE UNIT	124,619	591,435	247,749	358,034	54,106	36,345	
031	SUBPROVIDER	51,126	242,649	239,869	104,483	54,106	36,345	
031	01 SUBPROVIDER 2	106,087	503,507	340,959	227,632	34,670	23,289	
033	NURSERY	2,691	11,881	10,566	208,562	28,169	18,923	
034	SKILLED NURSING FACILITY	64,362	305,446	312,055	90,247			
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	269,519	1,279,113		158,604	116,945	78,557	
039	DELIVERY ROOM & LABOR ROO	7,939	37,699		208,562			
040	ANESTHESIOLOGY	8,036	38,156			2,167	1,456	
041	RADIOLOGY-DIAGNOSTIC	176,610				22,719	15,262	
044	LABORATORY	144,737				7,551	5,072	
046	WHOLE BLOOD & PACKED RED	9,247						
049	RESPIRATORY THERAPY	72,618						
050	PHYSICAL THERAPY	56,355						
051	OCCUPATIONAL THERAPY	15,600						
052	SPEECH PATHOLOGY	7,286						
053	ELECTROCARDIOLOGY	39,313			2,149	79,057	53,107	
054	ELECTROENCEPHALOGRAPHY	13,216						
055	MEDICAL SUPPLIES CHARGED	45,935						
056	DRUGS CHARGED TO PATIENTS	101,348						
057	RENAL DIALYSIS	55,605	263,899		51,973			
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	159,385	756,452	24,546	139,668	68,223	45,829	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	2,268	10,781					
071	HOME HEALTH AGENCY	52,231	247,905		42,706			
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	71,061	337,250					
095	SUBTOTALS	2,685,181	7,729,929	3,343,100	2,996,824	1,539,649	1,034,256	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 ADULT DAY CARE							
096	02 DENMAN SERVICES							
096	03 MEALS ON WHEELS							
096	04 UNUSED SPACE							
096	05 HEALTH EDUCATION	673						
098	PHYSICIANS' PRIVATE OFFIC	31,402						
099	NONPAID WORKERS							
099	01 RENTED SPACE							
099	02 AUGUSTA PHARMACY							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,717,256	7,729,929	3,343,100	2,996,824	1,539,649	1,034,256	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	GM-RADIOLOGY	GM-LABORATOR			
	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP BUTLER BUILDING					
003 03 NEW CAP OLD BUILDING & FI					
003 04 NEW CAP NEW BUILDING & FI					
004 NEW CAP 14TH STREET					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 PARAMED ED PRGM-RADIOLOGY	286,696				
024 02 PARAMED ED PRGM-LABORATOR		112,384			
024 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			39,691,427	-1,792,007	37,899,420
026 INTENSIVE CARE UNIT			8,130,642	-90,451	8,040,191
031 SUBPROVIDER			3,314,676	-90,451	3,224,225
031 01 SUBPROVIDER 2			6,014,132	-57,959	5,956,173
033 NURSERY			533,473	-47,092	486,381
034 SKILLED NURSING FACILITY			3,461,672		3,461,672
034 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			19,049,977	-195,502	18,854,475
039 DELIVERY ROOM & LABOR ROO			906,576		906,576
040 ANESTHESIOLOGY			850,681	-3,623	847,058
041 RADIOLOGY-DIAGNOSTIC	286,696		14,250,242	-37,981	14,212,261
044 LABORATORY		112,384	8,190,115	-12,623	8,177,492
046 WHOLE BLOOD & PACKED RED			1,907,348		1,907,348
049 RESPIRATORY THERAPY			3,254,511		3,254,511
050 PHYSICAL THERAPY			2,978,661		2,978,661
051 OCCUPATIONAL THERAPY			661,356		661,356
052 SPEECH PATHOLOGY			334,766		334,766
053 ELECTROCARDIOLOGY			3,277,201	-132,164	3,145,037
054 ELECTROENCEPHALOGRAPHY			576,344		576,344
055 MEDICAL SUPPLIES CHARGED			16,105,767		16,105,767
056 DRUGS CHARGED TO PATIENTS			12,679,113		12,679,113
057 RENAL DIALYSIS			4,316,001	-549,579	3,766,422
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY			9,506,719	-114,052	9,392,667
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 50 RURAL HEALTH CLINIC			1,023,304		1,023,304
063 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS			496,767	-37,815	458,952
071 HOME HEALTH AGENCY			2,801,221		2,801,221
071 SPEC PURPOSE COST CENTERS					
093 HOSPICE			3,967,340		3,967,340
095 SUBTOTALS	286,696	112,384	168,280,032	-3,161,299	165,118,733
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			86,541		86,541
096 01 ADULT DAY CARE			217		217
096 02 DENMAN SERVICES			119,061		119,061
096 03 MEALS ON WHEELS					
096 04 UNUSED SPACE			360,339		360,339
096 05 HEALTH EDUCATION			24,333		24,333
098 PHYSICIANS' PRIVATE OFFIC			3,537,976		3,537,976
099 NONPAID WORKERS					
099 01 RENTED SPACE			245,087		245,087
099 02 AUGUSTA PHARMACY			1,310,197		1,310,197
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	286,696	112,384	173,963,783	-3,161,299	170,802,484

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & R BUILDING	NEW CAP BUTLE UI LDING & FI	NEW CAP OLD B UI LDING & FI	NEW CAP NEW B UI LDING & FI	NEW CAP 14TH STREET	NEW CAP REL C OSTS-MVBLE E
	0	3	3.01	3.02	3.03	3.04	4
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP BUTLER BUILDING							
003 03 NEW CAP OLD BUILDING & FI							
003 04 NEW CAP NEW BUILDING & FI							
004 NEW CAP 14TH STREET							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				9,952	207,448		28,990
006 ADMINISTRATIVE & GENERAL	3,179			38,276	386,014	256,432	4,752,161
007 MAINTENANCE & REPAIRS	266		5,493	26,432	309,024	328,858	142,352
009 LAUNDRY & LINEN SERVICE				4,145			6,432
010 HOUSEKEEPING				6,691	11,497	27,755	153,752
011 DIETARY	619				71,004	79,263	14,994
012 CAFETERIA					30,706	46,234	
014 NURSING ADMINISTRATION				4,386	118,442	152,792	280,147
017 MEDICAL RECORDS & LIBRARY					85,275	27,059	10,564
021 NURSING SCHOOL			20,585		154,749		29,772
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							19
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY				1,129		3,288	
024 02 PARAMED ED PRGM-LABORATOR				1,129			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45,932				826,473	210,695	155,886
026 INTENSIVE CARE UNIT	23,338			10,403	132,900		245,485
031 SUBPROVIDER	537			12,458	28,684		17,726
031 01 SUBPROVIDER 2	425					248,620	3,611
033 NURSERY	153				24,748		6,292
034 SKILLED NURSING FACILITY	20,692				60,894		2,959
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	983,301			24,891	241,966	335,632	796,506
039 DELIVERY ROOM & LABOR ROO				10,101			48,218
040 ANESTHESIOLOGY	16,618			1,374	6,066	14,830	99,357
041 RADIOLOGY-DIAGNOSTIC	1,415,818			9,612	271,724	181,648	1,330,508
044 LABORATORY	42,039			1,545	127,469	23,338	136,211
046 WHOLE BLOOD & PACKED RED				843			409
049 RESPIRATORY THERAPY	8,792			36,922	31,762	7,298	49,675
050 PHYSICAL THERAPY	8,563			4,646	66,334	18,687	7,356
051 OCCUPATIONAL THERAPY				3,594			751
052 SPEECH PATHOLOGY				1,217			
053 ELECTROCARDIOLOGY	288,347			12,933	31,870		457,867
054 ELECTROENCEPHALOGRAPHY	31,785			7,043		6,142	36,719
055 MEDICAL SUPPLIES CHARGED	253,613				43,886	9,863	36,024
056 DRUGS CHARGED TO PATIENTS				254	43,053	23,094	101,921
057 RENAL DIALYSIS	114,949				70,611		154,605
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				10,182	143,995	54,697	208,965
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	32,808						259
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS	2,200				1,968		
071 HOME HEALTH AGENCY	17,496			195		45,828	8,199
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	144,308				19,022	50,100	35,862
095 SUBTOTALS	3,455,778		26,078	240,353	3,547,584	2,152,153	9,360,554
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,049		13,186	
096 01 ADULT DAY CARE							176
096 02 DENMAN SERVICES					8,947	21,324	5,221
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE				16,496	48,475	23,636	
096 05 HEALTH EDUCATION							
098 PHYSICIANS' PRIVATE OFFIC							3,635
099 NONPAID WORKERS							
099 01 RENTED SPACE					33,310	44,139	
099 02 AUGUSTA PHARMACY							500
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,455,778		26,078	261,898	3,638,316	2,254,438	9,370,086

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	7	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & BUTLER BUILDING							
003 02 NEW CAP OLD BUILDING & FI							
003 03 NEW CAP NEW BUILDING & FI							
003 04 NEW CAP 14TH STREET							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	246,390	246,390					
006 ADMINISTRATIVE & GENERAL	5,436,062	30,250	5,466,312				
007 MAINTENANCE & REPAIRS	812,425	6,982	299,181	1,118,588			
009 LAUNDRY & LINEN SERVICE	10,577	150	35,021	3,588	49,336		
010 HOUSEKEEPING	199,695	5,601	101,066	14,047	1,171	321,580	
011 DIETARY	165,880	2,908	91,416	31,660	215	6,386	298,465
012 CAFETERIA	76,940	3,525	78,506	16,199		7,740	
014 NURSING ADMINISTRATION	555,767	11,973	219,714	60,924		6,235	
017 MEDICAL RECORDS & LIBRARY	122,898	4,252	94,316	23,732		4,430	
021 NURSING SCHOOL	205,106	5,986	73,406	59,895		7,233	
022 I&R SERVICES-SALARY & FRI		3,092	47,087				
023 I&R SERVICES-OTHER PRGM C	19		32,499				
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY	4,417	624	8,297	1,667			
024 02 PARAMED ED PRGM-LABORATOR	1,129	209	3,203	978			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,238,986	44,755	791,220	219,190	20,218	88,428	195,551
026 INTENSIVE CARE UNIT	412,126	9,707	185,591	37,145	2,522	18,534	22,353
031 SUBPROVIDER	59,405	3,492	65,798	16,857	1,218	8,096	21,640
031 01 SUBPROVIDER 2	252,656	7,132	120,322	52,149	915	14,208	30,764
033 NURSERY	31,193	196	5,635	5,240	258	2,176	
034 SKILLED NURSING FACILITY	84,545	4,074	67,640	12,894	1,855	7,409	28,157
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,382,296	18,684	482,963	143,179	6,464	39,049	
039 DELIVERY ROOM & LABOR ROO	58,319	602	14,519	8,743	1,174	8,477	
040 ANESTHESIOLOGY	138,245	391	23,671	5,585			
041 RADIOLOGY-DIAGNOSTIC	3,209,310	13,942	397,095	103,956	2,765	15,540	
044 LABORATORY	330,602	9,267	237,976	33,223	43	6,030	
046 WHOLE BLOOD & PACKED RED	1,252	751	59,416	729		94	
049 RESPIRATORY THERAPY	134,449	4,973	86,789	40,215		7,416	
050 PHYSICAL THERAPY	105,586	4,620	83,727	21,987	462	5,722	
051 OCCUPATIONAL THERAPY	4,345	1,236	19,459	3,111			
052 SPEECH PATHOLOGY	1,217	624	10,008	1,053			
053 ELECTROCARDIOLOGY	791,017	3,075	91,433	17,942	694	2,384	
054 ELECTROENCEPHALOGRAPHY	81,689	715	15,086	7,385	373	1,102	
055 MEDICAL SUPPLIES CHARGED	343,386	1,902	498,555	11,361	1,492	5,945	
056 DRUGS CHARGED TO PATIENTS	168,322	8,754	390,607	14,180		2,500	
057 RENAL DIALYSIS	340,165	3,672	116,747	14,951	1,422	6,581	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	417,839	10,694	234,026	50,775	5,889	28,299	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	33,067	1,033	32,122			98	
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS	4,168	220	14,829	417		787	
071 HOME HEALTH AGENCY	71,718	3,675	69,207	9,781		16,506	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	249,292	4,977	107,543	14,536	43	1,127	
095 SUBTOTALS	18,782,500	238,715	5,305,696	1,059,274	49,193	318,532	298,465
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	18,235		706	7,136	143		
096 01 ADULT DAY CARE	176		7				
096 02 DENMAN SERVICES	35,492		1,375	6,367		2,018	
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE	88,607		3,432	29,500			
096 05 HEALTH EDUCATION		49	743				
098 PHYSICIANS' PRIVATE OFFIC	3,635	7,066	110,184				
099 NONPAID WORKERS							
099 01 RENTED SPACE	77,449		3,000	16,311		1,030	
099 02 AUGUSTA PHARMACY	500	560	41,169				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,006,594	246,390	5,466,312	1,118,588	49,336	321,580	298,465

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM 24
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP BUTLER BUILDING							
003 03 NEW CAP OLD BUILDING & FI							
003 04 NEW CAP NEW BUILDING & FI							
004 NEW CAP 14TH STREET							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	182,910						
014 NURSING ADMINISTRATION	10,354	864,967					
017 MEDICAL RECORDS & LIBRARY	6,274		255,902				
021 NURSING SCHOOL	5,064			356,690			
022 I&R SERVICES-SALARY & FRI	2,769				52,948		
023 I&R SERVICES-OTHER PRGM C						32,518	
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY	570						
024 02 PARAMED ED PRGM-LABORATOR	142						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	44,029	347,305	165,903				
026 INTENSIVE CARE UNIT	8,389	66,181	18,964				
031 SUBPROVIDER	3,441	27,152	18,361				
031 01 SUBPROVIDER 2	7,141	56,342	26,099				
033 NURSERY	181	1,329	809				
034 SKILLED NURSING FACILITY	4,332	34,179	23,887				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,142	143,131					
039 DELIVERY ROOM & LABOR ROO	534	4,218					
040 ANESTHESIOLOGY	541	4,270					
041 RADIOLOGY-DIAGNOSTIC	11,888						
044 LABORATORY	9,743						
046 WHOLE BLOOD & PACKED RED	622						
049 RESPIRATORY THERAPY	4,888						
050 PHYSICAL THERAPY	3,793						
051 OCCUPATIONAL THERAPY	1,050						
052 SPEECH PATHOLOGY	490						
053 ELECTROCARDIOLOGY	2,646						
054 ELECTROENCEPHALOGRAPHY	890						
055 MEDICAL SUPPLIES CHARGED	3,092						
056 DRUGS CHARGED TO PATIENTS	6,822						
057 RENAL DIALYSIS	3,743	29,530					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	10,729	84,646	1,879				
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS	153	1,206					
071 HOME HEALTH AGENCY	3,516	27,740					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	4,783	37,738					
095 SUBTOTALS	180,751	864,967	255,902				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION	45						
098 PHYSICIANS' PRIVATE OFFIC	2,114						
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENTS				356,690	52,948	32,518	
102 NEGATIVE COST CENTER							
103 TOTAL	182,910	864,967	255,902	356,690	52,948	32,518	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	POST	TOTAL
	GM-RADIOLOGY	GM-LABORATOR		STEPDOWN ADJUSTMENT	
	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP BUTLER BUILDING					
003 03 NEW CAP OLD BUILDING & FI					
003 04 NEW CAP NEW BUILDING & FI					
004 NEW CAP 14TH STREET					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 PARAMED ED PRGM-RADIOLOGY	15,575				
024 02 PARAMED ED PRGM-LABORATOR		5,661			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			3,155,585		3,155,585
026 INTENSIVE CARE UNIT			781,512		781,512
031 SUBPROVIDER			225,460		225,460
031 01 SUBPROVIDER 2			567,728		567,728
033 NURSERY			47,017		47,017
034 SKILLED NURSING FACILITY			268,972		268,972
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			3,233,908		3,233,908
039 DELIVERY ROOM & LABOR ROO			96,586		96,586
040 ANESTHESIOLOGY			172,703		172,703
041 RADIOLOGY-DIAGNOSTIC			3,754,496		3,754,496
044 LABORATORY			626,884		626,884
046 WHOLE BLOOD & PACKED RED			62,864		62,864
049 RESPIRATORY THERAPY			278,730		278,730
050 PHYSICAL THERAPY			225,897		225,897
051 OCCUPATIONAL THERAPY			29,201		29,201
052 SPEECH PATHOLOGY			13,392		13,392
053 ELECTROCARDIOLOGY			909,191		909,191
054 ELECTROENCEPHALOGRAPHY			107,240		107,240
055 MEDICAL SUPPLIES CHARGED			865,733		865,733
056 DRUGS CHARGED TO PATIENTS			591,185		591,185
057 RENAL DIALYSIS			516,811		516,811
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			844,776		844,776
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 50 RURAL HEALTH CLINIC			66,320		66,320
064 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS			21,780		21,780
071 HOME HEALTH AGENCY			202,143		202,143
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE			420,039		420,039
095 SUBTOTALS			18,086,153		18,086,153
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			26,220		26,220
096 01 ADULT DAY CARE			183		183
096 02 DENMAN SERVICES			45,252		45,252
096 03 MEALS ON WHEELS					
096 04 UNUSED SPACE			121,539		121,539
096 05 HEALTH EDUCATION			837		837
098 PHYSICIANS' PRIVATE OFFIC			122,999		122,999
099 NONPAID WORKERS					
099 01 RENTED SPACE			97,790		97,790
099 02 AUGUSTA PHARMACY			42,229		42,229
101 CROSS FOOT ADJUSTMENTS	15,575	5,661	463,392		463,392
102 NEGATIVE COST CENTER					
103 TOTAL	15,575	5,661	19,006,594		19,006,594

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP BUTLER BUILDING (SQUARE FEET)	NEW CAP OLD BUILDING & FI (SQUARE FEET)	NEW CAP NEW BUILDING & FI (SQUARE FEET)	NEW CAP 14TH STREET (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	4
003 01 NEW CAP BUTLER BUILDING		18,141				
003 02 NEW CAP OLD BUILDING			119,663			
003 03 NEW CAP NEW BUILDING				406,647		
003 04 NEW CAP 14TH STREET					249,610	
004 NEW CAP REL COSTS-MVB						8,885,010
005 EMPLOYEE BENEFITS			4,547	23,186		27,489
006 ADMINISTRATIVE & GENE			17,489	43,144	28,392	4,506,149
007 MAINTENANCE & REPAIRS		3,821	12,077	34,539	36,411	134,983
009 LAUNDRY & LINEN SERVI			1,894			6,099
010 HOUSEKEEPING			3,057	1,285	3,073	145,792
011 DIETARY				7,936	8,776	14,218
012 CAFETERIA				3,432	5,119	
014 NURSING ADMINISTRATIO			2,004	13,238	16,917	265,644
017 MEDICAL RECORDS & LIB				9,531	2,996	10,017
021 NURSING SCHOOL				17,296		28,231
022 I&R SERVICES-SALARY &		14,320				
023 I&R SERVICES-OTHER PR						18
024 PARAMED PRGM						
024 01 PARAMED PRGM-RADIO			516		364	
024 02 PARAMED PRGM-LABOR			516			
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS				92,373	23,328	147,816
026 INTENSIVE CARE UNIT			4,753	14,854		232,777
031 SUBPROVIDER			5,692	3,206		16,808
031 01 SUBPROVIDER 2					27,527	3,424
033 NURSERY				2,766		5,966
034 SKILLED NURSING FACIL				6,806		2,806
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			11,373	27,044	37,161	755,272
039 DELIVERY ROOM & LABOR			4,615			45,722
040 ANESTHESIOLOGY			628	678	1,642	94,213
041 RADIOLOGY-DIAGNOSTIC			4,392	30,370	20,112	1,261,629
044 LABORATORY			706	14,247	2,584	129,160
046 WHOLE BLOOD & PACKED			385			388
049 RESPIRATORY THERAPY			16,870	3,550	808	47,103
050 PHYSICAL THERAPY			2,123	7,414	2,069	6,975
051 OCCUPATIONAL THERAPY			1,642			712
052 SPEECH PATHOLOGY			556			
053 ELECTROCARDIOLOGY			5,909	3,562		434,164
054 ELECTROENCEPHALOGRAPH			3,218		680	34,818
055 MEDICAL SUPPLIES CHAR				4,905	1,092	34,159
056 DRUGS CHARGED TO PATI			116	4,812	2,557	96,645
057 RENAL DIALYSIS				7,892		146,601
061 OUTPAT SERVICE COST C						
061 EMERGENCY			4,652	16,094	6,056	198,147
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC						246
064 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS				220		
071 HOME HEALTH AGENCY			89		5,074	7,775
071 SPEC PURPOSE COST CEN						
093 HOSPICE				2,126	5,547	34,005
095 SUBTOTALS		18,141	109,819	396,506	238,285	8,875,971
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			2,307		1,460	
096 01 ADULT DAY CARE						167
096 02 DENMAN SERVICES				1,000	2,361	4,951
096 03 MEALS ON WHEELS						
096 04 UNUSED SPACE			7,537	5,418	2,617	
096 05 HEALTH EDUCATION						
098 PHYSICIANS' PRIVATE O						3,447
099 NONPAID WORKERS						
099 01 RENTED SPACE				3,723	4,887	
099 02 AUGUSTA PHARMACY						474
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		26,078	261,898	3,638,316	2,254,438	9,370,086
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			2.188630		9.031842	
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		1.437517		8.947111		1.054595
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	5	6a.00	6	7	9	10	11
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP BUTLER BUILDING							
003 03 NEW CAP OLD BUILDING							
003 04 NEW CAP NEW BUILDING							
004 NEW CAP 14TH STREET							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	77,398,517						
006 ADMINISTRATIVE & GENERAL	9,503,755	-32,849,974	141,113,809				
007 MAINTENANCE & REPAIRS	2,193,672		7,723,403	590,455			
009 LAUNDRY & LINEN SERVICE	47,038		904,074	1,894	1,515,107		
010 HOUSEKEEPING	1,759,712		2,609,033	7,415	35,967	102,125	
011 DIETARY	913,450		2,359,905	16,712	6,594	2,028	233,141
012 CAFETERIA	1,107,456		2,026,638	8,551		2,458	
014 NURSING ADMINISTRATION	3,761,693		5,671,948	32,159		1,980	
017 MEDICAL RECORDS & LIB	1,335,947		2,434,772	12,527		1,407	
021 NURSING SCHOOL	1,880,672		1,894,989	31,616		2,297	
022 I&R SERVICES-SALARY &	971,456		1,215,551				
023 I&R SERVICES-OTHER PR			838,955				
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM-RADIO	196,044		214,179	880			
024 02 PARAMEDICAL PRGM-LABOR	65,574		82,697	516			
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,049,972		20,425,737	115,701	620,891	28,082	152,751
026 INTENSIVE CARE UNIT	3,049,664		4,791,056	19,607	77,443	5,886	17,461
031 SUBPROVIDER	1,097,165		1,698,576	8,898	37,415	2,571	16,904
031 01 SUBPROVIDER 2	2,240,589		3,106,138	27,527	28,114	4,512	24,031
033 NURSERY	61,690		145,476	2,766	7,913	691	
034 SKILLED NURSING FACIL	1,279,940		1,746,140	6,806	56,963	2,353	21,994
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	5,870,011		12,467,732	75,578	198,496	12,401	
039 DELIVERY ROOM & LABOR	189,006		374,807	4,615	36,050	2,692	
040 ANESTHESIOLOGY	122,818		611,075	2,948			
041 RADIOLOGY-DIAGNOSTIC	4,380,194		10,251,043	54,874	84,914	4,935	
044 LABORATORY	2,911,541		6,143,387	17,537	1,327	1,915	
046 WHOLE BLOOD & PACKED	236,044		1,533,841	385		30	
049 RESPIRATORY THERAPY	1,562,496		2,240,467	21,228		2,355	
050 PHYSICAL THERAPY	1,451,575		2,161,424	11,606	14,201	1,817	
051 OCCUPATIONAL THERAPY	388,375		502,338	1,642			
052 SPEECH PATHOLOGY	196,173		258,368	556			
053 ELECTROCARDIOLOGY	966,088		2,360,346	9,471	21,315	757	
054 ELECTROENCEPHALOGRAPH	224,581		389,437	3,898	11,446	350	
055 MEDICAL SUPPLIES CHAR	597,651		12,870,251	5,997	45,811	1,888	
056 DRUGS CHARGED TO PATI	2,750,379		10,083,557	7,485		794	
057 RENAL DIALYSIS	1,153,583		3,013,829	7,892	43,683	2,090	
061 OUTPAT SERVICE COST C							
061 EMERGENCY	3,359,602		6,041,403	26,802	180,846	8,987	
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC	324,455		829,243			31	
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS	69,130		382,820	220		250	
071 HOME HEALTH AGENCY	1,154,545		1,786,592	5,163		5,242	
093 SPEC PURPOSE COST CEN							
093 HOSPICE	1,563,643		2,776,223	7,673	1,331	358	
095 SUBTOTALS	74,987,379	-32,849,974	136,967,450	559,145	1,510,720	101,157	233,141
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			18,235	3,767	4,387		
096 01 ADULT DAY CARE			176				
096 02 DENMAN SERVICES			35,492	3,361		641	
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE			88,607	15,572			
096 05 HEALTH EDUCATION	15,301		19,192				
098 PHYSICIANS' PRIVATE O	2,219,891		2,844,419				
099 NONPAID WORKERS							
099 01 RENTED SPACE			77,449	8,610		327	
099 02 AUGUSTA PHARMACY	175,946		1,062,789				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	19,447,664		32,849,974	9,521,342	1,145,076	3,363,145	3,250,527
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				16.125432		32.931652	
(WRKSHT B, PT I)	.251267		.232791		.755772		13.942322
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	246,390		5,466,312	1,118,588	49,336	321,580	298,465
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				1.894451		3.148886	
(WRKSHT B, PT III)	.003183		.038737		.032563		1.280191

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	12	14	17	21	22	23	24
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP BUTLER BUILDING							
003 02 NEW CAP OLD BUILDING							
003 03 NEW CAP NEW BUILDING							
003 04 NEW CAP 14TH STREET							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 LAUNDRY & LINEN SERVICE							
009 HOUSEKEEPING							
010 DIETARY							
011 CAFETERIA	282,696						
014 NURSING ADMINISTRATION	16,003	1,608,970					
017 MEDICAL RECORDS & LIBRARY	9,696		92,069				
021 NURSING SCHOOL	7,827			22,315			
022 I&R SERVICES-SALARY & FRI	4,279				23,448		
023 I&R SERVICES-OTHER PRGM						23,448	
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIO	881						
024 02 PARAMED ED PRGM-LABOR	220						
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	68,043	646,041	59,689	10,456	16,325	16,325	
026 INTENSIVE CARE UNIT	12,965	123,106	6,823	2,666	824	824	
031 SUBPROVIDER	5,319	50,507	6,606	778	824	824	
031 01 SUBPROVIDER 2	11,037	104,804	9,390	1,695	528	528	
033 NURSERY	280	2,473	291	1,553	429	429	
034 SKILLED NURSING FACILITY	6,696	63,578	8,594	672			
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	28,040	266,245		1,181	1,781	1,781	
039 DELIVERY ROOM & LABOR	826	7,847		1,553			
040 ANESTHESIOLOGY	836	7,942			33	33	
041 RADIOLOGY-DIAGNOSTIC	18,374				346	346	
044 LABORATORY	15,058				115	115	
046 WHOLE BLOOD & PACKED	962						
049 RESPIRATORY THERAPY	7,555						
050 PHYSICAL THERAPY	5,863						
051 OCCUPATIONAL THERAPY	1,623						
052 SPEECH PATHOLOGY	758						
053 ELECTROCARDIOLOGY	4,090			16	1,204	1,204	
054 ELECTROENCEPHALOGRAPH	1,375						
055 MEDICAL SUPPLIES CHAR	4,779						
056 DRUGS CHARGED TO PATIENT	10,544						
057 RENAL DIALYSIS	5,785	54,930		387			
061 OUTPAT SERVICE COST CENTER							
061 EMERGENCY	16,582	157,454	676	1,040	1,039	1,039	
062 OBSERVATION BEDS (NON)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
064 OTHER REIMBURS COST CENTER							
064 HOME PROGRAM DIALYSIS	236	2,244					
071 HOME HEALTH AGENCY	5,434	51,601		318			
093 SPEC PURPOSE COST CENTER							
093 HOSPICE	7,393	70,198					
095 SUBTOTALS	279,359	1,608,970	92,069	22,315	23,448	23,448	
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION	70						
098 PHYSICIANS' PRIVATE OFFICE	3,267						
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,717,256	7,729,929	3,343,100	2,996,824	1,539,649	1,034,256	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	9.611936	4.804272	36.310810	134.296393	65.662274	44.108495	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	182,910	864,967	255,902	356,690	52,948	32,518	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.647020	.537591	2.779459	15.984315	2.258103	1.386813	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR GM-RADIOLOGY	PARAMED ED PR GM-LABORATOR
	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	24.01	24.02
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP BUTLER BUILDI		
003 02 NEW CAP OLD BUILDING		
003 03 NEW CAP NEW BUILDING		
003 04 NEW CAP 14TH STREET		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENE		
007 MAINTENANCE & REPAIRS		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
017 MEDICAL RECORDS & LIB		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY &		
023 I&R SERVICES-OTHER PR		
024 PARAMED ED PRGM		
024 01 PARAMED ED PRGM-RADIO	100	
024 02 PARAMED ED PRGM-LABOR		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
031 01 SUBPROVIDER 2		
033 NURSERY		
034 SKILLED NURSING FACIL		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
039 DELIVERY ROOM & LABOR		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	100	
044 LABORATORY		100
046 WHOLE BLOOD & PACKED		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
061 OUTPAT SERVICE COST C		
EMERGENCY		
062 OBSERVATION BEDS (NON		
063 OTHER OUTPATIENT SERV		
063 50 RURAL HEALTH CLINIC		
OTHER REIMBURS COST C		
064 HOME PROGRAM DIALYSIS		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
093 HOSPICE		
095 SUBTOTALS	100	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 ADULT DAY CARE		
096 02 DENMAN SERVICES		
096 03 MEALS ON WHEELS		
096 04 UNUSED SPACE		
096 05 HEALTH EDUCATION		
098 PHYSICIANS' PRIVATE O		
099 NONPAID WORKERS		
099 01 RENTED SPACE		
099 02 AUGUSTA PHARMACY		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	286,696	112,384
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		1,123.840000
(WRKSHT B, PT I)	2,866.960000	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	15,575	5,661
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		56.610000
(WRKSHT B, PT III)	155.750000	

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009
 I 14-0015 I FROM 10/ 1/2007 I
 I TO 9/30/2008 I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	-549,579
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	-37,815

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	37,899,420		37,899,420		37,899,420
26	INTENSIVE CARE UNIT	8,040,191		8,040,191	13,874	8,054,065
31	SUBPROVIDER	3,224,225		3,224,225	13,874	3,238,099
31	01 SUBPROVIDER 2	5,956,173		5,956,173		5,956,173
33	NURSERY	486,381		486,381		486,381
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,461,672		3,461,672		3,461,672
37	OPERATING ROOM	18,854,475		18,854,475	81,516	18,935,991
39	DELIVERY ROOM & LABOR ROOM	906,576		906,576		906,576
40	ANESTHESIOLOGY	847,058		847,058		847,058
41	RADIOLOGY-DIAGNOSTIC	14,212,261		14,212,261		14,212,261
44	LABORATORY	8,177,492		8,177,492		8,177,492
46	WHOLE BLOOD & PACKED RED	1,907,348		1,907,348		1,907,348
49	RESPIRATORY THERAPY	3,254,511		3,254,511		3,254,511
50	PHYSICAL THERAPY	2,978,661		2,978,661		2,978,661
51	OCCUPATIONAL THERAPY	661,356		661,356		661,356
52	SPEECH PATHOLOGY	334,766		334,766		334,766
53	ELECTROCARDIOLOGY	3,145,037		3,145,037		3,145,037
54	ELECTROENCEPHALOGRAPHY	576,344		576,344		576,344
55	MEDICAL SUPPLIES CHARGED	16,105,767		16,105,767		16,105,767
56	DRUGS CHARGED TO PATIENTS	12,679,113		12,679,113		12,679,113
57	RENAL DIALYSIS	3,766,422		3,766,422	100,976	3,867,398
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	9,392,667		9,392,667	141,779	9,534,446
62	OBSERVATION BEDS (NON-DIS)	2,481,455		2,481,455		2,481,455
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,023,304		1,023,304		1,023,304
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	458,952		458,952	13,039	471,991
101	SUBTOTAL	160,831,627		160,831,627	365,058	161,196,685
102	LESS OBSERVATION BEDS	2,481,455		2,481,455		2,481,455
103	TOTAL	158,350,172		158,350,172	365,058	158,715,230

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	45,483,463		45,483,463			
26	INTENSIVE CARE UNIT	18,047,241		18,047,241			
31	SUBPROVIDER	3,435,161		3,435,161			
31	01 SUBPROVIDER 2	8,920,177		8,920,177			
33	NURSERY	1,542,793		1,542,793			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,244,316		3,244,316			
37	OPERATING ROOM	16,549,190	28,093,881	44,643,071	.422338	.422338	.424164
39	DELIVERY ROOM & LABOR ROO	2,822,563	230,503	3,053,066	.296940	.296940	.296940
40	ANESTHESIOLOGY	1,536,463	1,974,387	3,510,850	.241269	.241269	.241269
41	RADIOLOGY-DIAGNOSTIC	17,546,278	59,895,673	77,441,951	.183521	.183521	.183521
44	LABORATORY	23,775,686	26,869,019	50,644,705	.161468	.161468	.161468
46	WHOLE BLOOD & PACKED RED	2,527,245	1,072,365	3,599,610	.529876	.529876	.529876
49	RESPIRATORY THERAPY	3,309,894	745,333	4,055,227	.802547	.802547	.802547
50	PHYSICAL THERAPY	2,730,387	1,582,317	4,312,704	.690671	.690671	.690671
51	OCCUPATIONAL THERAPY	1,516,930	309,129	1,826,059	.362177	.362177	.362177
52	SPEECH PATHOLOGY	554,137	276,557	830,694	.402996	.402996	.402996
53	ELECTROCARDIOLOGY	7,471,651	6,864,064	14,335,715	.219385	.219385	.219385
54	ELECTROENCEPHALOGRAPHY	216,251	2,271,333	2,487,584	.231688	.231688	.231688
55	MEDICAL SUPPLIES CHARGED	36,254,314	18,570,935	54,825,249	.293766	.293766	.293766
56	DRUGS CHARGED TO PATIENTS	44,922,049	14,317,701	59,239,750	.214030	.214030	.214030
57	RENAL DIALYSIS	723,654	17,085,197	17,808,851	.211492	.211492	.217162
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,850,100	12,367,591	17,217,691	.545524	.545524	.553759
62	OBSERVATION BEDS (NON-DIS	509,619	3,225,570	3,735,189	.664345	.664345	.664345
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		735,332	735,332	1.391622	1.391622	1.391622
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	43,535	1,755,385	1,798,920	.255126	.255126	.262375
101	SUBTOTAL	248,533,097	198,242,272	446,775,369			
102	LESS OBSERVATION BEDS						
103	TOTAL	248,533,097	198,242,272	446,775,369			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0015
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,691,427		39,691,427		39,691,427
26	INTENSIVE CARE UNIT	8,130,642		8,130,642	13,874	8,144,516
31	SUBPROVIDER	3,314,676		3,314,676	13,874	3,328,550
31	01 SUBPROVIDER 2	6,014,132		6,014,132		6,014,132
33	NURSERY	533,473		533,473		533,473
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,461,672		3,461,672		3,461,672
37	OPERATING ROOM	19,049,977		19,049,977	81,516	19,131,493
39	DELIVERY ROOM & LABOR ROOM	906,576		906,576		906,576
40	ANESTHESIOLOGY	850,681		850,681		850,681
41	RADIOLOGY-DIAGNOSTIC	14,250,242		14,250,242		14,250,242
44	LABORATORY	8,190,115		8,190,115		8,190,115
46	WHOLE BLOOD & PACKED RED	1,907,348		1,907,348		1,907,348
49	RESPIRATORY THERAPY	3,254,511		3,254,511		3,254,511
50	PHYSICAL THERAPY	2,978,661		2,978,661		2,978,661
51	OCCUPATIONAL THERAPY	661,356		661,356		661,356
52	SPEECH PATHOLOGY	334,766		334,766		334,766
53	ELECTROCARDIOLOGY	3,277,201		3,277,201		3,277,201
54	ELECTROENCEPHALOGRAPHY	576,344		576,344		576,344
55	MEDICAL SUPPLIES CHARGED	16,105,767		16,105,767		16,105,767
56	DRUGS CHARGED TO PATIENTS	12,679,113		12,679,113		12,679,113
57	RENAL DIALYSIS	3,766,422		3,766,422	100,976	3,867,398
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	9,506,719		9,506,719	141,779	9,648,498
62	OBSERVATION BEDS (NON-DIS)	2,481,455		2,481,455		2,481,455
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,023,304		1,023,304		1,023,304
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	458,952		458,952	13,039	471,991
101	SUBTOTAL	163,405,532		163,405,532	365,058	163,770,590
102	LESS OBSERVATION BEDS	2,481,455		2,481,455		2,481,455
103	TOTAL	160,924,077		160,924,077	365,058	161,289,135

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	45,483,463		45,483,463			
26	INTENSIVE CARE UNIT	18,047,241		18,047,241			
31	SUBPROVIDER	3,435,161		3,435,161			
31	01 SUBPROVIDER 2	8,920,177		8,920,177			
33	NURSERY	1,542,793		1,542,793			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,244,316		3,244,316			
37	OPERATING ROOM	16,549,190	28,093,881	44,643,071	.426717	.426717	.428543
39	DELIVERY ROOM & LABOR ROO	2,822,563	230,503	3,053,066	.296940	.296940	.296940
40	ANESTHESIOLOGY	1,536,463	1,974,387	3,510,850	.242301	.242301	.242301
41	RADIOLOGY-DIAGNOSTIC	17,546,278	59,895,673	77,441,951	.184012	.184012	.184012
44	LABORATORY	23,775,686	26,869,019	50,644,705	.161717	.161717	.161717
46	WHOLE BLOOD & PACKED RED	2,527,245	1,072,365	3,599,610	.529876	.529876	.529876
49	RESPIRATORY THERAPY	3,309,894	745,333	4,055,227	.802547	.802547	.802547
50	PHYSICAL THERAPY	2,730,387	1,582,317	4,312,704	.690671	.690671	.690671
51	OCCUPATIONAL THERAPY	1,516,930	309,129	1,826,059	.362177	.362177	.362177
52	SPEECH PATHOLOGY	554,137	276,557	830,694	.402996	.402996	.402996
53	ELECTROCARDIOLOGY	7,471,651	6,864,064	14,335,715	.228604	.228604	.228604
54	ELECTROENCEPHALOGRAPHY	216,251	2,271,333	2,487,584	.231688	.231688	.231688
55	MEDICAL SUPPLIES CHARGED	36,254,314	18,570,935	54,825,249	.293766	.293766	.293766
56	DRUGS CHARGED TO PATIENTS	44,922,049	14,317,701	59,239,750	.214030	.214030	.214030
57	RENAL DIALYSIS	723,654	17,085,197	17,808,851	.211492	.211492	.217162
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,850,100	12,367,591	17,217,691	.552148	.552148	.560383
62	OBSERVATION BEDS (NON-DIS	509,619	3,225,570	3,735,189	.664345	.664345	.664345
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		735,332	735,332	1.391622	1.391622	1.391622
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	43,535	1,755,385	1,798,920	.255126	.255126	.262375
101	SUBTOTAL	248,533,097	198,242,272	446,775,369			
102	LESS OBSERVATION BEDS						
103	TOTAL	248,533,097	198,242,272	446,775,369			

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	18,854,475	3,233,908	15,620,567			18,854,475
39	DELIVERY ROOM & LABOR ROO	906,576	96,586	809,990			906,576
40	ANESTHESIOLOGY	847,058	172,703	674,355			847,058
41	RADIOLOGY-DIAGNOSTIC	14,212,261	3,754,496	10,457,765			14,212,261
44	LABORATORY	8,177,492	626,884	7,550,608			8,177,492
46	WHOLE BLOOD & PACKED RED	1,907,348	62,864	1,844,484			1,907,348
49	RESPIRATORY THERAPY	3,254,511	278,730	2,975,781			3,254,511
50	PHYSICAL THERAPY	2,978,661	225,897	2,752,764			2,978,661
51	OCCUPATIONAL THERAPY	661,356	29,201	632,155			661,356
52	SPEECH PATHOLOGY	334,766	13,392	321,374			334,766
53	ELECTROCARDIOLOGY	3,145,037	909,191	2,235,846			3,145,037
54	ELECTROENCEPHALOGRAPHY	576,344	107,240	469,104			576,344
55	MEDICAL SUPPLIES CHARGED	16,105,767	865,733	15,240,034			16,105,767
56	DRUGS CHARGED TO PATIENTS	12,679,113	591,185	12,087,928			12,679,113
57	RENAL DIALYSIS	3,766,422	516,811	3,249,611			3,766,422
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,392,667	844,776	8,547,891			9,392,667
62	OBSERVATION BEDS (NON-DIS	2,481,455	206,611	2,274,844			2,481,455
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,023,304	66,320	956,984			1,023,304
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	458,952	21,780	437,172			458,952
101	SUBTOTAL	101,763,565	12,624,308	89,139,257			101,763,565
102	LESS OBSERVATION BEDS	2,481,455	206,611	2,274,844			2,481,455
103	TOTAL	99,282,110	12,417,697	86,864,413			99,282,110

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	44,643,071	.422338	.422338
39	DELIVERY ROOM & LABOR ROO	3,053,066	.296940	.296940
40	ANESTHESIOLOGY	3,510,850	.241269	.241269
41	RADIOLOGY-DIAGNOSTIC	77,441,951	.183521	.183521
44	LABORATORY	50,644,705	.161468	.161468
46	WHOLE BLOOD & PACKED RED	3,599,610	.529876	.529876
49	RESPIRATORY THERAPY	4,055,227	.802547	.802547
50	PHYSICAL THERAPY	4,312,704	.690671	.690671
51	OCCUPATIONAL THERAPY	1,826,059	.362177	.362177
52	SPEECH PATHOLOGY	830,694	.402996	.402996
53	ELECTROCARDIOLOGY	14,335,715	.219385	.219385
54	ELECTROENCEPHALOGRAPHY	2,487,584	.231688	.231688
55	MEDICAL SUPPLIES CHARGED	54,825,249	.293766	.293766
56	DRUGS CHARGED TO PATIENTS	59,239,750	.214030	.214030
57	RENAL DIALYSIS	17,808,851	.211492	.211492
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,217,691	.545524	.545524
62	OBSERVATION BEDS (NON-DIS	3,735,189	.664345	.664345
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	735,332	1.391622	1.391622
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	1,798,920	.255126	.255126
101	SUBTOTAL	366,102,218		
102	LESS OBSERVATION BEDS	3,735,189		
103	TOTAL	362,367,029		

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	19,049,977	3,233,908	15,816,069			19,049,977
39	DELIVERY ROOM & LABOR ROO	906,576	96,586	809,990			906,576
40	ANESTHESIOLOGY	850,681	172,703	677,978			850,681
41	RADIOLOGY-DIAGNOSTIC	14,250,242	3,754,496	10,495,746			14,250,242
44	LABORATORY	8,190,115	626,884	7,563,231			8,190,115
46	WHOLE BLOOD & PACKED RED	1,907,348	62,864	1,844,484			1,907,348
49	RESPIRATORY THERAPY	3,254,511	278,730	2,975,781			3,254,511
50	PHYSICAL THERAPY	2,978,661	225,897	2,752,764			2,978,661
51	OCCUPATIONAL THERAPY	661,356	29,201	632,155			661,356
52	SPEECH PATHOLOGY	334,766	13,392	321,374			334,766
53	ELECTROCARDIOLOGY	3,277,201	909,191	2,368,010			3,277,201
54	ELECTROENCEPHALOGRAPHY	576,344	107,240	469,104			576,344
55	MEDICAL SUPPLIES CHARGED	16,105,767	865,733	15,240,034			16,105,767
56	DRUGS CHARGED TO PATIENTS	12,679,113	591,185	12,087,928			12,679,113
57	RENAL DIALYSIS	3,766,422	516,811	3,249,611			3,766,422
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,506,719	844,776	8,661,943			9,506,719
62	OBSERVATION BEDS (NON-DIS	2,481,455	206,611	2,274,844			2,481,455
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,023,304	66,320	956,984			1,023,304
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	458,952	21,780	437,172			458,952
101	SUBTOTAL	102,259,510	12,624,308	89,635,202			102,259,510
102	LESS OBSERVATION BEDS	2,481,455	206,611	2,274,844			2,481,455
103	TOTAL	99,778,055	12,417,697	87,360,358			99,778,055

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
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	44,643,071	.426717	.426717
39	DELIVERY ROOM & LABOR ROO	3,053,066	.296940	.296940
40	ANESTHESIOLOGY	3,510,850	.242301	.242301
41	RADIOLOGY-DIAGNOSTIC	77,441,951	.184012	.184012
44	LABORATORY	50,644,705	.161717	.161717
46	WHOLE BLOOD & PACKED RED	3,599,610	.529876	.529876
49	RESPIRATORY THERAPY	4,055,227	.802547	.802547
50	PHYSICAL THERAPY	4,312,704	.690671	.690671
51	OCCUPATIONAL THERAPY	1,826,059	.362177	.362177
52	SPEECH PATHOLOGY	830,694	.402996	.402996
53	ELECTROCARDIOLOGY	14,335,715	.228604	.228604
54	ELECTROENCEPHALOGRAPHY	2,487,584	.231688	.231688
55	MEDICAL SUPPLIES CHARGED	54,825,249	.293766	.293766
56	DRUGS CHARGED TO PATIENTS	59,239,750	.214030	.214030
57	RENAL DIALYSIS	17,808,851	.211492	.211492
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,217,691	.552148	.552148
62	OBSERVATION BEDS (NON-DIS	3,735,189	.664345	.664345
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	735,332	1.391622	1.391622
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	1,798,920	.255126	.255126
101	SUBTOTAL	366,102,218		
102	LESS OBSERVATION BEDS	3,735,189		
103	TOTAL	362,367,029		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015 PERIOD: FROM 10/1/2007 TO 9/30/2008 PREPARED 3/2/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,155,585		3,155,585
26	INTENSIVE CARE UNIT				781,512		781,512
31	SUBPROVIDER				225,460		225,460
31 01	SUBPROVIDER 2				567,728		567,728
33	NURSERY				47,017		47,017
101	TOTAL				4,777,302		4,777,302

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	46,155	25,713			68.37	1,757,998
26	INTENSIVE CARE UNIT	5,023	2,694			155.59	419,159
31	SUBPROVIDER	4,863	3,131			46.36	145,153
31 01	SUBPROVIDER 2	6,808	1,350			83.39	112,577
33	NURSERY	2,513				18.71	
101	TOTAL	65,362	32,888				2,434,887

PROVIDER NO: 14-0015
 COMPONENT NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,233,908	44,643,071	7,655,749		
39	DELIVERY ROOM & LABOR ROO		96,586	3,053,066	8,485		
40	ANESTHESIOLOGY		172,703	3,510,850	671,216		
41	RADIOLOGY-DIAGNOSTIC		3,754,496	77,441,951	13,519,952		
44	LABORATORY		626,884	50,644,705	14,490,315		
46	WHOLE BLOOD & PACKED RED		62,864	3,599,610	965,868		
49	RESPIRATORY THERAPY		278,730	4,055,227	2,096,361		
50	PHYSICAL THERAPY		225,897	4,312,704	839,991		
51	OCCUPATIONAL THERAPY		29,201	1,826,059	227,086		
52	SPEECH PATHOLOGY		13,392	830,694	209,500		
53	ELECTROCARDIOLOGY		909,191	14,335,715	5,133,071		
54	ELECTROENCEPHALOGRAPHY		107,240	2,487,584	141,345		
55	MEDICAL SUPPLIES CHARGED		865,733	54,825,249	18,546,595		
56	DRUGS CHARGED TO PATIENTS		591,185	59,239,750	22,727,779		
57	RENAL DIALYSIS		516,811	17,808,851	598,452		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		844,776	17,217,691	2,568,841		
62	OBSERVATION BEDS (NON-DIS		206,611	3,735,189	382,992		
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		21,780	1,798,920			
101	TOTAL		12,557,988	365,366,886	90,783,598		

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D
 COMPONENT NO: 14-0015
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.072439	554,575
39	DELIVERY ROOM & LABOR ROO	.031636	268
40	ANESTHESIOLOGY	.049191	33,018
41	RADIOLOGY-DIAGNOSTIC	.048481	655,461
44	LABORATORY	.012378	179,361
46	WHOLE BLOOD & PACKED RED	.017464	16,868
49	RESPIRATORY THERAPY	.068734	144,091
50	PHYSICAL THERAPY	.052379	43,998
51	OCCUPATIONAL THERAPY	.015991	3,631
52	SPEECH PATHOLOGY	.016121	3,377
53	ELECTROCARDIOLOGY	.063421	325,544
54	ELECTROENCEPHALOGRAPHY	.043110	6,093
55	MEDICAL SUPPLIES CHARGED	.015791	292,869
56	DRUGS CHARGED TO PATIENTS	.009980	226,823
57	RENAL DIALYSIS	.029020	17,367
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.049064	126,038
62	OBSERVATION BEDS (NON-DIS	.055315	21,185
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.012107	
101	TOTAL		2,650,567

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

PROVIDER NO: 14-0015
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,404,204				1,404,204
26	INTENSIVE CARE UNIT		358,034				358,034
31	SUBPROVIDER		104,483				104,483
31 01	SUBPROVIDER 2		227,632				227,632
33	NURSERY		208,562				208,562
34	SKILLED NURSING FACILITY		90,247				90,247
101	TOTAL		2,393,162				2,393,162

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

PROVIDER NO: 14-0015
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	46,155	30.42	25,713	782,189
26	INTENSIVE CARE UNIT	5,023	71.28	2,694	192,028
31	SUBPROVIDER	4,863	21.49	3,131	67,285
31 01	SUBPROVIDER 2	6,808	33.44	1,350	45,144
33	NURSERY	2,513	82.99		
34	SKILLED NURSING FACILITY	6,327	14.26	5,312	75,749
101	TOTAL	71,689		38,200	1,162,395

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM			158,604							
39	DELIVERY ROOM & LABOR ROO			208,562							
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					286,696					
44	LABORATORY					112,384					
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY			2,149							
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			51,973							
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY			139,668							
62	OBSERVATION BEDS (NON-DIS			91,940							
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
101	TOTAL			652,896		399,080					

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
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	158,604	158,604	44,643,071	.003553	.003553	7,655,749	27,201
39	DELIVERY ROOM & LABOR ROO	208,562	208,562	3,053,066	.068312	.068312	8,485	580
40	ANESTHESIOLOGY			3,510,850			671,216	
41	RADIOLOGY-DIAGNOSTIC	286,696	286,696	77,441,951	.003702	.003702	13,519,952	50,051
44	LABORATORY	112,384	112,384	50,644,705	.002219	.002219	14,490,315	32,154
46	WHOLE BLOOD & PACKED RED			3,599,610			965,868	
49	RESPIRATORY THERAPY			4,055,227			2,096,361	
50	PHYSICAL THERAPY			4,312,704			839,991	
51	OCCUPATIONAL THERAPY			1,826,059			227,086	
52	SPEECH PATHOLOGY			830,694			209,500	
53	ELECTROCARDIOLOGY	2,149	2,149	14,335,715	.000150	.000150	5,133,071	770
54	ELECTROENCEPHALOGRAPHY			2,487,584			141,345	
55	MEDICAL SUPPLIES CHARGED			54,825,249			18,546,595	
56	DRUGS CHARGED TO PATIENTS			59,239,750			22,727,779	
57	RENAL DIALYSIS	51,973	51,973	17,808,851	.002918	.002918	598,452	1,746
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	139,668	139,668	17,217,691	.008112	.008112	2,568,841	20,838
62	OBSERVATION BEDS (NON-DIS	91,940	91,940	3,735,189	.024615	.024615	382,992	9,427
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			1,798,920				
101	TOTAL	1,051,976	1,051,976	365,366,886			90,783,598	142,767

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	2,416,252	7,248,755		8,585	25,755	
39	DELIVERY ROOM & LABOR ROO	147	442		10	30	
40	ANESTHESIOLOGY	149,514	448,541				
41	RADIOLOGY-DIAGNOSTIC	4,157,338	12,472,013		15,390	46,171	
44	LABORATORY	248,990	746,968		553	1,658	
46	WHOLE BLOOD & PACKED RED	55,558	166,673				
49	RESPIRATORY THERAPY	72,994	218,982				
50	PHYSICAL THERAPY	2,888	8,662				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	495,761	1,487,284		74	223	
54	ELECTROENCEPHALOGRAPHY	160,275	480,827				
55	MEDICAL SUPPLIES CHARGED	1,586,347	4,759,040				
56	DRUGS CHARGED TO PATIENTS	518,447	1,555,343				
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	516,668	1,550,005		4,191	12,574	
62	OBSERVATION BEDS (NON-DIS	253,868	761,605		6,249	18,747	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL	10,635,047	31,905,140		35,052	105,158	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/ 2/2009
 | 14-0015 | FROM 10/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2008 | PART V
 | 14-0015 | |

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	.422338	.422338			
39 DELIVERY ROOM & LABOR ROOM	.296940	.296940			
40 ANESTHESIOLOGY	.241269	.241269			
41 RADIOLOGY-DIAGNOSTIC	.183521	.183521			
44 LABORATORY	.161468	.161468			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.529876	.529876			
49 RESPIRATORY THERAPY	.802547	.802547			
50 PHYSICAL THERAPY	.690671	.690671			
51 OCCUPATIONAL THERAPY	.362177	.362177			
52 SPEECH PATHOLOGY	.402996	.402996			
53 ELECTROCARDIOLOGY	.219385	.219385			
54 ELECTROENCEPHALOGRAPHY	.231688	.231688			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.293766	.293766			
56 DRUGS CHARGED TO PATIENTS	.214030	.214030			
57 RENAL DIALYSIS	.211492	.211492			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.545524	.545524			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.664345	.664345			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS	.255126	.255126			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/2/2009
 | 14-0015 | FROM 10/1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2008 | PART V
 | 14-0015 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	3,061,425		
39 DELIVERY ROOM & LABOR ROOM	131		
40 ANESTHESIOLOGY	108,219		
41 RADIOLOGY-DIAGNOSTIC	2,288,876		
44 LABORATORY	120,611		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	88,316		
49 RESPIRATORY THERAPY	175,743		
50 PHYSICAL THERAPY	5,983		
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY	326,288		
54 ELECTROENCEPHALOGRAPHY	111,402		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,398,044		
56 DRUGS CHARGED TO PATIENTS	332,890		
57 RENAL DIALYSIS			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	845,565		
62 OBSERVATION BEDS (NON-DISTINCT PART)	505,968		
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 50 RURAL HEALTH CLINIC			
64 OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
101 SUBTOTAL	9,369,461		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	9,369,461		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D
14-0015		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.214030
2	PROGRAM VACCINE CHARGES		51,049
3	PROGRAM COSTS		10,926

PROVIDER NO: 14-0015
 COMPONENT NO: 14-T015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,233,908	44,643,071	33,315		
39	DELIVERY ROOM & LABOR ROO		96,586	3,053,066			
40	ANESTHESIOLOGY		172,703	3,510,850	2,090		
41	RADIOLOGY-DIAGNOSTIC		3,754,496	77,441,951	306,329		
44	LABORATORY		626,884	50,644,705	550,454		
46	WHOLE BLOOD & PACKED RED		62,864	3,599,610	12,545		
49	RESPIRATORY THERAPY		278,730	4,055,227	34,921		
50	PHYSICAL THERAPY		225,897	4,312,704	590,769		
51	OCCUPATIONAL THERAPY		29,201	1,826,059	575,948		
52	SPEECH PATHOLOGY		13,392	830,694	165,540		
53	ELECTROCARDIOLOGY		909,191	14,335,715	20,591		
54	ELECTROENCEPHALOGRAPHY		107,240	2,487,584	3,842		
55	MEDICAL SUPPLIES CHARGED		865,733	54,825,249	83,131		
56	DRUGS CHARGED TO PATIENTS		591,185	59,239,750	720,457		
57	RENAL DIALYSIS		516,811	17,808,851	5,972		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		844,776	17,217,691	1,106		
62	OBSERVATION BEDS (NON-DIS		206,611	3,735,189			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		21,780	1,798,920			
101	TOTAL		12,557,988	365,366,886	3,107,010		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 COMPONENT NO: 14-T015
 PREPARED 3/2/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.072439	2,413
39	DELIVERY ROOM & LABOR ROO	.031636	
40	ANESTHESIOLOGY	.049191	103
41	RADIOLOGY-DIAGNOSTIC	.048481	14,851
44	LABORATORY	.012378	6,814
46	WHOLE BLOOD & PACKED RED	.017464	219
49	RESPIRATORY THERAPY	.068734	2,400
50	PHYSICAL THERAPY	.052379	30,944
51	OCCUPATIONAL THERAPY	.015991	9,210
52	SPEECH PATHOLOGY	.016121	2,669
53	ELECTROCARDIOLOGY	.063421	1,306
54	ELECTROENCEPHALOGRAPHY	.043110	166
55	MEDICAL SUPPLIES CHARGED	.015791	1,313
56	DRUGS CHARGED TO PATIENTS	.009980	7,190
57	RENAL DIALYSIS	.029020	173
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.049064	54
62	OBSERVATION BEDS (NON-DIS	.055315	
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.012107	
101	TOTAL		79,825

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			158,604							
39	DELIVERY ROOM & LABOR ROO			208,562							
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					286,696					
44	LABORATORY					112,384					
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY			2,149							
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			51,973							
61	OUTPAT SERVICE COST CNTRS EMERGENCY			139,668							
62	OBSERVATION BEDS (NON-DIS			91,940							
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
64	OTHER REIMBURS COST CNTRS										
101	HOME PROGRAM DIALYSIS TOTAL			652,896		399,080					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	158,604	158,604	44,643,071	.003553	.003553	33,315	118
39	DELIVERY ROOM & LABOR ROO	208,562	208,562	3,053,066	.068312	.068312		
40	ANESTHESIOLOGY			3,510,850			2,090	
41	RADIOLOGY-DIAGNOSTIC	286,696	286,696	77,441,951	.003702	.003702	306,329	1,134
44	LABORATORY	112,384	112,384	50,644,705	.002219	.002219	550,454	1,221
46	WHOLE BLOOD & PACKED RED			3,599,610			12,545	
49	RESPIRATORY THERAPY			4,055,227			34,921	
50	PHYSICAL THERAPY			4,312,704			590,769	
51	OCCUPATIONAL THERAPY			1,826,059			575,948	
52	SPEECH PATHOLOGY			830,694			165,540	
53	ELECTROCARDIOLOGY	2,149	2,149	14,335,715	.000150	.000150	20,591	3
54	ELECTROENCEPHALOGRAPHY			2,487,584			3,842	
55	MEDICAL SUPPLIES CHARGED			54,825,249			83,131	
56	DRUGS CHARGED TO PATIENTS			59,239,750			720,457	
57	RENAL DIALYSIS	51,973	51,973	17,808,851	.002918	.002918	5,972	17
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	139,668	139,668	17,217,691	.008112	.008112	1,106	9
62	OBSERVATION BEDS (NON-DIS	91,940	91,940	3,735,189	.024615	.024615		
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			1,798,920				
101	TOTAL	1,051,976	1,051,976	365,366,886			3,107,010	2,502

TITLE XVIII, PART A

SUBPROVIDER 1

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015
 COMPONENT NO: 14-S015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D
 PART II
 TEFRA

TITLE XVIII, PART A SUBPROVIDER 2

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,233,908	44,643,071			
39	DELIVERY ROOM & LABOR ROO		96,586	3,053,066			
40	ANESTHESIOLOGY		172,703	3,510,850			
41	RADIOLOGY-DIAGNOSTIC		3,754,496	77,441,951	67,866		
44	LABORATORY		626,884	50,644,705	224,471		
46	WHOLE BLOOD & PACKED RED		62,864	3,599,610			
49	RESPIRATORY THERAPY		278,730	4,055,227	2,894		
50	PHYSICAL THERAPY		225,897	4,312,704	437		
51	OCCUPATIONAL THERAPY		29,201	1,826,059			
52	SPEECH PATHOLOGY		13,392	830,694	293		
53	ELECTROCARDIOLOGY		909,191	14,335,715	11,662		
54	ELECTROENCEPHALOGRAPHY		107,240	2,487,584	480		
55	MEDICAL SUPPLIES CHARGED		865,733	54,825,249	5,883		
56	DRUGS CHARGED TO PATIENTS		591,185	59,239,750	277,008		
57	RENAL DIALYSIS		516,811	17,808,851			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		844,776	17,217,691	83,776		
62	OBSERVATION BEDS (NON-DIS		206,611	3,735,189			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		21,780	1,798,920			
101	TOTAL		12,557,988	365,366,886	674,770		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 COMPONENT NO: 14-S015
 PREPARED 3/2/2009
 WORKSHEET D
 PART II
 TEFRA

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.072439	
39	DELIVERY ROOM & LABOR ROO	.031636	
40	ANESTHESIOLOGY	.049191	
41	RADIOLOGY-DIAGNOSTIC	.048481	3,290
44	LABORATORY	.012378	2,779
46	WHOLE BLOOD & PACKED RED	.017464	
49	RESPIRATORY THERAPY	.068734	199
50	PHYSICAL THERAPY	.052379	23
51	OCCUPATIONAL THERAPY	.015991	
52	SPEECH PATHOLOGY	.016121	5
53	ELECTROCARDIOLOGY	.063421	740
54	ELECTROENCEPHALOGRAPHY	.043110	21
55	MEDICAL SUPPLIES CHARGED	.015791	93
56	DRUGS CHARGED TO PATIENTS	.009980	2,765
57	RENAL DIALYSIS	.029020	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.049064	4,110
62	OBSERVATION BEDS (NON-DIS	.055315	
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.012107	
101	TOTAL		14,025

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			158,604			
39	DELIVERY ROOM & LABOR ROO			208,562			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				286,696		
44	LABORATORY				112,384		
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			2,149			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS			51,973			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			139,668			
62	OBSERVATION BEDS (NON-DIS			91,940			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL			652,896	399,080		

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

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	158,604	158,604	44,643,071	.003553	.003553		
39	DELIVERY ROOM & LABOR ROO	208,562	208,562	3,053,066	.068312	.068312		
40	ANESTHESIOLOGY			3,510,850				
41	RADIOLOGY-DIAGNOSTIC	286,696	286,696	77,441,951	.003702	.003702	67,866	251
44	LABORATORY	112,384	112,384	50,644,705	.002219	.002219	224,471	498
46	WHOLE BLOOD & PACKED RED			3,599,610				
49	RESPIRATORY THERAPY			4,055,227			2,894	
50	PHYSICAL THERAPY			4,312,704			437	
51	OCCUPATIONAL THERAPY			1,826,059				
52	SPEECH PATHOLOGY			830,694			293	
53	ELECTROCARDIOLOGY	2,149	2,149	14,335,715	.000150	.000150	11,662	2
54	ELECTROENCEPHALOGRAPHY			2,487,584			480	
55	MEDICAL SUPPLIES CHARGED			54,825,249			5,883	
56	DRUGS CHARGED TO PATIENTS			59,239,750			277,008	
57	RENAL DIALYSIS	51,973	51,973	17,808,851	.002918	.002918		
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	139,668	139,668	17,217,691	.008112	.008112	83,776	680
62	OBSERVATION BEDS (NON-DIS	91,940	91,940	3,735,189	.024615	.024615		
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			1,798,920				
101	TOTAL	1,051,976	1,051,976	365,366,886			674,770	1,431

TITLE XVIII, PART A

SUBPROVIDER 2

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 9/30/2008	PART II
14-5643		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D
14-5643		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM				158,604							
39	DELIVERY ROOM & LABOR ROO				208,562							
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						286,696					
44	LABORATORY						112,384					
46	WHOLE BLOOD & PACKED RED											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY				2,149							
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS				51,973							
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY				139,668							
62	OBSERVATION BEDS (NON-DIS											
63	OTHER OUTPATIENT SERVICE											
63	50 RURAL HEALTH CLINIC											
	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
101	TOTAL				560,956		399,080					

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	158,604	158,604	44,643,071	.003553	.003553	5,904	21
39	DELIVERY ROOM & LABOR ROO	208,562	208,562	3,053,066	.068312	.068312		
40	ANESTHESIOLOGY			3,510,850				
41	RADIOLOGY-DIAGNOSTIC	286,696	286,696	77,441,951	.003702	.003702	337,483	1,249
44	LABORATORY	112,384	112,384	50,644,705	.002219	.002219	746,609	1,657
46	WHOLE BLOOD & PACKED RED			3,599,610			29,575	
49	RESPIRATORY THERAPY			4,055,227			200,474	
50	PHYSICAL THERAPY			4,312,704			520,138	
51	OCCUPATIONAL THERAPY			1,826,059			268,747	
52	SPEECH PATHOLOGY			830,694			38,684	
53	ELECTROCARDIOLOGY	2,149	2,149	14,335,715	.000150	.000150	17,641	3
54	ELECTROENCEPHALOGRAPHY			2,487,584			2,401	
55	MEDICAL SUPPLIES CHARGED			54,825,249			365,538	
56	DRUGS CHARGED TO PATIENTS			59,239,750			2,535,654	
57	RENAL DIALYSIS	51,973	51,973	17,808,851	.002918	.002918	853	2
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	139,668	139,668	17,217,691	.008112	.008112		
62	OBSERVATION BEDS (NON-DIS			3,735,189				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			1,798,920				
101	TOTAL	960,036	960,036	365,366,886			5,069,701	2,932

TITLE XVIII, PART A SKILLED NURSING FACILITY 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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-1
14-0015		PART 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)	46,155
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	46,155
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	46,155
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)	25,713
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	37,899,420
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	37,899,420

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46,226,577
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46,226,577
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.819862
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,001.55
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	37,899,420

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,022
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	821.13
85	OBSERVATION BED COST	2,481,455

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	37,899,420		2,481,455	
87	NEW CAPITAL-RELATED COST	3,155,585	.083262	2,481,455	206,611
88	NON PHYSICIAN ANESTHETIST			2,481,455	
89	MEDICAL EDUCATION	1,404,204	.037051	2,481,455	91,940
89.01	MEDICAL EDUCATION - ALLIED HEA			2,481,455	
89.02	MEDICAL EDUCATION - ALL OTHER			2,481,455	

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,863
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,863
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,863
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,131
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	3,238,099
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	3,238,099

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,483,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,483,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.929687
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	716.22
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	3,238,099

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	665.86
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	3,238,099			
87	NEW CAPITAL-RELATED COST	225,460	.069627		
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION	104,483	.032267		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A

SUBPROVIDER II

TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,808
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,808
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,808
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)	1,350
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	5,956,173
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	5,956,173

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,051,712
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,051,712
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.658016
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,329.57
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	5,956,173

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A SUBPROVIDER II TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	874.88
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	5,956,173			
87	NEW CAPITAL-RELATED COST	567,728	.095318		
88	NON PHYSICIAN ANESTHETIST	5,956,173			
89	MEDICAL EDUCATION	227,632	.038218		
89.01	MEDICAL EDUCATION - ALLIED HEA	5,956,173			
89.02	MEDICAL EDUCATION - ALL OTHER	5,956,173			

COMPUTATION OF INPATIENT OPERATING COST

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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)	6,327
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,327
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,327
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)	5,312
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	3,461,672
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	3,461,672

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,292,156
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,292,156
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.051491
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	520.33
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	3,461,672

COMPUTATION OF INPATIENT OPERATING COST

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14-5643		PART III

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	3,461,672
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		547.13
68	PROGRAM ROUTINE SERVICE COST		2,906,355
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,906,355
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		268,972
72	PER DIEM CAPITAL-RELATED COSTS		42.51
73	PROGRAM CAPITAL-RELATED COSTS		225,813
74	INPATIENT ROUTINE SERVICE COST		2,680,542
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,680,542
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,906,355
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,488,404
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,394,759

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

PROVIDER NO: 14-0015
 COMPONENT NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 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		27,896,515	
26	INTENSIVE CARE UNIT		9,658,145	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.424164	7,655,749	3,247,293
39	DELIVERY ROOM & LABOR ROOM	.296940	8,485	2,520
40	ANESTHESIOLOGY	.241269	671,216	161,944
41	RADIOLOGY-DIAGNOSTIC	.183521	13,519,952	2,481,195
44	LABORATORY	.161468	14,490,315	2,339,722
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.529876	965,868	511,790
49	RESPIRATORY THERAPY	.802547	2,096,361	1,682,428
50	PHYSICAL THERAPY	.690671	839,991	580,157
51	OCCUPATIONAL THERAPY	.362177	227,086	82,245
52	SPEECH PATHOLOGY	.402996	209,500	84,428
53	ELECTROCARDIOLOGY	.219385	5,133,071	1,126,119
54	ELECTROENCEPHALOGRAPHY	.231688	141,345	32,748
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.293766	18,546,595	5,448,359
56	DRUGS CHARGED TO PATIENTS	.214030	22,727,779	4,864,427
57	RENAL DIALYSIS	.217162	598,452	129,961
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.553759	2,568,841	1,422,519
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664345	382,992	254,439
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	.262375		
101	TOTAL		90,783,598	24,452,294
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		90,783,598	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0015
 COMPONENT NO: 14-T015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

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			
31	SUBPROVIDER		2,184,463	
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.424164	33,315	14,131
39	DELIVERY ROOM & LABOR ROOM	.296940		
40	ANESTHESIOLOGY	.241269	2,090	504
41	RADIOLOGY-DIAGNOSTIC	.183521	306,329	56,218
44	LABORATORY	.161468	550,454	88,881
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.529876	12,545	6,647
49	RESPIRATORY THERAPY	.802547	34,921	28,026
50	PHYSICAL THERAPY	.690671	590,769	408,027
51	OCCUPATIONAL THERAPY	.362177	575,948	208,595
52	SPEECH PATHOLOGY	.402996	165,540	66,712
53	ELECTROCARDIOLOGY	.219385	20,591	4,517
54	ELECTROENCEPHALOGRAPHY	.231688	3,842	890
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.293766	83,131	24,421
56	DRUGS CHARGED TO PATIENTS	.214030	720,457	154,199
57	RENAL DIALYSIS	.217162	5,972	1,297
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.553759	1,106	612
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664345		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	.262375		
101	TOTAL		3,107,010	1,063,677
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,107,010	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0015
 COMPONENT NO: 14-S015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		1,744,724	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.422338		
39	DELIVERY ROOM & LABOR ROOM	.296940		
40	ANESTHESIOLOGY	.241269		
41	RADIOLOGY-DIAGNOSTIC	.183521	67,866	12,455
44	LABORATORY	.161468	224,471	36,245
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.529876		
49	RESPIRATORY THERAPY	.802547	2,894	2,323
50	PHYSICAL THERAPY	.690671	437	302
51	OCCUPATIONAL THERAPY	.362177		
52	SPEECH PATHOLOGY	.402996	293	118
53	ELECTROCARDIOLOGY	.219385	11,662	2,558
54	ELECTROENCEPHALOGRAPHY	.231688	480	111
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.293766	5,883	1,728
56	DRUGS CHARGED TO PATIENTS	.214030	277,008	59,288
57	RENAL DIALYSIS	.211492		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.545524	83,776	45,702
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664345		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.255126		
101	TOTAL		674,770	160,830
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		674,770	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0015
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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
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.422338	5,904	2,493
39	DELIVERY ROOM & LABOR ROOM	.296940		
40	ANESTHESIOLOGY	.241269		
41	RADIOLOGY-DIAGNOSTIC	.183521	337,483	61,935
44	LABORATORY	.161468	746,609	120,553
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.529876	29,575	15,671
49	RESPIRATORY THERAPY	.802547	200,474	160,890
50	PHYSICAL THERAPY	.690671	520,138	359,244
51	OCCUPATIONAL THERAPY	.362177	268,747	97,334
52	SPEECH PATHOLOGY	.402996	38,684	15,589
53	ELECTROCARDIOLOGY	.219385	17,641	3,870
54	ELECTROENCEPHALOGRAPHY	.231688	2,401	556
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.293766	365,538	107,383
56	DRUGS CHARGED TO PATIENTS	.214030	2,535,654	542,706
57	RENAL DIALYSIS	.211492	853	180
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.545524		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664345		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.255126		
101	TOTAL		5,069,701	1,488,404
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,069,701	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,155,343	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	27,466,030	
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	610,952	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	1,832,856	
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)	1,671,886	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	197.82	
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.	13.16	
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)		13.16
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		19.54
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)		13.16
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		13.16
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		13.16
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		13.16
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.066525
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.063710
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		.063710
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		333,949
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,001,846
	SUM OF LINES 3.21 - 3.23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	1,335,795	PLUS E-3, PT VI, LINE 23
		1,335,795
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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

PROVIDER NO: 14-0015
 COMPONENT NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET E
 PART A

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 INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	39,629,054	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	41,208,827	
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)	41,208,827	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,381,302	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	584,751	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE	60,089	
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	974,217	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	142,767	
16 TOTAL	46,351,953	
17 PRIMARY PAYER PAYMENTS	47,497	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,304,456	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,099,015	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	46,776	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	380,554	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	266,388	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	380,554	
22 SUBTOTAL	42,425,053	
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	42,425,053	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	42,349,997	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	75,056	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	13,914	
----- 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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	47,466	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,088,104	9,264,303
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,948,672	8,846,018
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.897	.897
1.04	LINE 1.01 TIMES LINE 1.03.	2,770,029	8,310,080
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.	140,210	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	47,466	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	200,191	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	200,191	

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)	200,191	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	152,725	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	47,466	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,934,900	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	29,584	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,252,464	
19	SUBTOTAL (SEE INSTRUCTIONS)	8,700,318	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	129,921	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	39,646	
23	SUBTOTAL	8,869,885	
24	PRIMARY PAYER PAYMENTS	2,402	
25	SUBTOTAL	8,867,483	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	226,703	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	158,692	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	226,703	
28	SUBTOTAL	9,026,175	
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	9,026,175	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	9,040,234	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-14,059	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	2,774	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0015
 COMPONENT NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		41,509,604		8,938,416
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	9/25/2008	840,393	9/25/2008	101,818
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		840,393		101,818
4 TOTAL INTERIM PAYMENTS		42,349,997		9,040,234
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

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

PROVIDER NO: 14-0015
 COMPONENT NO: 14-T015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,562,918		
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			4,562,918	NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

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

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET E-1
COMPONENT NO:	TO 9/30/2008	
14-S015		

TITLE XVII I SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		941,002		
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
			941,002	
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0015
 COMPONENT NO: 14-5643
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,781,978		
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
		1,781,978		
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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-T015		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,413,490
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0404
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	225,198
1.05	OUTLIER PAYMENTS	21,630
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,660,318
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.286885
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,660,318
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,660,318
7	DEDUCTIBLES	14,208
8	SUBTOTAL	4,646,110
9	COINSURANCE	12,808
10	SUBTOTAL	4,633,302
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,633,302
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	69,787
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-T015		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,703,089
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,562,918
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	140,171
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	846

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2008	PART I
14-S015		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,385,063
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	346,266
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	744,213
1.09	NET IPF PPS OUTLIER PAYMENTS	6,415
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.601093
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	750,628
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	969,544
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	727,158
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,096,894
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,096,894
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,096,894
7	DEDUCTIBLES	159,520
8	SUBTOTAL	937,374
9	COINSURANCE	17,408
10	SUBTOTAL	919,966
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	919,966
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	34,931
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2008	PART I
14-S015		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	954,897
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	941,002
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	13,895
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	4,559
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2008	PART III
14-5643		

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			
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			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
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			
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 3/ 2/2009
	14-0015		FROM 10/ 1/2007		WORKSHEET E-3
	COMPONENT NO:		TO 9/30/2008		PART III
	14-5643				

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		19.50
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		19.50
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		19.54
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		19.50
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		19.54
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		19.54
3.10	SEE INSTRUCTIONS		19.50
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		17.66
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		15.34
3.21	SEE INSTRUCTIONS	RES INIT YEARS	17.50
3.22	SEE INSTRUCTIONS		17.50
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		71,387.53
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,249,282
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,249,282

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		32,888
5	TOTAL INPATIENT DAYS		59,827
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.549718
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	686,753	686,753
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,557
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		59,827
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		27,919
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		51,973
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		19,607,771
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.002651

TITLE XVIII		
10	MEDICARE OUTPATIENT ESRD CHARGES	14,955,112
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	39,646
APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	57,282,435
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	47,497
16	TOTAL PART A REASONABLE COST	57,234,938
PART B REASONABLE COST		
17	REASONABLE COST	12,718,984
18	PRIMARY PAYER PAYMENTS	2,402
19	TOTAL PART B REASONABLE COST	12,716,582
20	TOTAL REASONABLE COST	69,951,520
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.818209
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.181791
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	714,672
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	584,751
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	129,921

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	32,460,702			
2 TEMPORARY INVESTMENTS	44,060,515			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	90,817,155			
5 OTHER RECEIVABLES	4,096,124			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-47,047,069			
7 INVENTORY	4,323,157			
8 PREPAID EXPENSES	1,532,563			
9 OTHER CURRENT ASSETS	151,335			
10 DUE FROM OTHER FUNDS	7,618,427			
11 TOTAL CURRENT ASSETS	138,012,909			
FIXED ASSETS				
12 LAND	12,272,500			
12.01 LAND IMPROVEMENTS	5,257,257			
13.01 LESS ACCUMULATED DEPRECIATION	-3,836,971			
14 BUILDINGS	129,960,431			
14.01 LESS ACCUMULATED DEPRECIATION	-71,550,871			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	108,186,841			
18.01 LESS ACCUMULATED DEPRECIATION	-81,318,074			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	98,971,113			
OTHER ASSETS				
22 INVESTMENTS	10,027,709			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	12,392,417			
26 TOTAL OTHER ASSETS	22,420,126			
27 TOTAL ASSETS	259,404,148			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,407,762			
29 SALARIES, WAGES & FEES PAYABLE	12,395,012			
30 PAYROLL TAXES PAYABLE	499,707			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,860,000			
32 DEFERRED INCOME	799,436			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,703,808			
36 TOTAL CURRENT LIABILITIES	32,665,725			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	85,724,072			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	25,586,232			
42 TOTAL LONG-TERM LIABILITIES	111,310,304			
43 TOTAL LIABILITIES	143,976,029			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	115,428,119			
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	115,428,119			
52 TOTAL LIABILITIES AND FUND BALANCES	259,404,148			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		120,118,346		
2	NET INCOME (LOSS)		-1,708,265		
3	TOTAL		118,410,081		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	CONTRIBUTIONS	1,283,494			
5	OTHER	581			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,284,075		
11	SUBTOTAL		119,694,156		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	MINIMUM PENSION LIABILITY	2,539,112			
13	CHANGE IN INTEREST IN FOU	45,890			
14	RELEASED FROM RESTRICTION	1,662,824			
15	CHANGE IN PERMANENTLY RES	18,211			
16					
17					
18	TOTAL DEDUCTIONS		4,266,037		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		115,428,119		

		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)				
	CONTRIBUTIONS				
5	OTHER				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	MINIMUM PENSION LIABILITY				
13	CHANGE IN INTEREST IN FOU				
14	RELEASED FROM RESTRICTION				
15	CHANGE IN PERMANENTLY RES				
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	46,226,577		46,226,577
2 00 SUBPROVIDER	3,483,000		3,483,000
2 01 SUBPROVIDER 2	9,051,712		9,051,712
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,292,156		3,292,156
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	62,053,445		62,053,445
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	18,627,290		18,627,290
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	18,627,290		18,627,290
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	80,680,735		80,680,735
17 00 ANCILLARY SERVICES	181,478,662	224,463,928	405,942,590
18 00 OUTPATIENT SERVICES		757,543	757,543
18 50 RURAL HEALTH CLINIC		1,935,162	1,935,162
19 00 HOME HEALTH AGENCY		4,232,613	4,232,613
23 00 HOSPICE		1,604,278	1,604,278
24 00 NURSERY		231,389,246	231,389,246
25 00 TOTAL PATIENT REVENUES	263,763,675	231,389,246	495,152,921

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		214,455,493	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	17,385,649		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		17,385,649	
DEDUCT (SPECIFY)			
34 00 MISCELLANEOUS	28,683		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		28,683	
40 00 TOTAL OPERATING EXPENSES		231,812,459	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	495,152,921
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	266,684,669
3	NET PATIENT REVENUES	228,468,252
4	LESS: TOTAL OPERATING EXPENSES	231,812,459
5	NET INCOME FROM SERVICE TO PATIENTS	-3,344,207
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-7,723,047
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	419,552
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,201,245
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	6,692
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	1,700,596
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	909,658
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	3,451,055
24.01	TRANSFERS	1,125,417
24.02	TRANSFERS	544,774
24.03		
25	TOTAL OTHER INCOME	1,635,942
26	TOTAL	-1,708,265
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,708,265

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	260,469					260,469
HHA REIMBURSABLE SERVICES						
6	733,450		52,225		54,156	839,831
7	175,306		13,757		14,265	203,328
8	19,273		1,516		1,572	22,361
9	8,298		648		672	9,618
10	981		90		93	1,164
11	141,511		31,524		32,690	205,725
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	18,134				117,898	136,032
23						
23.50						
24	1,357,422		99,760		221,346	1,678,528

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		260,469	-500	259,969
HHA REIMBURSABLE SERVICES				
6	-450	839,381		839,381
7	-203,328			
8	-22,361			
9	-9,618			
10		1,164		1,164
11		205,725		205,725
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		136,032		136,032
23				
23.50				
24	-235,757	1,442,771	-500	1,442,271

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	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						
	HHA REIMBURSABLE SERVICES					-259,969	1,182,302
6	SKILLED NURSING CARE					839,381	
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					1,164	
11	HOME HEALTH AIDE					205,725	
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					136,032	
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-259,969 1,182,302	
25	COST TO BE ALLOCATED					259,969	
26	UNIT COST MULTIPLIER					.219884	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP BUTLER BUI LDING 3.01	NEW CAP OLD BUI LDING & F 3.02	NEW CAP NEW BUI LDING & F 3.03	NEW CAP 14TH STREET 3.04
1 ADMIN & GENERAL				195		45,828
2 SKILLED NURSING CARE	1,023,947					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,420					
7 HOME HEALTH AIDE	250,961					
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	165,943					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,442,271			195		45,828
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	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9
1 ADMIN & GENERAL	8,199	65,447	119,669	27,858	83,256	
2 SKILLED NURSING CARE		184,293	1,208,240	281,267		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES		246	1,666	388		
7 HOME HEALTH AIDE		35,557	286,518	66,699		
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		4,556	170,499	39,691		
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,199	290,099	1,786,592	415,903	83,256	
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	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21
1 ADMIN & GENERAL	172,628		52,231	247,905		42,706
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) (2)	172,628		52,231	247,905		42,706
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	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM 24	PARAMED ED P RGM-RADIOLOG 24.01	PARAMED ED P RGM-LABORATO 24.02	SUBTOTAL
1 ADMIN & GENERAL						746,253
2 SKILLED NURSING CARE						1,489,507
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						2,054
7 HOME HEALTH AIDE						353,217
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						210,190
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						2,801,221
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		746,253		
2 SKILLED NURSING CARE		1,489,507	540,908	2,030,415
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES		2,054	746	2,800
7 HOME HEALTH AIDE		353,217	128,269	481,486
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		210,190	76,330	286,520
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		2,801,221	746,253	2,801,221
21 UNIT COST MULTIPLIER			0.363146	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP BUTL ER BUI LDING (SQUARE FEET)	NEW CAP OLD BUI LDING & F (SQUARE FEET)	NEW CAP NEW BUI LDING & F (SQUARE FEET)	NEW CAP 14TH STREET (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)
	3	3.01	3.02	3.03	3.04	4
1 ADMIN & GENERAL			89		5,074	7,775
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)			89		5,074	7,775
21 COST TO BE ALLOCATED			195		45,828	8,199
22 UNIT COST MULTIPLIER			2.191011		9.031927	1.054534

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
	5	6A	6	7	9	10
1 ADMIN & GENERAL	260,469		119,669	5,163		5,242
2 SKILLED NURSING CARE	733,450		1,208,240			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	981		1,666			
7 HOME HEALTH AIDE	141,511		286,518			
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	18,134		170,499			
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,154,545		1,786,592	5,163		5,242
21 COST TO BE ALLOCATED	290,099		415,903	83,256		172,628
22 UNIT COST MULTIPLIER	0.251267		0.232791	16.125508		32.931705

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	MEDICAL RECORDS & LIBRAR (TIME SPENT) 17	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22
1 ADMIN & GENERAL		5,434	51,601		318	
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)		5,434	51,601		318	
21 COST TO BE ALLOCATED		52,231	247,905		42,706	
22 UNIT COST MULTIPLIER		9.611888	4.804267		134.295597	

HHA COST CENTER	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED ED P RGM (ASSIGNED TIME) 24	PARAMED ED P RGM-RADIOLOG (ASSIGNED TIME) 24.01	PARAMED ED P RGM-LABORATO (ASSIGNED TIME) 24.02
1 ADMIN & GENERAL				
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)				
21 COST TO BE ALLOCATED				
22 UNIT COST MULTIPLIER				

PROVIDER NO: 14-0015 HHA NO: 14-7031
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009 WORKSHEET H-6 PARTS I II & III
 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 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,030,415	2	2,030,415	9,222	220.17	2,953
2 PHYSICAL THERAPY	3		246,715	246,715	2,430	101.53	1,073
3 OCCUPATIONAL THERAPY	4		14,215	14,215	267	53.24	121
4 SPEECH PATHOLOGY	5		6,813	6,813	115	59.24	56
5 MEDICAL SOCIAL SERVICES	6	2,800		2,800	16	175.00	5
6 HOME HEALTH AIDE SERVICE	7	481,486		481,486	5,568	86.47	443
7 TOTAL		2,514,701	267,743	2,782,444	17,618		4,651

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,299	9	506,171	1,156,333
2 PHYSICAL THERAPY		430	10	43,658	152,600
3 OCCUPATIONAL THERAPY		54	11	2,875	9,317
4 SPEECH PATHOLOGY		22	12	1,303	4,620
5 MEDICAL SOCIAL SERVICES		6	13	1,050	1,925
6 HOME HEALTH AIDE SERVICES		2,759	14	238,571	276,877
7 TOTAL		5,570	15	793,628	1,601,672

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

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7		9		12
8.01 SKILLED NURSING			10		
9 PHYSICAL THERAPY			11		
9.01 PHYSICAL THERAPY			12		
10 OCCUPATIONAL THERAPY			13		
10.01 OCCUPATIONAL THERAPY			14		
11 SPEECH PATHOLOGY			15		
11.01 SPEECH PATHOLOGY			16		
12 MEDICAL SOCIAL SERVICES			17		
12.01 MEDICAL SOCIAL SERVICES			18		
13 HOME HEALTH AIDE SERVICE			19		
13.01 HOME HEALTH AIDE SERVICE			20		
14 TOTAL			21		

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		4,702	4,702	16,007	.293746	6,415
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		9,592	1,884	2,818
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PART 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	.690671	357,210	246,715	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.362177	39,249	14,215	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.402996	16,905	6,813	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.293766	16,007	4,702	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.214030			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 COSTS -----		PROG VISITS ON OR AFTER 5
			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 COSTS 1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	101.53	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	53.24					
3 SPEECH PATHOLOGY	4	59.24					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	649,022	
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	649,022	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	649,022	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	665,036	342,353
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	17,657	61,492
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	4,881	5,905
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,468	1,918
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	8,092	34,174
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	699,134	445,842
13	EXCESS REASONABLE COST		
14	SUBTOTAL	699,134	445,842
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	699,134	445,842
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	699,134	445,842
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	699,134	445,842
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	699,134	445,842
25	INTERIM PAYMENTS	699,134	445,842
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. 15-11 SECTION 115.2		

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

PROVIDER NO:	14-0015	PERIOD:	FROM 10/ 1/2007	PREPARED 3/ 2/2009
HHA NO:	14-7031	TO	9/30/2008	WORKSHEET H-8

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		699,134		445,842
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		699,134		445,842
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)				
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 RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES	601,086	HOURS OF SERVICE	22,575.00	10.85
2 LICENCED PRACTICAL NURSES	107,796	HOURS OF SERVICE	6,789.00	3.26
3 NURSES AIDES	4,286	HOURS OF SERVICE	377.00	.18
4 TECHNICIANS	143,849	HOURS OF SERVICE	12,240.00	5.88
5 SOCIAL WORKERS	74,559	HOURS OF SERVICE	3,526.00	1.70
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	14,649	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	210,535	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,156,760			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU	14,742	PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	101,342	PERCENTAGE OF TIME		
14 SUPPLIES	401,170	REQUIREMENTS		
15 DRUGS	646,191	REQUIREMENTS		
16 OTHER	178,551	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,498,756			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	70,611	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	154,605	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	289,857	SALARY		
23 ADMINISTRATIVE AND GENERAL	701,592	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	196,089	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS	51,973			
26 CENTRAL SERVICES & SUPPLIES		REQUIREMENTS		
27 PHARMACY	-549,579	REQUIREMENTS		
28 OTHER ALLOCATED COST	352,518	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	3,766,422			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	3,766,422			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	266,700	270,689	601,086	330,490	289,857
2	HEMODIALYSIS	266,700	270,689	601,086	330,490	289,857
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS METHOD II HOME PATIENT					
15	EPO (INCLUDED IN RENAL DEPARTMENT)					
16	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
17	OTHER					
18	TOTAL (SUM OF LINES 2-15)	266,700	270,689	601,086	330,490	289,857
19	MEDICAL EDUCATION PROGRAM COSTS					
20	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	96,612	401,170		2,256,604	1,457,845
2	HEMODIALYSIS	96,612	401,170		2,256,604	1,457,845
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS METHOD II HOME PATIENT					
15	EPO (INCLUDED IN RENAL DEPARTMENT)					
16	ARANESP (INCLUDED IN RENAL DEPARTMENT)	549,579				
17	OTHER					
18	TOTAL (SUM OF LINES 2-15)	96,612	401,170		2,256,604	1,457,845
19	MEDICAL EDUCATION PROGRAM COSTS					
20	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	3,714,449
2	HEMODIALYSIS	3,714,449
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS METHOD II HOME PATIENT	
15	EPO (INCLUDED IN RENAL DEPARTMENT)	
16	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
17	OTHER	
18	TOTAL (SUM OF LINES 2-15)	3,714,449
19	MEDICAL EDUCATION PROGRAM COSTS	51,973
20	TOTAL RENAL COSTS (LINE 16 + LINE 17)	3,766,422

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	266,700	270,689	601,086	330,490	289,857
2	HEMODIALYSIS	7,892	100.00	22,575.00	22,932.00	1,142,111
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	7,892	100.00	22,575.00	22,932.00	1,142,111
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	33.793715	2706.890000	26.626179	14.411739	.253791

	COMPOSITE PAYMENT SERVICES	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	96,612	401,170		2,256,604	1,457,845
2	HEMODIALYSIS	134,427	400,182			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	134,427	400,182			2,256,604
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.718695	1.002469			.646035

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-4
 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	16,331	3,714,449	227.45	12,513	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	16,331	3,714,449		12,513	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS	2,846,082	156.52		1,958,535
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	2,846,082			1,958,535

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-1
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	67,893	HOURS OF SERVICE	2,272.00	1.09
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS	652	HOURS OF SERVICE	34.00	.02
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	1,911	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	585	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	71,041			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	247,100	REQUISITIONS		
15 DRUGS	37,815	REQUISITIONS		
16 OTHER	7,526	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	363,482			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	1,968	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	17,370	SALARY		
23 ADMINISTRATIVE AND GENERAL	89,117	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	11,781	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY	-37,815	REQUISITIONS		
28 OTHER ALLOCATED COST	13,049	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	458,952			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	458,952			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-2
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	13,749		67,893	652	17,370
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HEMODIALYSIS HOME			11,051		2,827
9	INTERMITTENT PERITONEAL	13,749		56,842	652	14,543
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	13,749		67,893	652	17,370
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		247,100		346,764	112,188
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HEMODIALYSIS HOME				13,878	4,490
9	INTERMITTENT PERITONEAL		247,100		332,886	107,698
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	37,815				
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		247,100		346,764	112,188
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	458,952
2	HEMODIALYSIS	
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HEMODIALYSIS HOME	18,368
9	INTERMITTENT PERITONEAL	440,584
10	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	458,952
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	458,952

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-3
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT	DI RECT PATIENT CARE SALARY	EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)
			4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	13,749	67,893	17,370
2	HEMODIALYSIS			
3	INTERMITTENT PERITONEAL TRAINING			
4	HEMODIALYSIS			
5	INTERMITTENT PERITONEAL			
6	CAPD			
7	CCDP			
8	HOME HEMODIALYSIS		11,253.00	11,253
9	INTERMITTENT PERITONEAL	220	57,878.00	57,878
10	CAPD			
11	CCDP			
	OTHER BILLABLE SERVICES			
12	INPATIENT DIALYSIS TREATMENTS			0
13	METHOD II HOME PATIENT			
14	EPO			
14.01	ARANESP			
15	OTHER			
16	TOTAL STATISTICAL BASIS	220	69,131.00	69,131
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	62.495455	.982092	1.000000 .251262

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		247,100		346,764	112,188
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME HEMODIALYSIS					
9	INTERMITTENT PERITONEAL		247,100			
10	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		247,100		346,764	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		1.000000			.323528

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0015
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 SATELLITE NO: PREPARED 3/2/2009
 WORKSHEET 1-4
 RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
	1	2	3	4	
1 MAINTENANCE - HEMODIALYSIS					
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS	1,217	18,368	15.09	640	
8 HOME PROGRAM - PERITONEAL DIALYSIS	4,209	440,584	104.68	3,211	
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	5,426	458,952		3,851	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS				
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS	9,658	156.52		100,173
8 HOME PROGRAM - PERITONEAL DIALYSIS	336,127	67.90		218,027
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	345,785			318,200

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	
SATELLITE NO:	TO 9/30/2008	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	3,191,867
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	2,276,735
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	182
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	447,948
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	448,130
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	1,821,242
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	7,363
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1501		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	293,458			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	2,931			57,000
10 NURSING CARE	985,338		111,919	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	170,157			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	111,759			84,886
18.20 HH AIDE & HOME MAKER-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)	1,563,643		111,919	141,886

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1501		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	249,557	543,015		543,015
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		59,931		59,931
10 NURSING CARE		1,097,257		1,097,257
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		170,157		170,157
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		196,645		196,645
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	190,784	190,784		190,784
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	40,447	40,447		40,447
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)	480,788	2,298,236		2,298,236

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1501		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
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		543,015
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES	-19,889	40,042
10 NURSING CARE		1,097,257
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		170,157
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		196,645
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		190,784
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		40,447
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)	-19,889	2,278,347

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1501		

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 - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	170, 157	
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)	170, 157	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1501		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				293,458
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				2,931
10 NURSING CARE	985,338			
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 HOME MAKER			111,759	
18.20 HH AIDE & HOME MAKER-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)	985,338		111,759	296,389

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1501		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	293,458
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	2,931
10	NURSING CARE	985,338
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	170,157
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	111,759
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)	1,563,643

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1501		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1501		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				57,000
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			84,886	
18.20 HH AIDE & HOME MAKER-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)			84,886	57,000

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1501		

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 - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	57,000
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	84,886
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)	141,886

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1501		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
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	543,015			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	40,042			
10 NURSING CARE	1,097,257			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	170,157			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	196,645			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	190,784			
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	40,447			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,278,347			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1501		PART 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			543,015	543,015
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			40,042	12,530
13 NURSING CARE			1,097,257	343,349
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			170,157	53,245
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			196,645	61,534
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			190,784	59,700
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			40,447	12,657
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,735,332	543,015

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET K-4
HOSPICE NO:	TO 9/30/2008	PART I
14-1501		

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 - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	52,572
13	NURSING CARE	1,440,606
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	223,402
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	258,179
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	250,484
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	53,104
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	2,278,347

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1501		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
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			
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	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1501		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 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 ADMINSTRATIVE AND GENERAL		-543,015	1,735,332
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			40,042
13 NURSING CARE			1,097,257
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			170,157
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			196,645
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			190,784
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			40,447
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			543,015
45 UNIT COST MULTIPLIER	.000000		.312917

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE
COST CENTERS

PROVIDER NO: 14-0015
HOSPICE NO: 14-1501
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET K-5
PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP BUTLER BUILDING	NEW CAP OLD BUILDING & FIXTURES
		0	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPI TE CARE	8				
4.00 PHYSICIAN SERVICES	9	52,572			
5.00 NURSING CARE	10	1,440,606			
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	223,402			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	258,179			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	250,484			
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	53,104			
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)		2,278,347			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP NEW BUILDING & FIXTURES	NEW CAP 14TH STREET	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
	3.03	3.04	4	5
1.00 ADMINISTRATIVE AND GENERAL	19,022	50,100	35,862	73,736
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSICIAN SERVICES				736
5.00 NURSING CARE				247,584
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				42,755
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				28,081
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)	19,022	50,100	35,862	392,892
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0015
 HOSPICE NO: 14-1501
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	5A	6	7	9
1.00 ADMINISTRATIVE AND GENERAL	178,720	41,604	123,730	1,006
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	53,308	12,410		
5.00 NURSING CARE	1,688,190	392,996		
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	266,157	61,959		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	286,260	66,639		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	250,484	58,310		
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	53,104	12,362		
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)	2,776,223	646,280	123,730	1,006
30.00 UNIT COST MULTIPLIER				

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATIVE

HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	11,790		71,061	337,250
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
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)	11,790		71,061	337,250
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0015
 HOSPICE NO: 14-1501
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	17	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
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)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM	PARAMED ED PRGM-RADIOLOGY	PARAMED ED PRGM-LABORATORY	SUBTOTAL
	24	24.01	24.02	25
1.00 ADMINISTRATIVE AND GENERAL				765,161
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				65,718
5.00 NURSING CARE				2,081,186
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				328,116
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				352,899
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				308,794
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				65,466
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)				3,967,340
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0015
 HOSPICE NO: 14-1501
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		765,161		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		65,718	15,703	81,421
5.00 NURSING CARE		2,081,186	497,301	2,578,487
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		328,116	78,403	406,519
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		352,899	84,325	437,224
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		308,794	73,786	382,580
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		65,466	15,643	81,109
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)		3,967,340	.238950	3,967,340
30.00 UNIT COST MULTIPLIER				

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

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

PROVIDER NO: 14-0015
HOSPICE NO: 14-1501
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP BUTLER BUILDING (SQUARE FEET)	NEW CAP OLD BUILDING & FIXTURES (SQUARE FEET)	NEW CAP NEW BUILDING & FIXTURES (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				2,126
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
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)				2,126
30.00 TOTAL COST TO BE ALLOCATED				19,022
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	8.947319

HOSPICE COST CENTER	NEW CAP 14TH STREET (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3.04	4	5	6A
1.00 ADMINISTRATIVE AND GENERAL	5,547	34,005	293,458	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			2,931	
5.00 NURSING CARE			985,338	
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			170,157	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			111,759	
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

PROVIDER NO: 14-0015
HOSPICE NO: 14-1501
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 3/2/2009
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP 14TH STREET	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	RECONCILIATION
	3.04	4	5	6A
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5,547	34,005	1,563,643	
30.00 TOTAL COST TO BE ALLOCATED	50,100	35,862	392,892	
31.00 UNIT COST MULTIPLIER	9.031909	1.054610	.251267	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST) 6	(SQUARE FEET) 7	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	178,720	7,673	1,331	358
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	53,308			
5.00 NURSING CARE	1,688,190			
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	266,157			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	286,260			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	250,484			
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	53,104			
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)	2,776,223	7,673	1,331	358
30.00 TOTAL COST TO BE ALLOCATED	646,280	123,730	1,006	11,790
31.00 UNIT COST MULTIPLIER	.232791	16.125375	.755823	32.932961

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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1501		PART II

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSNG HRS)	(TIME SPENT)
	11	12	14	17
1.00 ADMINISTRATIVE AND GENERAL		7,393	70,198	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
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)		7,393	70,198	
30.00 TOTAL COST TO BE ALLOCATED		71,061	337,250	
31.00 UNIT COST MULTIPLIER	.000000	9.611930	4.804268	.000000

HOSPICE COST CENTER	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1501		PART II

HOSPICE 1

HOSPICE COST CENTER	NURSING SCHOOL	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED PRGM
	21	22	23	24

29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED PRGM-RADIOLOGY	PARAMED PRGM-LABORATORY
	(ASSIGNED TIME)	(ASSIGNED TIME)

1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
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)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1501		PART III

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	.690671	
2	OCCUPATIONAL THERAPY	51	.362177	
3	SPEECH PATHOLOGY	52	.402996	
4	DRUGS CHARGED TO PATIENTS	56	.214030	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.161468	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.293766	
8	EMERGENCY	61	.545524	
9	RADIOLOGY-DIAGNOSTIC	41	.183521	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-6
14-1501		

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)				3,967,340
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				21,764
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				182.29
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	18,468			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,366,532			
6 UNDUPLICATED MEDICAID DAYS		2,092		
7 AGGREGATE MEDICAID COST		381,351		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS		1,532		
11 AGGREGATE NF COST		279,268		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,204	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			219,477	

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

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,101,201
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	193,267
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	134.63
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	13.16
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.80
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	86,834
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE 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	3,381,302
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)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0015	FROM 10/ 1/2007	WORKSHEET M-1
COMPONENT NO:	TO 9/30/2008	
14-3422		

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2				
3	87,630		87,630	
4				
5				
6				
7				
8				
9	147,462	46,145	193,607	-1,907
10	235,092	46,145	281,237	-1,907
COSTS UNDER AGREEMENT				
11		288,706	288,706	
12				
13		2,576	2,576	
14		291,282	291,282	
OTHER HEALTH CARE COSTS				
15				
16				
17				
18				
19				
20				
21				
22	235,092	337,427	572,519	-1,907
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29		14,010	14,010	
30	89,363	109,214	198,577	
31	89,363	123,224	212,587	
32	324,455	460,651	785,106	-1,907

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 14-0015
 COMPONENT NO: 14-3422
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1			
2			
3			
4			
5			
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31			
32			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO: 14-0015
 COMPONENT NO: 14-3422
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET M-2

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.00	7,443	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.90	3,202	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.90	10,645	1,890
5	VISITING NURSE			6,090
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.90	10,645	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	570,612		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	570,612		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	176,847		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	275,845		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	452,692		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	452,692		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	452,692		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,023,304		
			GREATER OF COL. 2 OR COL. 4	5
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	10,645		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	10,645		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO	WORKSHEET
14-3422	9/30/2008	M-3

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,023,304
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	14,079
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,009,225
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	10,645
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	10,645
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	94.81

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	75.63
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	594
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	1,782
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	44,128
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	134,773
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	178,901
16.01	PRIMARY PAYER AMOUNT	797
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	36,042
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	142,062
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	113,650
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	8,234
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	121,884
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	121,884
25	INTERIM PAYMENTS	111,241
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	10,643
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	103

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0015
 COMPONENT NO: 14-3422
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET M-4

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	279,330	279,330
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000527	.004523
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	147	1,263
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,743	4,698
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,890	5,961
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	570,612	570,612
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	452,692	452,692
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.003312	.010447
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,499	4,729
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	3,389	10,690
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	50	429
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	67.78	24.92
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	27	257
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,830	6,404
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		14,079
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		8,234

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR
 SERVICES RENDERED TO PROGRAM BENEFICIARIES
 RHC FQHC

PROVIDER NO: 14-0015
 COMPONENT NO: 14-3422
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 3/2/2009
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 111,241
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
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
4 TOTAL INTERIM PAYMENTS		111,241
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
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.