

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0040	I	FROM 5/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 4/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2008 TIME 9:36

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:  
 GALESBURG COTTAGE HOSPITAL 14-0040  
 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 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.

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 ECR ENCRYPTION INFORMATION  
 DATE: 9/28/2008 TIME 9:36  
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PI ENCRYPTION INFORMATION  
 DATE: 9/28/2008 TIME 9:36  
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\_\_\_\_\_  
 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	325,145	22,901	0	
2	SUBPROVIDER	0	14,603	0	0	
5	HOSPITAL-BASED SNF	0	2,654	0	0	
100	TOTAL	0	342,402	22,901	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.

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	I		I	TO 4/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2008 TIME 9:43

PART I - CERTIFICATION

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 GALESBURG COTTAGE HOSPITAL 14-0040  
 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 695 NORTH KELLOGG STREET P.O. BOX:  
 1.01 CITY: GALESBURG STATE: IL ZIP CODE: 61401- COUNTY: KNOX

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	GALESBURG COTTAGE HOSPITAL	14-0040	7/ 6/1966	N	P	N
03.00	SUBPROVIDER	GALESBURG HOSPITAL PSYCH	14-S040	5/ 1/2006	N	P	N
06.00	HOSPITAL-BASED SNF	COTTAGE HOSPITAL SKILLED UNIT	14-5690	1/11/1991	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2007 TO: 4/30/2008

18 TYPE OF CONTROL 1 2  
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
20 SUBPROVIDER 4

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 14

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? N

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----  
 100 0.8286 0.8320  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 14

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

	%	Y/N
28.03 STAFFING	75.25%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.43%	Y
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION  
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
 1 2 3  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

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

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008  
 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME MUTUAL OF OMAHA FI/CONTRACTOR #  
 40.02 STREET: 4000 MEREDIAN BLVD P.O. BOX:  
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1  
 53.01 MDH PERIOD: BEGINNING: 5/ 1/2007 ENDING: 4/30/2008  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 148,237  
 PAID LOSSES: 45,000  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

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 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.  
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	115	42,090				8,424	1,833
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	115	42,090				8,424	1,833
6 INTENSIVE CARE UNIT	12	4,392				1,804	249
11 NURSERY							505
12 TOTAL	127	46,482				10,228	2,587
13 RPCH VISITS							
14 SUBPROVIDER	12	4,392				1,788	54
15 SKILLED NURSING FACILITY	34	12,444				8,487	
25 TOTAL	173						
26 OBSERVATION BED DAYS							197
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			12,917				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			12,917				
6 INTENSIVE CARE UNIT			2,415				
11 NURSERY			760				
12 TOTAL			16,092				
13 RPCH VISITS							
14 SUBPROVIDER			2,149				
15 SKILLED NURSING FACILITY			8,745				
25 TOTAL							
26 OBSERVATION BED DAYS	13	184	393	34	359		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,204	672	3,851
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		359.71			2,204	672	3,851
13 RPCH VISITS							
14 SUBPROVIDER		10.87			158	5	190
15 SKILLED NURSING FACILITY		30.06					
25 TOTAL		400.64					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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	18,189,467		18,189,467	836,545.10	21.74	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,281,340		1,281,340	62,773.50	20.41	
8.01 EXCLUDED AREA SALARIES	512,940	31,876	544,816	89,725.50	6.07	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,507,389		1,507,389	37,569.00	40.12	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	12,383		12,383	366.50	33.79	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	806,412		806,412	17,722.50	45.50	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,740,722		3,740,722			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	770,740		770,740			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	133,404		133,404	6,445.10	20.70	
22 ADMINISTRATIVE & GENERAL	2,024,889	-72,003	1,952,886	104,406.20	18.70	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	402,434		402,434	21,713.80	18.53	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	506,438		506,438	51,275.50	9.88	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	252,103		252,103	24,448.30	10.31	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,077,546		1,077,546	35,919.90	30.00	
31 CENTRAL SERVICE AND SUPPLY	97,861		97,861	8,103.90	12.08	
32 PHARMACY	547,848		547,848	20,033.30	27.35	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	297,198		297,198	22,963.70	12.94	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	18,189,467		18,189,467	836,545.10	21.74	
2 EXCLUDED AREA SALARIES	1,794,280	31,876	1,826,156	152,499.00	11.97	
3 SUBTOTAL SALARIES	16,395,187	-31,876	16,363,311	684,046.10	23.92	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,326,184		2,326,184	55,658.00	41.79	
5 SUBTOTAL WAGE-RELATED COSTS	3,740,722		3,740,722		22.86	
6 TOTAL	22,462,093	-31,876	22,430,217	739,704.10	30.32	
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	5,339,721	-72,003	5,267,718	295,309.70	17.84	



PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

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	9/30/01 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		26				
5	RVB		90				
6	RVA		20				
6 .01	RVX						
6 .02	RVL		61				
7	RHC		420				
8	RHB		631				
9	RHA		377				
9 .01	RHX						
9 .02	RHL						
10	RMC		72				
11	RMB		342				
12	RMA		509				
12 .01	RMX		1,417				
12 .02	RML		3,335				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		248				
16	SE2		463				
17	SE1		2				
18	SSC		15				
19	SSB						
20	SSA		320				
21	CC2						
22	CC1		1				
23	CB2						
24	CB1						
25	CA2						
26	CA1		135				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1		3				
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		8,487				

(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): 0.8286  
 Wage Index Factor (after 10/01): 0.8320  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGs	DAYS		
	1	2	4.05	4.06		5
1	RUC					
2	RUB					
3	RUA					
3	.01 RUX					
3	.02 RUL					
4	RVC					
5	RVB					
6	RVA					
6	.01 RVX					
6	.02 RVL					
7	RHC					
8	RHB					
9	RHA					
9	.01 RHX					
9	.02 RHL					
10	RMC					
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): 0.8286  
 Wage Index Factor (after 10/01) : 0.8320  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : NOT SPECIFIED

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
  - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
    - 2.01 IS IT AT THE TIME OF ADMISSION?
    - 2.02 IS IT AT THE TIME OF FIRST BILLING?
    - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
    - 2.04
  - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
  - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
  - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
  - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
  - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
  - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
    - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
    - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
      - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
      - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
      - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
      - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
  - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
  - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
    - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
    - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
    - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
    - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
  - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
  - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
  - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
    - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
    - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
  - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
  - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
    - 17.01 GROSS MEDICAID REVENUES
    - 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
- 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) .191833
  - 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

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/28/2008
I	14-0040	I	FROM 5/ 1/2007	I	WORKSHEET	S-10
I		I	TO 4/30/2008	I		
I		I		I		

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0040  
II PERIOD:  
I FROM 5/ 1/2007  
I TO 4/30/2008I PREPARED 9/28/2008  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		728,144	728,144	811,666	1,539,810
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,154,891	1,154,891	688,615	1,843,506
5	0500 EMPLOYEE BENEFITS	133,404	127,671	261,075	3,072,483	3,333,558
6	0600 ADMINISTRATIVE & GENERAL	2,024,889	16,863,166	18,888,055	-4,305,225	14,582,830
8	0800 OPERATION OF PLANT	402,434	1,480,529	1,882,963	-140	1,882,823
9	0900 LAUNDRY & LINEN SERVICE		253,512	253,512		253,512
10	1000 HOUSEKEEPING	506,438	233,604	740,042		740,042
11	1100 DIETARY	252,103	1,251,561	1,503,664	-12,066	1,491,598
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,077,546	130,482	1,208,028		1,208,028
15	1500 CENTRAL SERVICES & SUPPLY	97,861	626,324	724,185	-385,981	338,204
16	1600 PHARMACY	547,848	2,453,831	3,001,679	-2,453,326	548,353
17	1700 MEDICAL RECORDS & LIBRARY	297,198	425,812	723,010		723,010
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,321,768	777,591	3,099,359	495,648	3,595,007
26	2600 INTENSIVE CARE UNIT	1,070,995	356,793	1,427,788		1,427,788
31	3100 SUBPROVIDER	443,101	290,646	733,747		733,747
33	3300 NURSERY		1,919	1,919	250,144	252,063
34	3400 SKILLED NURSING FACILITY	1,281,340	398,977	1,680,317	-5,099	1,675,218
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,145,288	3,833,931	4,979,219	-1,773,948	3,205,271
38	3800 RECOVERY ROOM	640,852	75,822	716,674	-716,674	
39	3900 DELIVERY ROOM & LABOR ROOM	842,646	152,065	994,711	-750,808	243,903
40	4000 ANESTHESIOLOGY	1,201,426	560,607	1,762,033	-2,793	1,759,240
41	4100 RADIOLOGY-DIAGNOSTIC	631,105	804,166	1,435,271	1,007,373	2,442,644
41.01	3230 ULTRASOUND	97,401	14,390	111,791	-111,791	
41.02	4101 CT SCAN	146,096	430,593	576,689	-576,689	
41.03	4102 MRI	91,262	301,026	392,288	-392,288	
43	4300 RADIOISOTOPE	116,918	255,744	372,662	-372,662	
44	4400 LABORATORY	904,173	1,661,749	2,565,922	-4,572	2,561,350
49	4900 RESPIRATORY THERAPY	302,966	141,398	444,364	68,939	513,303
49.01	4901 SLEEP LAB	57,957	14,694	72,651	-72,651	
50	5000 PHYSICAL THERAPY		479,722	479,722	292,159	771,881
51	5100 OCCUPATIONAL THERAPY		214,441	214,441	-214,441	
52	5200 SPEECH PATHOLOGY		77,718	77,718	-77,718	
53	5300 ELECTROCARDIOLOGY	399,685	321,231	720,916		720,916
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,861,011	2,861,011
56	5600 DRUGS CHARGED TO PATIENTS				2,320,010	2,320,010
57	5700 RENAL DIALYSIS	812	111,341	112,153		112,153
59.01	3950 WOUND CARE	72,590	251,810	324,400	-259	324,141
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,011,526	921,398	1,932,924	40,444	1,973,368
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	40,127	3,027	43,154	-43,154	
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	18,159,755	38,182,326	56,342,081	-363,793	55,978,288
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 LIFELINE					
100	7951 OTHER NON-REIM., SR CIR	29,712	47,059	76,771		76,771
100.01	7952 FOODLIFT					
100.02	7953 MARKETING				363,793	363,793
101	TOTAL	18,189,467	38,229,385	56,418,852	-0-	56,418,852

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0040  
II PERIOD:  
I FROM 5/ 1/2007  
I TO 4/30/2008I PREPARED 9/28/2008  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	3,277,569	4,817,379
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	256,853	2,100,359
5	0500 EMPLOYEE BENEFITS	-8,506	3,325,052
6	0600 ADMINISTRATIVE & GENERAL	-9,476,559	5,106,271
8	0800 OPERATION OF PLANT		1,882,823
9	0900 LAUNDRY & LINEN SERVICE		253,512
10	1000 HOUSEKEEPING		740,042
11	1100 DIETARY	-260,540	1,231,058
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		1,208,028
15	1500 CENTRAL SERVICES & SUPPLY		338,204
16	1600 PHARMACY		548,353
17	1700 MEDICAL RECORDS & LIBRARY	-670	722,340
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		3,595,007
26	2600 INTENSIVE CARE UNIT		1,427,788
31	3100 SUBPROVIDER	-176,224	557,523
33	3300 NURSERY		252,063
34	3400 SKILLED NURSING FACILITY	-1,541	1,673,677
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-6,115	3,199,156
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		243,903
40	4000 ANESTHESIOLOGY	-232,009	1,527,231
41	4100 RADIOLOGY-DIAGNOSTIC		2,442,644
41.01	3230 ULTRASOUND		
41.02	4101 CT SCAN		
41.03	4102 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		2,561,350
49	4900 RESPIRATORY THERAPY		513,303
49.01	4901 SLEEP LAB		
50	5000 PHYSICAL THERAPY		771,881
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		720,916
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,861,011
56	5600 DRUGS CHARGED TO PATIENTS	-76	2,319,934
57	5700 RENAL DIALYSIS		112,153
59.01	3950 WOUND CARE		324,141
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-616,034	1,357,334
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-7,243,852	48,734,436
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 LIFELINE		
100	7951 OTHER NON-REIM., SR CIR		76,771
100.01	7952 FOODLIFT		
100.02	7953 MARKETING		363,793
101	TOTAL	-7,243,852	49,175,000

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3230	CAT SCAN
41.02	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4102	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
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	
59.01	WOUND CARE	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	LIFELINE	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NON-REIM., SR CIR	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOODLIFT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140040	FROM 5/ 1/2007	9/28/2008
	TO 4/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5			3,073,503
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			117,312
3						
4						
5						
6						
7						
8						
9 RENT & LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			683,650
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25		NEW CAP REL COSTS-BLDG & FIXT	3			130
26 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3			729,771
27		NEW CAP REL COSTS-BLDG & FIXT	3			81,765
28		NEW CAP REL COSTS-MVBLE EQUIP	4			4,965
29						
30 MARKETING COSTS	E	MARKETING	100.02		72,003	291,790
31 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,743,699
32						
33						
34 PHARMACY -DRUGS & IV SUPPLIES	G	DRUGS CHARGED TO PATIENTS	56			2,320,010
35						
1 LABOR & DELIVERY COSTS	H	NURSERY	33		212,428	37,716
2		ADULTS & PEDIATRICS	25		424,667	75,997
3						
4 PT OT SP COSTS	I	PHYSICAL THERAPY	50			292,159
5						
6						
7 RECOVERY ROOM COSTS	J	OPERATING ROOM	37		640,852	75,822
8 SLEEP LAB COSTS	K	RESPIRATORY THERAPY	49		57,957	14,694
9 RADIOLOGY COSTS	L	RADIOLOGY-DIAGNOSTIC	41		451,677	556,939
10						
11						
12						
13						
14 AMBULANCE COSTS	M	EMERGENCY	61		40,127	3,027
15 INFECTION CONTROL COSTS	N	NURSING ADMINISTRATION	14		57,919	6,496
36 TOTAL RECLASSIFICATIONS					1,957,630	11,109,445

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



RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140040	FROM 5/ 1/2007	9/28/2008
	TO 4/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			3,073,503	
2 OXYGEN COSTS	B						
3		OPERATION OF PLANT	8			140	
4		CENTRAL SERVICES & SUPPLY	15			96,961	
5		OPERATING ROOM	37			14,351	
6		ANESTHESIOLOGY	40			2,083	
7		LABORATORY	44			65	
8		RESPIRATORY THERAPY	49			3,712	
9 RENT & LEASE EXPENSE	C						10
10		EMPLOYEE BENEFITS	5			1,020	
11		ADMINISTRATIVE & GENERAL	6			51,428	
12		DIETARY	11			12,066	
13		CENTRAL SERVICES & SUPPLY	15			19,698	
14		PHARMACY	16			133,316	
15		ADULTS & PEDIATRICS	25			5,016	
16		SKILLED NURSING FACILITY	34			5,099	
17		OPERATING ROOM	37			1,894	
18		ANESTHESIOLOGY	40			710	
19		RADIOLOGY-DIAGNOSTIC	41			1,243	
20		CT SCAN	41.02			266,448	
21		MRI	41.03			178,366	
22		LABORATORY	44			4,507	
23		WOUND CARE	59.01			259	
24		EMERGENCY	61			2,710	
25							10
26 OTHER CAPITAL COSTS	D						13
27							12
28							12
29		ADMINISTRATIVE & GENERAL	6			816,501	
30 MARKETING COSTS	E	ADMINISTRATIVE & GENERAL	6		72,003	291,790	
31 MEDICAL SUPPLIES	F						
32		CENTRAL SERVICES & SUPPLY	15			269,322	
33		OPERATING ROOM	37			2,474,377	
34 PHARMACY -DRUGS & IV SUPPLIES	G						
35		PHARMACY	16			2,320,010	
1 LABOR & DELIVERY COSTS	H						
2							
3		DELIVERY ROOM & LABOR ROOM	39		637,095	113,713	
4 PT OT SP COSTS	I						
5		OCCUPATIONAL THERAPY	51			214,441	
6		SPEECH PATHOLOGY	52			77,718	
7 RECOVERY ROOM COSTS	J	RECOVERY ROOM	38		640,852	75,822	
8 SLEEP LAB COSTS	K	SLEEP LAB	49.01		57,957	14,694	
9 RADIOLOGY COSTS	L						
10		ULTRASOUND	41.01		97,401	14,390	
11		CT SCAN	41.02		146,096	164,145	
12		MRI	41.03		91,262	122,660	
13		RADIOISOTOPE	43		116,918	255,744	
14 AMBULANCE COSTS	M	AMBULANCE SERVICES	65		40,127	3,027	
15 INFECTION CONTROL COSTS	N	NURSING ADMINISTRATION	14		57,919	6,496	
36 TOTAL RECLASSIFICATIONS					1,957,630	11,109,445	

(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:  
140040

PERIOD:  
FROM 5/ 1/2007  
TO 4/30/2008

PREPARED 9/28/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,073,503
TOTAL RECLASSIFICATIONS FOR CODE A			3,073,503

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	3,073,503	
			3,073,503

RECLASS CODE: B  
EXPLANATION : OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	117,312
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			117,312

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	140	
CENTRAL SERVICES & SUPPLY	15	96,961	
OPERATING ROOM	37	14,351	
ANESTHESIOLOGY	40	2,083	
LABORATORY	44	65	
RESPIRATORY THERAPY	49	3,712	
			117,312

RECLASS CODE: C  
EXPLANATION : RENT & LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	683,650
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00	NEW CAP REL COSTS-BLDG & FIXT	3	130
TOTAL RECLASSIFICATIONS FOR CODE C			683,780

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
EMPLOYEE BENEFITS	5	1,020	
ADMINISTRATIVE & GENERAL	6	51,428	
DIETARY	11	12,066	
CENTRAL SERVICES & SUPPLY	15	19,698	
PHARMACY	16	133,316	
ADULTS & PEDIATRICS	25	5,016	
SKILLED NURSING FACILITY	34	5,099	
OPERATING ROOM	37	1,894	
ANESTHESIOLOGY	40	710	
RADIOLOGY-DIAGNOSTIC	41	1,243	
CT SCAN	41.02	266,448	
MRI	41.03	178,366	
LABORATORY	44	4,507	
WOUND CARE	59.01	259	
EMERGENCY	61	2,710	
			0
			683,780

RECLASS CODE: D  
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	729,771
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	81,765
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,965
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			816,501

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
		0	
		0	
ADMINISTRATIVE & GENERAL	6	816,501	
			816,501

RECLASS CODE: E  
EXPLANATION : MARKETING COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.02	363,793
TOTAL RECLASSIFICATIONS FOR CODE E			363,793

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	363,793	
			363,793

RECLASS CODE: F  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,743,699
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			2,743,699

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
CENTRAL SERVICES & SUPPLY	15	269,322	
OPERATING ROOM	37	2,474,377	
			2,743,699

RECLASS CODE: G  
EXPLANATION : PHARMACY -DRUGS & IV SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,320,010

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140040	FROM 5/ 1/2007	9/28/2008
	TO 4/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: G  
EXPLANATION : PHARMACY -DRUGS & IV SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	PHARMACY	16	2,320,010	
TOTAL RECLASSIFICATIONS FOR CODE G			2,320,010				

RECLASS CODE: H  
EXPLANATION : LABOR & DELIVERY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	250,144			0	
2.00	ADULTS & PEDIATRICS	25	500,664			0	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	750,808	
TOTAL RECLASSIFICATIONS FOR CODE H			750,808	750,808			

RECLASS CODE: I  
EXPLANATION : PT OT SP COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	292,159			0	
2.00			0	OCCUPATIONAL THERAPY	51	214,441	
3.00			0	SPEECH PATHOLOGY	52	77,718	
TOTAL RECLASSIFICATIONS FOR CODE I			292,159	292,159			

RECLASS CODE: J  
EXPLANATION : RECOVERY ROOM COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	716,674	RECOVERY ROOM	38	716,674	
TOTAL RECLASSIFICATIONS FOR CODE J			716,674	716,674			

RECLASS CODE: K  
EXPLANATION : SLEEP LAB COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	72,651	SLEEP LAB	49.01	72,651	
TOTAL RECLASSIFICATIONS FOR CODE K			72,651	72,651			

RECLASS CODE: L  
EXPLANATION : RADIOLOGY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	1,008,616			0	
2.00			0	ULTRASOUND	41.01	111,791	
3.00			0	CT SCAN	41.02	310,241	
4.00			0	MRI	41.03	213,922	
5.00			0	RADIOISOTOPE	43	372,662	
TOTAL RECLASSIFICATIONS FOR CODE L			1,008,616	1,008,616			

RECLASS CODE: M  
EXPLANATION : AMBULANCE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	43,154	AMBULANCE SERVICES	65	43,154	
TOTAL RECLASSIFICATIONS FOR CODE M			43,154	43,154			

RECLASS CODE: N  
EXPLANATION : INFECTION CONTROL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	64,415	NURSING ADMINISTRATION	14	64,415	
TOTAL RECLASSIFICATIONS FOR CODE N			64,415	64,415			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	1,943,661					1,943,661	
2	LAND IMPROVEMENTS	854,189					854,189	
3	BUILDINGS & FIXTURE	52,759,666	5,830		5,830		52,765,496	
4	BUILDING IMPROVEMEN	1,837,702	326,642		326,642		2,164,344	
5	FIXED EQUIPMENT	1,959,533	200,907		200,907		2,160,440	
6	MOVABLE EQUIPMENT	34,059,161	1,933,272		1,933,272		35,992,433	
7	SUBTOTAL	93,413,912	2,466,651		2,466,651		95,880,563	
8	RECONCILING ITEMS	128,493					128,493	
9	TOTAL	93,285,419	2,466,651		2,466,651		95,752,070	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				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
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,271,248	130	1,734,465	81,765	729,771		4,817,379
4	NEW CAP REL COSTS-MV	1,411,744	683,650		4,965			2,100,359
5	TOTAL	3,682,992	683,780	1,734,465	86,730	729,771		6,917,738

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
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	728,144						728,144
4	NEW CAP REL COSTS-MV	1,154,891						1,154,891
5	TOTAL	1,883,035						1,883,035

\* All lines numbers except line 5 are to be consistent with workshheet 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,031,923				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-957,560				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-260,540	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-76	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-670	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES	B	-1,406	ADMINISTRATIVE & GENERAL		6	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	1,531,880	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	215,725	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER MISC REVENUE (MINORITY INT)	B	-1,474,054	ADMINISTRATIVE & GENERAL		6	
38 BAD DEBTS	A	-5,117,133	ADMINISTRATIVE & GENERAL		6	
39 NON ALLOWABLE PHONE SALARIES	A	-34,295	ADMINISTRATIVE & GENERAL		6	
40 NON ALLOWABLE PHONE EMP BENEFITS	A	-8,506	EMPLOYEE BENEFITS		5	
41 NON ALLOWABLE PHONE EXPENSE	A	-3,653	ADMINISTRATIVE & GENERAL		6	
42 NON ALLOWABLE PHONE DEPRECIATION	A	-487	NEW CAP REL COSTS-MVBLE E		4	9
43 NON ALLOWABLE TV DEPRECIATION	A	-4,168	NEW CAP REL COSTS-MVBLE E		4	9
44 NON ALLOWABLE PHYSICIAN COSTS	A	-10,883	ADMINISTRATIVE & GENERAL		6	
45 NON ALLOWABLE LOBBYING / DUES	A	-43,031	ADMINISTRATIVE & GENERAL		6	
46 CHARITABLE CONTRIBUTIONS	A	-7,635	ADMINISTRATIVE & GENERAL		6	
47 PENALTIES	A	-14,786	ADMINISTRATIVE & GENERAL		6	
48 OTHER NON ALLOWABLE EXPENSES	A	-20,651	ADMINISTRATIVE & GENERAL		6	
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,243,852				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT CAPITAL INTEREST	1,734,465		1,734,465	11
2	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL BLDG * FIXTUR	11,224		11,224	9
3	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL MOVEABLE EQUI	45,783		45,783	9
4	6	ADMINISTRATIVE & GENERAL DIRECT ALLOCATION	56,379		56,379	
4.01	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	362,685	387,778	-25,093	
4.02	6	ADMINISTRATIVE & GENERAL HOME HEALTH FUNCTIONAL CO	32,679		32,679	
4.03	6	ADMINISTRATIVE & GENERAL NON CAPITAL HOME OFFICE	744,390	3,323,270	-2,578,880	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	441,659	675,776	-234,117	
4.05						
4.06						
4.07						
4.08						
4.09						
4.10						
5		TOTALS	3,429,264	4,386,824	-957,560	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL COMPANY
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 14-0040 I

I PERIOD: I FROM 5/ 1/2007 I TO 4/30/2008 I

I PREPARED 9/28/2008 I WORKSHEET A-8-2 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	31	AGGREGATE	183,932	176,224	7,708	138,700	320	21,338	1,067
2	34	AGGREGATE	4,675		4,675	138,700	47	3,134	157
3	37	AGGREGATE	6,115	6,115					
4	40	AGGREGATE	232,009	232,009					
5	61	AGGREGATE	616,034	616,034					
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,042,765	1,030,382	12,383		367	24,472	1,224



PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-0040  
I

I PERIOD:  
I FROM 5/ 1/2007  
I TO 4/30/2008

I PREPARED 9/28/2008  
I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 31	AGGREGATE					21,338		176,224
2 34	AGGREGATE					3,134	1,541	1,541
3 37	AGGREGATE							6,115
4 40	AGGREGATE							232,009
5 61	AGGREGATE							616,034
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					24,472	1,541	1,031,923

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	LBS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTES		ENTERED
14	NURSING ADMINISTRATION	9	DIRECT	NRS HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET B  
 I I TO 4/30/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,817,379			4,817,379			
005 NEW CAP REL COSTS-MVBLE E	2,100,359				2,100,359		
006 EMPLOYEE BENEFITS	3,325,052			37,237	16,235	3,378,524	
008 ADMINISTRATIVE & GENERAL	5,106,271			518,502	226,065	365,410	6,216,248
009 OPERATION OF PLANT	1,882,823			1,459,256	636,230	75,301	4,053,610
010 LAUNDRY & LINEN SERVICE	253,512			36,402	15,871		305,785
011 HOUSEKEEPING	740,042			52,299	22,802	94,761	909,904
012 DIETARY	1,231,058			133,020	57,996	47,172	1,469,246
014 CAFETERIA				64,809	28,256		93,065
015 NURSING ADMINISTRATION	1,208,028			72,262	31,506	201,623	1,513,419
016 CENTRAL SERVICES & SUPPLY	338,204			148,020	64,536	18,311	569,071
017 PHARMACY	548,353			48,170	21,002	102,509	720,034
025 MEDICAL RECORDS & LIBRARY	722,340			113,705	49,575	55,610	941,230
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	3,595,007			437,626	190,803	513,893	4,737,329
033 INTENSIVE CARE UNIT	1,427,788			132,015	57,558	200,397	1,817,758
034 SUBPROVIDER	557,523			108,633	47,364	82,910	796,430
037 NURSERY	252,063			21,618	9,426	39,748	322,855
038 SKILLED NURSING FACILITY	1,673,677			224,828	98,024	239,755	2,236,284
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,199,156			321,647	140,237	334,210	3,995,250
041 RECOVERY ROOM							
041 01 DELIVERY ROOM & LABOR ROO	243,903					38,461	282,364
041 02 ANESTHESIOLOGY	1,527,231			6,619	2,886	224,802	1,761,538
041 03 RADIOLOGY-DIAGNOSTIC	2,442,644			279,323	121,784	202,603	3,046,354
043 01 ULTRASOUND							
043 02 CT SCAN							
043 03 MRI							
044 RADIOISOTOPE							
049 LABORATORY	2,561,350			113,504	49,487	169,183	2,893,524
049 01 RESPIRATORY THERAPY	513,303			156,123	68,069	67,533	805,028
050 01 SLEEP LAB							
051 PHYSICAL THERAPY	771,881			23,103	10,073		805,057
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	720,916			27,804	12,122	74,786	835,628
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	2,861,011						2,861,011
057 DRUGS CHARGED TO PATIENTS	2,319,934						2,319,934
059 01 RENAL DIALYSIS	112,153			45,881	20,004	152	178,190
061 WOUND CARE	324,141					13,583	337,724
062 OUTPAT SERVICE COST CNTRS							
065 EMERGENCY	1,357,334			110,319	48,099	196,778	1,712,530
095 OBSERVATION BEDS (NON-DIS							
096 OTHER REIMBURS COST CNTRS							
098 AMBULANCE SERVICES							
098 01 SPEC PURPOSE COST CENTERS							
098 02 LIFELINE							
100 OTHER NON-REIM., SR CIR	76,771					5,560	82,331
100 01 FOODLIFT							
100 02 MARKETING	363,793					13,473	377,266
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	49,175,000			4,817,379	2,100,359	3,378,524	49,175,000

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	6,216,248						
009 OPERATION OF PLANT	586,570	4,640,180					
010 LAUNDRY & LINEN SERVICE	44,248	60,274	410,307				
011 HOUSEKEEPING	131,666	86,596		1,128,166			
012 DIETARY	212,604	220,254		55,301	1,957,405		
014 CAFETERIA	13,467	107,310		26,943	1,015,084	1,255,869	
015 NURSING ADMINISTRATION	218,996	119,652		30,042		71,793	1,953,902
016 CENTRAL SERVICES & SUPPLY	82,346	245,091	8,942	61,537		16,195	
017 PHARMACY	104,191	79,759		20,026		40,029	
025 MEDICAL RECORDS & LIBRARY	136,199	188,273		47,271		45,914	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	685,491	724,620	136,423	181,935	487,096	253,945	457,229
031 INTENSIVE CARE UNIT	263,035	218,589	28,428	54,883	98,021	87,153	178,301
033 SUBPROVIDER	115,246	179,875	10,424	45,162	52,077	45,371	73,768
034 NURSERY	46,718	35,796		8,987		14,734	35,365
037 SKILLED NURSING FACILITY	323,597	372,270	60,268	93,468	305,127	125,470	213,320
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	578,125	532,583	59,019	133,719		139,035	297,360
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	40,859					14,275	34,221
041 ANESTHESIOLOGY	254,900	10,959	3,916	2,752		30,887	200,016
041 RADIOLOGY-DIAGNOSTIC	440,817	462,502	24,185	116,124		93,539	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	418,702	187,940	2,348	47,187		113,532	150,529
049 RESPIRATORY THERAPY	116,490	258,508	476	64,905		38,401	60,087
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	116,494	38,254		9,605			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	120,918	46,038		11,559		33,935	66,540
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	413,997						
056 DRUGS CHARGED TO PATIENTS	335,701						
057 RENAL DIALYSIS	25,785	75,970	39,038	19,074		626	
059 01 WOUND CARE	48,870		2,741			5,677	12,085
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	247,808	182,666	30,519	45,863		76,843	175,081
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,123,840	4,433,779	406,727	1,076,343	1,957,405	1,247,354	1,953,902
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	25,902	206,401	3,580	51,823			
100 01 LIFELINE							
100 OTHER NON-REIM., SR CIR	11,914					4,174	
100 01 FOODLIFT							
100 02 MARKETING	54,592					4,341	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,216,248	4,640,180	410,307	1,128,166	1,957,405	1,255,869	1,953,902

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SUBTOTAL	I&R COST	TOTAL
	CES & SUPPLY		DS & LIBRARY		POST STEP- DOWN ADJ	
	15	16	17	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	983,182					
016 PHARMACY	2,768	966,807				
017 MEDICAL RECORDS & LIBRARY	1,791		1,360,678			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	35,450		105,565	7,805,083		7,805,083
031 INTENSIVE CARE UNIT	20,139		41,149	2,807,456		2,807,456
033 SUBPROVIDER	2,620		20,724	1,341,697		1,341,697
034 NURSERY	127		4,764	469,346		469,346
037 SKILLED NURSING FACILITY	17,544		19,749	3,767,097		3,767,097
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM	140,325		271,234	6,146,650		6,146,650
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR ROO	14,784		4,610	391,113		391,113
041 ANESTHESIOLOGY	25,873		101,598	2,392,439		2,392,439
041 RADIOLOGY-DIAGNOSTIC	91,958		195,033	4,470,512		4,470,512
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	34,364		210,593	4,058,719		4,058,719
049 RESPIRATORY THERAPY	14,345		26,797	1,385,037		1,385,037
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	1,089		15,171	985,670		985,670
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	2,736		46,921	1,164,275		1,164,275
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	548,536		89,884	3,913,428		3,913,428
056 DRUGS CHARGED TO PATIENTS		966,807	131,967	3,754,409		3,754,409
057 RENAL DIALYSIS			1,756	340,439		340,439
059 01 WOUND CARE	5,657		1,569	414,323		414,323
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	22,588		71,594	2,565,492		2,565,492
065 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
095 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	982,694	966,807	1,360,678	48,173,185		48,173,185
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				466,709		466,709
098 PHYSICIANS' PRIVATE OFFIC						
100 01 LIFELINE						
100 OTHER NON-REIM., SR CIR	488			98,907		98,907
100 01 FOODLIFT						
100 02 MARKETING				436,199		436,199
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	983,182	966,807	1,360,678	49,175,000		49,175,000

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET B  
 I I TO 4/30/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				37,237	16,235	53,472	53,472
008 ADMINISTRATIVE & GENERAL				518,502	226,065	744,567	5,782
009 OPERATION OF PLANT				1,459,256	636,230	2,095,486	1,192
010 LAUNDRY & LINEN SERVICE				36,402	15,871	52,273	
011 HOUSEKEEPING				52,299	22,802	75,101	1,500
012 DIETARY				133,020	57,996	191,016	746
014 CAFETERIA				64,809	28,256	93,065	
015 NURSING ADMINISTRATION				72,262	31,506	103,768	3,191
016 CENTRAL SERVICES & SUPPLY				148,020	64,536	212,556	290
017 PHARMACY				48,170	21,002	69,172	1,622
025 MEDICAL RECORDS & LIBRARY				113,705	49,575	163,280	880
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS				437,626	190,803	628,429	8,141
033 INTENSIVE CARE UNIT				132,015	57,558	189,573	3,171
034 SUBPROVIDER				108,633	47,364	155,997	1,312
037 NURSERY				21,618	9,426	31,044	629
038 SKILLED NURSING FACILITY				224,828	98,024	322,852	3,794
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				321,647	140,237	461,884	5,289
041 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							609
041 ANESTHESIOLOGY				6,619	2,886	9,505	3,557
041 RADIOLOGY-DIAGNOSTIC				279,323	121,784	401,107	3,206
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY				113,504	49,487	162,991	2,677
049 RESPIRATORY THERAPY				156,123	68,069	224,192	1,069
049 01 SLEEP LAB							
050 PHYSICAL THERAPY				23,103	10,073	33,176	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				27,804	12,122	39,926	1,183
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				45,881	20,004	65,885	2
059 01 WOUND CARE							215
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				110,319	48,099	158,418	3,114
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				4,692,725	2,046,010	6,738,735	53,171
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC				124,654	54,349	179,003	
100 01 LIFELINE							
100 OTHER NON-REIM., SR CIR							88
100 01 FOODLIFT							
100 02 MARKETING							213
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,817,379	2,100,359	6,917,738	53,472

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	750,349						
009 OPERATION OF PLANT	70,804	2,167,482					
010 LAUNDRY & LINEN SERVICE	5,341	28,155	85,769				
011 HOUSEKEEPING	15,893	40,450		132,944			
012 DIETARY	25,663	102,883		6,517	326,825		
014 CAFETERIA	1,626	50,126		3,175	169,487	317,479	
015 NURSING ADMINISTRATION	26,435	55,891		3,540		18,149	210,974
016 CENTRAL SERVICES & SUPPLY	9,940	114,485	1,869	7,252		4,094	
017 PHARMACY	12,577	37,257		2,360		10,119	
025 MEDICAL RECORDS & LIBRARY	16,440	87,945		5,570		11,607	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	82,737	338,475	28,519	21,439	81,330	64,195	49,369
031 INTENSIVE CARE UNIT	31,751	102,106	5,942	6,467	16,366	22,032	19,252
033 SUBPROVIDER	13,911	84,022	2,179	5,322	8,695	11,470	7,965
034 NURSERY	5,639	16,721		1,059		3,725	3,819
037 SKILLED NURSING FACILITY	39,061	173,892	12,598	11,014	50,947	31,718	23,033
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	69,785	248,776	12,337	15,758		35,148	32,108
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	4,932					3,609	3,695
041 ANESTHESIOLOGY	30,769	5,119	819	324		7,808	21,597
041 RADIOLOGY-DIAGNOSTIC	53,211	216,040	5,055	13,684		23,646	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	50,541	87,789	491	5,561		28,701	16,253
049 RESPIRATORY THERAPY	14,061	120,752	99	7,648		9,708	6,488
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	14,062	17,869		1,132			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	14,596	21,505		1,362		8,579	7,185
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	49,973						
056 DRUGS CHARGED TO PATIENTS	40,522						
057 RENAL DIALYSIS	3,112	35,486	8,160	2,248		158	
059 01 WOUND CARE	5,899		573			1,435	1,305
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	29,913	85,325	6,380	5,405		19,426	18,905
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	739,194	2,071,069	85,021	126,837	326,825	315,327	210,974
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	3,127	96,413	748	6,107			
100 01 LIFELINE							
100 OTHER NON-REIM., SR CIR	1,438					1,055	
100 01 FOODLIFT							
100 02 MARKETING	6,590					1,097	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	750,349	2,167,482	85,769	132,944	326,825	317,479	210,974

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SUBTOTAL	POST	TOTAL
	CES & SUPPLY		DS & LIBRARY		STEPDOWN	
	15	16	17	25	ADJUSTMENT	26
						27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY	350,486					
017 PHARMACY	987	134,094				
017 MEDICAL RECORDS & LIBRARY	638		286,360			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	12,637		22,212	1,337,483		1,337,483
031 INTENSIVE CARE UNIT	7,179		8,658	412,497		412,497
033 SUBPROVIDER	934		4,361	296,168		296,168
034 NURSERY	45		1,002	63,683		63,683
037 SKILLED NURSING FACILITY	6,254		4,155	679,318		679,318
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM	50,023		57,131	988,239		988,239
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR ROO	5,270		970	19,085		19,085
041 ANESTHESIOLOGY	9,223		21,377	110,098		110,098
041 RADIOLOGY-DIAGNOSTIC	32,781		41,037	789,767		789,767
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	12,250		44,311	411,565		411,565
049 RESPIRATORY THERAPY	5,114		5,638	394,769		394,769
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	388		3,192	69,819		69,819
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	975		9,873	105,184		105,184
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	195,545		18,912	264,430		264,430
056 DRUGS CHARGED TO PATIENTS		134,094	27,767	202,383		202,383
057 RENAL DIALYSIS			370	115,421		115,421
059 01 WOUND CARE	2,017		330	11,774		11,774
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	8,052		15,064	350,002		350,002
065 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
095 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	350,312	134,094	286,360	6,621,685		6,621,685
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				285,398		285,398
098 PHYSICIANS' PRIVATE OFFIC						
100 01 LIFELINE						
100 OTHER NON-REIM., SR CIR	174			2,755		2,755
100 01 FOODLIFT						
100 02 MARKETING				7,900		7,900
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	350,486	134,094	286,360	6,917,738		6,917,738



COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET B-1  
 I I TO 4/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE	C EMPLOYEE BENE FITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	311,526					
002 OLD CAP REL COSTS-MVB		311,526				
003 NEW CAP REL COSTS-BLD			311,526			
004 NEW CAP REL COSTS-MVB				311,526		
005 EMPLOYEE BENEFITS	2,408	2,408	2,408	2,408	18,056,063	
006 ADMINISTRATIVE & GENE	33,530	33,530	33,530	33,530	1,952,886	-6,216,248
008 OPERATION OF PLANT	94,366	94,366	94,366	94,366	402,434	
009 LAUNDRY & LINEN SERVI	2,354	2,354	2,354	2,354		
010 HOUSEKEEPING	3,382	3,382	3,382	3,382	506,438	
011 DIETARY	8,602	8,602	8,602	8,602	252,103	
012 CAFETERIA	4,191	4,191	4,191	4,191		
014 NURSING ADMINISTRATIO	4,673	4,673	4,673	4,673	1,077,546	
015 CENTRAL SERVICES & SU	9,572	9,572	9,572	9,572	97,861	
016 PHARMACY	3,115	3,115	3,115	3,115	547,848	
017 MEDICAL RECORDS & LIB	7,353	7,353	7,353	7,353	297,198	
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	28,300	28,300	28,300	28,300	2,746,435	
026 INTENSIVE CARE UNIT	8,537	8,537	8,537	8,537	1,070,995	
031 SUBPROVIDER	7,025	7,025	7,025	7,025	443,101	
033 NURSERY	1,398	1,398	1,398	1,398	212,428	
034 SKILLED NURSING FACIL	14,539	14,539	14,539	14,539	1,281,340	
037 ANCILLARY SRVC COST C						
OPERATING ROOM	20,800	20,800	20,800	20,800	1,786,140	
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR					205,551	
040 ANESTHESIOLOGY	428	428	428	428	1,201,426	
041 RADIOLOGY-DIAGNOSTIC	18,063	18,063	18,063	18,063	1,082,782	
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	7,340	7,340	7,340	7,340	904,173	
049 RESPIRATORY THERAPY	10,096	10,096	10,096	10,096	360,923	
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	1,494	1,494	1,494	1,494		
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	1,798	1,798	1,798	1,798	399,685	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	2,967	2,967	2,967	2,967	812	
059 01 WOUND CARE					72,590	
061 OUTPAT SERVICE COST C						
EMERGENCY	7,134	7,134	7,134	7,134	1,051,653	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	303,465	303,465	303,465	303,465	17,954,348	-6,216,248
096 NONREIMBURS COST CENT						
GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	8,061	8,061	8,061	8,061		
098 01 LIFELINE						
100 OTHER NON-REIM., SR C					29,712	
100 01 FOODLIFT						
100 02 MARKETING					72,003	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			4,817,379	2,100,359	3,378,524	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			15.463810		.187113	
(WRKSHT B, PT I)				6.742163		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					53,472	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002961	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET B-1  
 I TO 4/30/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(LBS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT NRS HRS)
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE	42,958,752						
009	OPERATION OF PLANT	4,053,610	181,222					
010	LAUNDRY & LINEN SERVI	305,785	2,354	513,924				
011	HOUSEKEEPING	909,904	3,382		175,486			
012	DIETARY	1,469,246	8,602		8,602	162,750		
014	CAFETERIA	93,065	4,191		4,191	84,400	30,088	
015	NURSING ADMINISTRATIO	1,513,419	4,673		4,673		1,720	11,736,440
016	CENTRAL SERVICES & SU	569,071	9,572	11,200	9,572		388	
017	PHARMACY	720,034	3,115		3,115		959	
025	MEDICAL RECORDS & LIB	941,230	7,353		7,353		1,100	
026	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	4,737,329	28,300	170,875	28,300	40,500	6,084	2,746,435
031	INTENSIVE CARE UNIT	1,817,758	8,537	35,607	8,537	8,150	2,088	1,070,995
033	SUBPROVIDER	796,430	7,025	13,057	7,025	4,330	1,087	443,101
034	NURSE	322,855	1,398		1,398		353	212,428
037	SKILLED NURSING FACIL	2,236,284	14,539	75,488	14,539	25,370	3,006	1,281,340
038	ANCILLARY SRVC COST C							
038	OPERATING ROOM	3,995,250	20,800	73,923	20,800		3,331	1,786,140
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR	282,364					342	205,551
041	ANESTHESIOLOGY	1,761,538	428	4,905	428		740	1,201,426
041	RADIOLOGY-DIAGNOSTIC	3,046,354	18,063	30,292	18,063		2,241	
041	01 ULTRASOUND							
041	02 CT SCAN							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY	2,893,524	7,340	2,941	7,340		2,720	904,173
049	RESPIRATORY THERAPY	805,028	10,096	596	10,096		920	360,923
049	01 SLEEP LAB							
050	PHYSICAL THERAPY	805,057	1,494		1,494			
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	835,628	1,798		1,798		813	399,685
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	2,861,011						
056	DRUGS CHARGED TO PATI	2,319,934						
057	RENAL DIALYSIS	178,190	2,967	48,897	2,967		15	
059	01 WOUND CARE	337,724		3,433			136	72,590
061	OUTPAT SERVICE COST C							
062	EMERGENCY	1,712,530	7,134	38,226	7,134		1,841	1,051,653
065	OBSERVATION BEDS (NON							
065	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	42,320,152	173,161	509,440	167,425	162,750	29,884	11,736,440
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O	179,003	8,061	4,484	8,061			
100	01 LIFELINE							
100	OTHER NON-REIM., SR C	82,331					100	
100	01 FOODLIFT							
100	02 MARKETING	377,266					104	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	6,216,248	4,640,180	410,307	1,128,166	1,957,405	1,255,869	1,953,902
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		25.604949		6.428809		41.739863	
105	(WRKSHT B, PT I)	.144703		.798381		12.027066		.166482
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)	750,349	2,167,482	85,769	132,944	326,825	317,479	210,974
107	COST TO BE ALLOCATED							
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		11.960369		.757576		10.551682	
108	(WRKSHT B, PT III)	.017467		.166890		2.008141		.017976

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
		CES & SUPPLY		DS & LIBRARY
		(COSTED REQUIS.	(COSTED )REQUISITIO	( GROSS CHARGES )
		15	16	17
	GENERAL SERVICE COST			
001	OLD CAP REL COSTS-BLD			
002	OLD CAP REL COSTS-MVB			
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU	4,917,736		
016	PHARMACY	13,847	2,320,010	
017	MEDICAL RECORDS & LIB	8,958		251,120,892
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	177,315		19,484,187
026	INTENSIVE CARE UNIT	100,732		7,594,896
031	SUBPROVIDER	13,106		3,825,080
033	NURSERY	636		879,261
034	SKILLED NURSING FACIL	87,752		3,645,015
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	701,884		50,042,197
038	RECOVERY ROOM			
039	DELIVERY ROOM & LABOR	73,945		850,794
040	ANESTHESIOLOGY	129,414		18,752,028
041	RADIOLOGY-DIAGNOSTIC	459,962		35,997,158
041	01 ULTRASOUND			
041	02 CT SCAN			
041	03 MRI			
043	RADIOISOTOPE			
044	LABORATORY	171,884		38,869,074
049	RESPIRATORY THERAPY	71,753		4,945,954
049	01 SLEEP LAB			
050	PHYSICAL THERAPY	5,445		2,800,113
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY	13,684		8,660,284
054	ELECTROENCEPHALOGRAPH			
055	MEDICAL SUPPLIES CHAR	2,743,699		16,589,897
056	DRUGS CHARGED TO PATI		2,320,010	24,357,094
057	RENAL DIALYSIS			324,134
059	01 WOUND CARE	28,296		289,608
	OUTPAT SERVICE COST C			
061	EMERGENCY	112,982		13,214,118
062	OBSERVATION BEDS (NON			
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	4,915,294	2,320,010	251,120,892
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
098	PHYSICIANS' PRIVATE O			
098	01 LIFELINE			
100	OTHER NON-REIM., SR C	2,442		
100	01 FOODLIFT			
100	02 MARKETING			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	983,182	966,807	1,360,678
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		.416725	
	(WRKSHT B, PT I)	.199926		.005418
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	350,486	134,094	286,360
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		.057799	
	(WRKSHT B, PT III)	.071270		.001140

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET C  
 I I TO 4/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,805,083		7,805,083		7,805,083
26	INTENSIVE CARE UNIT	2,807,456		2,807,456		2,807,456
31	SUBPROVIDER	1,341,697		1,341,697		1,341,697
33	NURSERY	469,346		469,346		469,346
34	SKILLED NURSING FACILITY	3,767,097		3,767,097	1,541	3,768,638
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	6,146,650		6,146,650		6,146,650
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	391,113		391,113		391,113
40	ANESTHESIOLOGY	2,392,439		2,392,439		2,392,439
41	RADIOLOGY-DIAGNOSTIC	4,470,512		4,470,512		4,470,512
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,058,719		4,058,719		4,058,719
49	RESPIRATORY THERAPY	1,385,037		1,385,037		1,385,037
49	01 SLEEP LAB					
50	PHYSICAL THERAPY	985,670		985,670		985,670
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,164,275		1,164,275		1,164,275
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	3,913,428		3,913,428		3,913,428
56	DRUGS CHARGED TO PATIENTS	3,754,409		3,754,409		3,754,409
57	RENAL DIALYSIS	340,439		340,439		340,439
59	01 WOUND CARE	414,323		414,323		414,323
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,565,492		2,565,492		2,565,492
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	230,459		230,459		230,459
65	AMBULANCE SERVICES					
101	SUBTOTAL	48,403,644		48,403,644	1,541	48,405,185
102	LESS OBSERVATION BEDS	230,459		230,459		230,459
103	TOTAL	48,173,185		48,173,185	1,541	48,174,726

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET C  
 I I TO 4/30/2008 I PART I

## 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	18,544,956		18,544,956			
26	INTENSIVE CARE UNIT	7,594,896		7,594,896			
31	SUBPROVIDER	3,825,080		3,825,080			
33	NURSERY	879,261		879,261			
34	SKILLED NURSING FACILITY	3,645,015		3,645,015			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,445,408	32,596,789	50,042,197	.122829	.122829	.122829
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	782,361	68,433	850,794	.459704	.459704	.459704
40	ANESTHESIOLOGY	6,740,505	12,011,523	18,752,028	.127583	.127583	.127583
41	RADIOLOGY-DIAGNOSTIC	9,231,555	26,765,603	35,997,158	.124191	.124191	.124191
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	13,761,272	25,107,802	38,869,074	.104420	.104420	.104420
49	RESPIRATORY THERAPY	3,386,868	1,559,086	4,945,954	.280034	.280034	.280034
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	2,745,295	54,818	2,800,113	.352011	.352011	.352011
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,621,987	5,038,297	8,660,284	.134438	.134438	.134438
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,251,232	6,338,665	16,589,897	.235892	.235892	.235892
56	DRUGS CHARGED TO PATIENTS	19,567,015	4,790,079	24,357,094	.154140	.154140	.154140
57	RENAL DIALYSIS	321,238	2,896	324,134	1.050303	1.050303	1.050303
59	01 WOUND CARE	6,877	282,731	289,608	1.430634	1.430634	1.430634
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,608,049	9,606,069	13,214,118	.194148	.194148	.194148
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	79,831	859,400	939,231	.245370	.245370	.245370
65	AMBULANCE SERVICES						
101	SUBTOTAL	126,038,701	125,082,191	251,120,892			
102	LESS OBSERVATION BEDS						
103	TOTAL	126,038,701	125,082,191	251,120,892			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

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	7,805,083		7,805,083		7,805,083
26	INTENSIVE CARE UNIT	2,807,456		2,807,456		2,807,456
31	SUBPROVIDER	1,341,697		1,341,697		1,341,697
33	NURSERY	469,346		469,346		469,346
34	SKILLED NURSING FACILITY	3,767,097		3,767,097	1,541	3,768,638
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	6,146,650		6,146,650		6,146,650
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	391,113		391,113		391,113
40	ANESTHESIOLOGY	2,392,439		2,392,439		2,392,439
41	RADIOLOGY-DIAGNOSTIC	4,470,512		4,470,512		4,470,512
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,058,719		4,058,719		4,058,719
49	RESPIRATORY THERAPY	1,385,037		1,385,037		1,385,037
49	01 SLEEP LAB					
50	PHYSICAL THERAPY	985,670		985,670		985,670
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,164,275		1,164,275		1,164,275
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	3,913,428		3,913,428		3,913,428
56	DRUGS CHARGED TO PATIENTS	3,754,409		3,754,409		3,754,409
57	RENAL DIALYSIS	340,439		340,439		340,439
59	01 WOUND CARE	414,323		414,323		414,323
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,565,492		2,565,492		2,565,492
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	230,459		230,459		230,459
65	AMBULANCE SERVICES					
101	SUBTOTAL	48,403,644		48,403,644	1,541	48,405,185
102	LESS OBSERVATION BEDS	230,459		230,459		230,459
103	TOTAL	48,173,185		48,173,185	1,541	48,174,726

I PROVIDER NO:  
I 14-0040  
I

I PERIOD:  
I FROM 5/ 1/2007  
I TO 4/30/2008

I PREPARED 9/28/2008  
I WORKSHEET C  
I PART I

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	18,544,956		18,544,956			
26	INTENSIVE CARE UNIT	7,594,896		7,594,896			
31	SUBPROVIDER	3,825,080		3,825,080			
33	NURSERY	879,261		879,261			
34	SKILLED NURSING FACILITY	3,645,015		3,645,015			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,445,408	32,596,789	50,042,197	.122829	.122829	.122829
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	782,361	68,433	850,794	.459704	.459704	.459704
40	ANESTHESIOLOGY	6,740,505	12,011,523	18,752,028	.127583	.127583	.127583
41	RADIOLOGY-DIAGNOSTIC	9,231,555	26,765,603	35,997,158	.124191	.124191	.124191
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	13,761,272	25,107,802	38,869,074	.104420	.104420	.104420
49	RESPIRATORY THERAPY	3,386,868	1,559,086	4,945,954	.280034	.280034	.280034
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	2,745,295	54,818	2,800,113	.352011	.352011	.352011
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,621,987	5,038,297	8,660,284	.134438	.134438	.134438
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,251,232	6,338,665	16,589,897	.235892	.235892	.235892
56	DRUGS CHARGED TO PATIENTS	19,567,015	4,790,079	24,357,094	.154140	.154140	.154140
57	RENAL DIALYSIS	321,238	2,896	324,134	1.050303	1.050303	1.050303
59	01 WOUND CARE	6,877	282,731	289,608	1.430634	1.430634	1.430634
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,608,049	9,606,069	13,214,118	.194148	.194148	.194148
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	79,831	859,400	939,231	.245370	.245370	.245370
65	AMBULANCE SERVICES						
101	SUBTOTAL	126,038,701	125,082,191	251,120,892			
102	LESS OBSERVATION BEDS						
103	TOTAL	126,038,701	125,082,191	251,120,892			

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	6,146,650	988,239	5,158,411			6,146,650
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	391,113	19,085	372,028			391,113
40	ANESTHESIOLOGY	2,392,439	110,098	2,282,341			2,392,439
41	RADIOLOGY-DIAGNOSTIC	4,470,512	789,767	3,680,745			4,470,512
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,058,719	411,565	3,647,154			4,058,719
49	RESPIRATORY THERAPY	1,385,037	394,769	990,268			1,385,037
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	985,670	69,819	915,851			985,670
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,164,275	105,184	1,059,091			1,164,275
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,913,428	264,430	3,648,998			3,913,428
56	DRUGS CHARGED TO PATIENTS	3,754,409	202,383	3,552,026			3,754,409
57	RENAL DIALYSIS	340,439	115,421	225,018			340,439
59	01 WOUND CARE	414,323	11,774	402,549			414,323
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,565,492	350,002	2,215,490			2,565,492
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	230,459	39,492	190,967			230,459
65	AMBULANCE SERVICES						
101	SUBTOTAL	32,212,965	3,872,028	28,340,937			32,212,965
102	LESS OBSERVATION BEDS	230,459	39,492	190,967			230,459
103	TOTAL	31,982,506	3,832,536	28,149,970			31,982,506



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	50,042,197	.122829	.122829
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	850,794	.459704	.459704
40	ANESTHESIOLOGY	18,752,028	.127583	.127583
41	RADIOLOGY-DIAGNOSTIC	35,997,158	.124191	.124191
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	38,869,074	.104420	.104420
49	RESPIRATORY THERAPY	4,945,954	.280034	.280034
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	2,800,113	.352011	.352011
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	8,660,284	.134438	.134438
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	16,589,897	.235892	.235892
56	DRUGS CHARGED TO PATIENTS	24,357,094	.154140	.154140
57	RENAL DIALYSIS	324,134	1.050303	1.050303
59	01 WOUND CARE	289,608	1.430634	1.430634
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	13,214,118	.194148	.194148
62	OBSERVATION BEDS (NON-DIS	939,231	.245370	.245370
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	216,631,684		
102	LESS OBSERVATION BEDS	939,231		
103	TOTAL	215,692,453		

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	6,146,650	988,239	5,158,411	98,824	299,188	5,748,638
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	391,113	19,085	372,028	1,909	21,578	367,626
40	ANESTHESIOLOGY	2,392,439	110,098	2,282,341	11,010	132,376	2,249,053
41	RADIOLOGY-DIAGNOSTIC	4,470,512	789,767	3,680,745	78,977	213,483	4,178,052
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,058,719	411,565	3,647,154	41,157	211,535	3,806,027
49	RESPIRATORY THERAPY	1,385,037	394,769	990,268	39,477	57,436	1,288,124
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	985,670	69,819	915,851	6,982	53,119	925,569
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,164,275	105,184	1,059,091	10,518	61,427	1,092,330
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,913,428	264,430	3,648,998	26,443	211,642	3,675,343
56	DRUGS CHARGED TO PATIENTS	3,754,409	202,383	3,552,026	20,238	206,018	3,528,153
57	RENAL DIALYSIS	340,439	115,421	225,018	11,542	13,051	315,846
59	01 WOUND CARE	414,323	11,774	402,549	1,177	23,348	389,798
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,565,492	350,002	2,215,490	35,000	128,498	2,401,994
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	230,459	39,492	190,967	3,949	11,076	215,434
65	AMBULANCE SERVICES						
101	SUBTOTAL	32,212,965	3,872,028	28,340,937	387,203	1,643,775	30,181,987
102	LESS OBSERVATION BEDS	230,459	39,492	190,967	3,949	11,076	215,434
103	TOTAL	31,982,506	3,832,536	28,149,970	383,254	1,632,699	29,966,553

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	50,042,197	.114876	.120855
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	850,794	.432098	.457460
40	ANESTHESIOLOGY	18,752,028	.119937	.126996
41	RADIOLOGY-DIAGNOSTIC	35,997,158	.116066	.121997
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	38,869,074	.097919	.103361
49	RESPIRATORY THERAPY	4,945,954	.260440	.272053
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	2,800,113	.330547	.349517
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	8,660,284	.126131	.133224
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	16,589,897	.221541	.234298
56	DRUGS CHARGED TO PATIENTS	24,357,094	.144851	.153309
57	RENAL DIALYSIS	324,134	.974430	1.014695
59	01 WOUND CARE	289,608	1.345950	1.426570
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	13,214,118	.181775	.191499
62	OBSERVATION BEDS (NON-DIS	939,231	.229373	.241165
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	216,631,684		
102	LESS OBSERVATION BEDS	939,231		
103	TOTAL	215,692,453		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS				1,337,483		1,337,483
26	INTENSIVE CARE UNIT				412,497		412,497
31	SUBPROVIDER				296,168		296,168
33	NURSERY				63,683		63,683
101	TOTAL				2,109,831		2,109,831

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	13,310	8,424			100.49	846,528
26	INTENSIVE CARE UNIT	2,415	1,804			170.81	308,141
31	SUBPROVIDER	2,149	1,788			137.82	246,422
33	NURSERY	760				83.79	
101	TOTAL	18,634	12,016				1,401,091

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		988,239	50,042,197	11,971,507		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		19,085	850,794	2,845		
40	ANESTHESIOLOGY		110,098	18,752,028	4,550,103		
41	RADIOLOGY-DIAGNOSTIC		789,767	35,997,158	6,229,441		
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		411,565	38,869,074	8,471,686		
49	RESPIRATORY THERAPY		394,769	4,945,954	1,768,842		
49	01 SLEEP LAB						
50	PHYSICAL THERAPY		69,819	2,800,113	638,039		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		105,184	8,660,284	2,661,432		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		264,430	16,589,897	6,420,729		
56	DRUGS CHARGED TO PATIENTS		202,383	24,357,094	10,180,334		
57	RENAL DIALYSIS		115,421	324,134	234,498		
59	01 WOUND CARE		11,774	289,608	6,755		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		350,002	13,214,118	2,298,786		
62	OBSERVATION BEDS (NON-DIS		39,492	939,231	19,858		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,872,028	216,631,684	55,454,855		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 4/30/2008 I PART II  
 I 14-0040 I  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019748	236,413
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.022432	64
40	ANESTHESIOLOGY	.005871	26,714
41	RADIOLOGY-DIAGNOSTIC	.021940	136,674
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.010588	89,698
49	RESPIRATORY THERAPY	.079817	141,184
49 01	SLEEP LAB		
50	PHYSICAL THERAPY	.024934	15,909
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.012146	32,326
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.015939	102,340
56	DRUGS CHARGED TO PATIENTS	.008309	84,588
57	RENAL DIALYSIS	.356090	83,502
59 01	WOUND CARE	.040655	275
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.026487	60,888
62	OBSERVATION BEDS (NON-DIS	.042047	835
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,011,410

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

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET D  
 I I TO 4/30/2008 I PART III  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					13,310	
26	INTENSIVE CARE UNIT					2,415	
31	SUBPROVIDER					2,149	
33	NURSERY					760	
34	SKILLED NURSING FACILITY					8,745	
101	TOTAL					27,379	



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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,424	
26	INTENSIVE CARE UNIT	1,804	
31	SUBPROVIDER	1,788	
33	NURSERY		
34	SKILLED NURSING FACILITY	8,487	
101	TOTAL	20,503	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
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						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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			50,042,197			11,971,507	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			850,794			2,845	
40	ANESTHESIOLOGY			18,752,028			4,550,103	
41	RADIOLOGY-DIAGNOSTIC			35,997,158			6,229,441	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			38,869,074			8,471,686	
49	RESPIRATORY THERAPY			4,945,954			1,768,842	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			2,800,113			638,039	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			8,660,284			2,661,432	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,589,897			6,420,729	
56	DRUGS CHARGED TO PATIENTS			24,357,094			10,180,334	
57	RENAL DIALYSIS			324,134			234,498	
59	01 WOUND CARE			289,608			6,755	
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			13,214,118			2,298,786	
62	OBSERVATION BEDS (NON-DIS			939,231			19,858	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			216,631,684			55,454,855	

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	11,164,656					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	270					
40	ANESTHESIOLOGY	3,441,327					
41	RADIOLOGY-DIAGNOSTIC	10,539,351					
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,057,199					
49	RESPIRATORY THERAPY	900,896					
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,512,396					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,449,763					
56	DRUGS CHARGED TO PATIENTS	2,004,813					
57	RENAL DIALYSIS						
59	01 WOUND CARE	205,287					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,689,413					
62	OBSERVATION BEDS (NON-DIS	110,694					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	36,076,065					

TITLE XVIII, PART B		HOSPITAL				
		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
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.122829	.122829			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	.459704	.459704			
40	ANESTHESIOLOGY	.127583	.127583			
41	RADIOLOGY-DIAGNOSTIC	.124191	.124191			
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	.104420	.104420			
49	RESPIRATORY THERAPY	.280034	.280034			
49 01	SLEEP LAB					
50	PHYSICAL THERAPY	.352011	.352011			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	.134438	.134438			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235892	.235892			
56	DRUGS CHARGED TO PATIENTS	.154140	.154140			
57	RENAL DIALYSIS	1.050303	1.050303			
59 01	WOUND CARE	1.430634	1.430634			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.194148	.194148			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.245370	.245370			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center Description		5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		11,164,656				
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM		270				
40	ANESTHESIOLOGY		3,441,327				
41	RADIOLOGY-DIAGNOSTIC		10,539,351				
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY		1,057,199				
49	RESPIRATORY THERAPY		900,896				
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		2,512,396				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,449,763				
56	DRUGS CHARGED TO PATIENTS		2,004,813				
57	RENAL DIALYSIS						
59 01	WOUND CARE		205,287				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		1,689,413				
62	OBSERVATION BEDS (NON-DISTINCT PART)		110,694				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL		36,076,065				
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-						
	PROGRAM ONLY CHARGES						
104	NET CHARGES		36,076,065				

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,371,344	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM				124	
40	ANESTHESIOLOGY				439,055	
41	RADIOLOGY-DIAGNOSTIC				1,308,893	
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY				110,393	
49	RESPIRATORY THERAPY				252,282	
49	01 SLEEP LAB					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				337,761	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				577,879	
56	DRUGS CHARGED TO PATIENTS				309,022	
57	RENAL DIALYSIS					
59	01 WOUND CARE				293,691	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				327,996	
62	OBSERVATION BEDS (NON-DISTINCT PART)				27,161	
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				5,355,601	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				5,355,601	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRASOUND
- 41 02 CT SCAN
- 41 03 MRI
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 49 01 SLEEP LAB
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 01 WOUND CARE
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 4/30/2008 I PART II  
 I 14-S040 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019748	
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.022432	
40	ANESTHESIOLOGY	.005871	
41	RADIOLOGY-DIAGNOSTIC	.021940	4,724
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.010588	3,504
49	RESPIRATORY THERAPY	.079817	4,114
49 01	SLEEP LAB		
50	PHYSICAL THERAPY	.024934	892
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.012146	857
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.015939	29
56	DRUGS CHARGED TO PATIENTS	.008309	4,503
57	RENAL DIALYSIS	.356090	1,865
59 01	WOUND CARE	.040655	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.026487	2,477
62	OBSERVATION BEDS (NON-DIS	.042047	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		22,965

TITLE XVIII, PART A SUBPROVIDER 1 PPS

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
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
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						
59	01 WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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			50,042,197				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			850,794				
40	ANESTHESIOLOGY			18,752,028				
41	RADIOLOGY-DIAGNOSTIC			35,997,158			215,321	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			38,869,074			330,926	
49	RESPIRATORY THERAPY			4,945,954			51,540	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			2,800,113			35,764	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			8,660,284			70,527	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,589,897			1,803	
56	DRUGS CHARGED TO PATIENTS			24,357,094			541,939	
57	RENAL DIALYSIS			324,134			5,238	
59	01 WOUND CARE			289,608				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			13,214,118			93,521	
62	OBSERVATION BEDS (NON-DIS			939,231				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			216,631,684			1,346,579	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
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						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
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						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS  
 I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 4/30/2008 I PART II  
 I 14-5690 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
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		
59 01	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
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						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						



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			50,042,197				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			850,794				
40	ANESTHESIOLOGY			18,752,028			4,184	
41	RADIOLOGY-DIAGNOSTIC			35,997,158			410,491	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			38,869,074			1,518,924	
49	RESPIRATORY THERAPY			4,945,954			903,992	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			2,800,113			1,789,999	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			8,660,284			92,680	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,589,897			1,643,995	
56	DRUGS CHARGED TO PATIENTS			24,357,094			4,201,074	
57	RENAL DIALYSIS			324,134				
59	01 WOUND CARE			289,608				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			13,214,118			406	
62	OBSERVATION BEDS (NON-DIS			939,231				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			216,631,684			10,565,745	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
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						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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)	13,310
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,310
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	428
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,882
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)	8,424
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)	309
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,805,083
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,805,083

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,462,038
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	665,003
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,797,035
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.401041
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,553.75
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,459.17
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	94.58
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	37.93
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	16,234
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,788,849

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 586.41  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,939,918  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,939,918

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,807,456	2,415	1,162.51	1,804	2,097,168
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1 8,579,189  
 49 TOTAL PROGRAM INPATIENT COSTS 15,616,275

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,154,669  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,011,410  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,166,079  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 13,450,196

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	393
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	586.41
85	OBSERVATION BED COST	230,459

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	7,805,083		230,459	
87	NEW CAPITAL-RELATED COST	1,337,483	.171361	230,459	39,492
88	NON PHYSICIAN ANESTHETIST	7,805,083		230,459	
89	MEDICAL EDUCATION	7,805,083		230,459	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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)	2,149
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,149
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,149
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
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)	1,788
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)	1,788
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,341,697
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,341,697

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,341,697

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 624.34  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,116,320  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,116,320

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					205,417
49 TOTAL PROGRAM INPATIENT COSTS					1,321,737

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 246,422  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 22,965  
 52 TOTAL PROGRAM EXCLUDABLE COST 269,387  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,052,350

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	624.34
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,341,697			
87	NEW CAPITAL-RELATED COST	296,168	.220741		
88	NON PHYSICIAN ANESTHETIST	1,341,697			
89	MEDICAL EDUCATION	1,341,697			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,745
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,745
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	151
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,594
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)	8,487
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	3,768,638
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	3,768,638

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,645,015
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	71,793
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,573,222
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.033916
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	475.45
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	415.78
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	59.67
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	61.69
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	9,315
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,759,323

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,759,323
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	429.88
68	PROGRAM ROUTINE SERVICE COST	3,648,392
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3,648,392
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	679,318
72	PER DIEM CAPITAL-RELATED COSTS	77.68
73	PROGRAM CAPITAL-RELATED COSTS	659,270
74	INPATIENT ROUTINE SERVICE COST	2,989,122
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,989,122
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,648,392
80	PROGRAM INPATIENT ANCILLARY SERVICES	2,141,264
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	5,789,656

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE 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		11,975,819	
26	INTENSIVE CARE UNIT		5,661,395	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.122829	11,971,507	1,470,448
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.459704	2,845	1,308
40	ANESTHESIOLOGY	.127583	4,550,103	580,516
41	RADIOLOGY-DIAGNOSTIC	.124191	6,229,441	773,641
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.104420	8,471,686	884,613
49	RESPIRATORY THERAPY	.280034	1,768,842	495,336
49 01	SLEEP LAB			
50	PHYSICAL THERAPY	.352011	638,039	224,597
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.134438	2,661,432	357,798
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235892	6,420,729	1,514,599
56	DRUGS CHARGED TO PATIENTS	.154140	10,180,334	1,569,197
57	RENAL DIALYSIS	1.050303	234,498	246,294
59 01	WOUND CARE	1.430634	6,755	9,664
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.194148	2,298,786	446,305
62	OBSERVATION BEDS (NON-DISTINCT PART)	.245370	19,858	4,873
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		55,454,855	8,579,189
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		55,454,855	

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		3,022,440	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.122829		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.459704		
40	ANESTHESIOLOGY	.127583		
41	RADIOLOGY-DIAGNOSTIC	.124191	215,321	26,741
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.104420	330,926	34,555
49	RESPIRATORY THERAPY	.280034	51,540	14,433
49 01	SLEEP LAB			
50	PHYSICAL THERAPY	.352011	35,764	12,589
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.134438	70,527	9,482
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235892	1,803	425
56	DRUGS CHARGED TO PATIENTS	.154140	541,939	83,534
57	RENAL DIALYSIS	1.050303	5,238	5,501
59 01	WOUND CARE	1.430634		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.194148	93,521	18,157
62	OBSERVATION BEDS (NON-DISTINCT PART)	.245370		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,346,579	205,417
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,346,579	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.122829		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.459704		
40	ANESTHESIOLOGY	.127583	4,184	534
41	RADIOLOGY-DIAGNOSTIC	.124191	410,491	50,979
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.104420	1,518,924	158,606
49	RESPIRATORY THERAPY	.280034	903,992	253,148
49 01	SLEEP LAB			
50	PHYSICAL THERAPY	.352011	1,789,999	630,099
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.134438	92,680	12,460
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235892	1,643,995	387,805
56	DRUGS CHARGED TO PATIENTS	.154140	4,201,074	647,554
57	RENAL DIALYSIS	1.050303		
59 01	WOUND CARE	1.430634		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.194148	406	79
62	OBSERVATION BEDS (NON-DISTINCT PART)	.245370		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		10,565,745	2,141,264
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,565,745	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,765,665	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,020,845	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,689,963	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	480,364	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	126.02	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.11
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.12
4.02 SUM OF LINES 4 AND 4.01		20.23
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.87
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		732,369
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	13,689,206	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	14,068,434	
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)	13,973,627	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,158,929	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	15,132,556	
17 PRIMARY PAYER PAYMENTS	6,918	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15,125,638	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,484,608	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	82,464	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	250,539	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	175,377	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	250,539	
22 SUBTOTAL	13,733,943	
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	13,733,943	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	13,408,798	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	325,145	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)  
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 5,355,601  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 5,072,407  
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.  
 1.04 LINE 1.01 TIMES LINE 1.03.  
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.  
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)  
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.  
 2 INTERNS AND RESIDENTS  
 3 ORGAN ACQUISITIONS  
 4 COST OF TEACHING PHYSICIANS  
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES  
 6 ANCILLARY SERVICE CHARGES  
 7 INTERNS AND RESIDENTS SERVICE CHARGES  
 8 ORGAN ACQUISITION CHARGES  
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  
 10 TOTAL REASONABLE CHARGES  
 CUSTOMARY CHARGES  
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS  
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).  
 13 RATIO OF LINE 11 TO LINE 12  
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 5,072,407

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 39,435  
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 1,359,960  
 19 SUBTOTAL (SEE INSTRUCTIONS) 3,673,012  
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)  
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS  
 22 ESRD DIRECT MEDICAL EDUCATION COSTS  
 23 SUBTOTAL 3,673,012  
 24 PRIMARY PAYER PAYMENTS 2,297  
 25 SUBTOTAL 3,670,715  
 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  
 26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 187,714  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 131,400  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 187,714  
 28 SUBTOTAL 3,802,115  
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.  
 30 OTHER ADJUSTMENTS (SPECIFY)  
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.  
 32 SUBTOTAL 3,802,115  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 3,779,214  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 22,901  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2



TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,408,798		3,779,214
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
		13,408,798		3,779,214
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.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,759,575		
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
		1,759,575		
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.

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,541,803		
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
		2,541,803		
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

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	
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)	1,363,678
1.09	NET IPF PPS OUTLIER PAYMENTS	471,129
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)	5.871585
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,834,807
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)	1,834,807
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,834,807
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,834,807
7	DEDUCTIBLES	75,232
8	SUBTOTAL	1,759,575
9	COINSURANCE	
10	SUBTOTAL	1,759,575
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	20,862
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,603
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	20,862
12	SUBTOTAL	1,774,178
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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)	1,774,178
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,759,575
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	14,603
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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.

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2008  
 I 14-0040 I FROM 5/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 4/30/2008 I PART III  
 I 14-5690 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

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				
2				
3				
4				
5				
6				
7				
8				
9				
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
11				
12				
13				
14				
15				
16				
	CUSTOMARY CHARGES			
17				
18				
19				
20				
21				
22				
23				
24				
25				2,789,243
26				
27				
28				
29				
30				2,789,243
31				
32				2,789,243
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35				2,789,243
36				247,440
37				
38				3,791
38.01				
38.02				
38.03				2,654
39				
40				2,544,457
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				2,544,457
53				
54				
55				2,544,457
56				
57				2,541,803
57.01				
58				2,654
59				

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/28/2008
I	14-0040	I	FROM 5/ 1/2007	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 4/30/2008	I	PART III	
I	14-5690	I		I		

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

TITLE XVIII

SNF

PPS  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

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

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-1,292,079			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	15,268,225			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,585,224			
7	INVENTORY	2,286,657			
8	PREPAID EXPENSES	522,630			
9	OTHER CURRENT ASSETS	180,326			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	15,380,535			
FIXED ASSETS					
12	LAND	433,029			
12.01	LAND IMPROVEMENTS	451,166			
13	LAND IMPROVEMENTS	451,166			
13.01	LESS ACCUMULATED DEPRECIATION	-111,769			
14	BUILDINGS	15,505,758			
14.01	LESS ACCUMULATED DEPRECIATION	-1,853,917			
15	LEASEHOLD IMPROVEMENTS	2,455,902			
15.01	LESS ACCUMULATED DEPRECIATION	-252,457			
16	FIXED EQUIPMENT	533,097			
16.01	LESS ACCUMULATED DEPRECIATION	-79,863			
17	AUTOMOBILES AND TRUCKS	3,909			
17.01	LESS ACCUMULATED DEPRECIATION	-2,497			
18	MAJOR MOVABLE EQUIPMENT	5,843,839			
18.01	LESS ACCUMULATED DEPRECIATION	-2,035,235			
19	MINOR EQUIPMENT DEPRECIABLE	2,062,371			
19.01	LESS ACCUMULATED DEPRECIATION	-1,207,196			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	21,746,137			
OTHER ASSETS					
22	INVESTMENTS	1,988,290			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	132,761			
26	TOTAL OTHER ASSETS	2,121,051			
27	TOTAL ASSETS	39,247,723			



BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	936,805			
29 SALARIES, WAGES & FEES PAYABLE	1,921,121			
30 PAYROLL TAXES PAYABLE	204,144			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-3,494,341			
35 OTHER CURRENT LIABILITIES	1,276,370			
36 TOTAL CURRENT LIABILITIES	844,099			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	844,099			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	38,403,624			
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	38,403,624			
52 TOTAL LIABILITIES AND FUND BALANCES	39,247,723			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		22,309,828		
2 OF PERIOD				
3 NET INCOME (LOSS)		16,093,793		
4 TOTAL		38,403,621		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7 ROUNDING	3			
8				
9				
10 TOTAL ADDITIONS		3		
11 SUBTOTAL		38,403,624		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		38,403,624		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,462,038		19,462,038
2 00 SUBPROVIDER	3,825,080		3,825,080
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,645,015		3,645,015
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	26,932,133		26,932,133
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,594,896		7,594,896
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,594,896		7,594,896
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	34,527,029		34,527,029
17 00 ANCILLARY SERVICES	91,448,872	126,807,398	218,256,270
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	125,975,901	126,807,398	252,783,299

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	56,418,852		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		56,418,852	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	252,783,299
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	182,080,853
3	NET PATIENT REVENUES	70,702,446
4	LESS: TOTAL OPERATING EXPENSES	56,418,852
5	NET INCOME FROM SERVICE TO PATIENTS	14,283,594
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
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	
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	1,810,199
25	TOTAL OTHER INCOME	1,810,199
26	TOTAL	16,093,793
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	16,093,793

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	1,068,443
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	90,486
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	41.89
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,158,929

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)	