

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0120		FROM 5/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/19/2008 TIME 8:13

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:
 PEKIN MEMORIAL HOSPITAL 14-0120

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

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-46,177	21,991		0
5	HOSPITAL-BASED SNF	0	0	0		0
7	HOSPITAL-BASED HHA	0	0	-205		0
100	TOTAL	0	-46,177	21,786		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.

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 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) -----
 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 1 6120 37900

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	25.05%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07 OTHER	6.06%	Y
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 ELIGIBLE 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 ELIGIBLE 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
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE 1 2 3
 N Y N

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,940			7,112		1,408
2 HMO							318
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,940			7,112		1,408
6 INTENSIVE CARE UNIT	8	2,928			692		111
11 NURSERY							519
12 TOTAL	98	35,868			7,804		2,038
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	27	9,882			3,039		
16 NURSING FACILITY							
18 HOME HEALTH AGENCY					5,779		
25 TOTAL	125						
26 OBSERVATION BED DAYS							341
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 OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			13,577				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			13,577				
6 INTENSIVE CARE UNIT			1,482				
11 NURSERY			1,019				
12 TOTAL			16,078				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			4,464				
16 NURSING FACILITY							
18 HOME HEALTH AGENCY			8,126				
25 TOTAL							
26 OBSERVATION BED DAYS	50	291	1,274	174	1,100		
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 XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,602	587	3,800
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		547.70			1,602	587	3,800
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		20.17					
16 NURSING FACILITY							
18 HOME HEALTH AGENCY		8.36					
25 TOTAL		576.23					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	26,304,558		26,304,558	1,198,515.00	21.95	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,761,839		1,761,839	19,945.00	88.33	
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	1,320,438		1,320,438	48,490.00	27.23	
8 SNF	839,445		839,445	41,948.00	20.01	
8.01 EXCLUDED AREA SALARIES	548,562		548,562	28,272.00	19.40	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,005,775		1,005,775	31,952.75	31.48	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	550		550	5.50	100.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,110,504		1,110,504	40,742.37	27.26	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,505,466		6,505,466			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	389,970		389,970			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	495,000		495,000			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/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	-179	341,238	341,059	12,337.00	27.65	
22 ADMINISTRATIVE & GENERAL	4,040,579	-341,238	3,699,341	193,189.00	19.15	
22.01 A & G UNDER CONTRACT	1,203,043		1,203,043	8,809.60	136.56	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	610,697		610,697	29,036.00	21.03	
25 LAUNDRY & LINEN SERVICE	147,678		147,678	12,651.00	11.67	
26 HOUSEKEEPING	721,153		721,153	69,389.00	10.39	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	536,246	-265,280	270,966	17,298.73	15.66	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		265,280	265,280	26,776.27	9.91	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,025,262		1,025,262	29,080.00	35.26	
31 CENTRAL SERVICE AND SUPPLY	126,821		126,821	9,231.00	13.74	
32 PHARMACY	735,522		735,522	22,901.00	32.12	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	635,495		635,495	39,159.00	16.23	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	23,222,281		23,222,281	1,130,080.00	20.55	
2 EXCLUDED AREA SALARIES	1,388,007		1,388,007	70,220.00	19.77	
3 SUBTOTAL SALARIES	21,834,274		21,834,274	1,059,860.00	20.60	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,116,829		2,116,829	72,700.62	29.12	
5 SUBTOTAL WAGE-RELATED COSTS	6,505,466		6,505,466		29.79	
6 TOTAL	30,456,569		30,456,569	1,132,560.62	26.89	
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	9,782,317		9,782,317	469,857.60	20.82	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0120
HHA NO: 14-7057
COUNTY: TAZWELL
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	99	4	25
2 UNDUPLICATED CENSUS COUNT		427.00	18.00	106.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	128
2 UNDUPLICATED CENSUS COUNT	551.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	3.01		3.01
6 DIRECTING NURSING SERVICE	4.30		4.30
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		2.75	2.75
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		.11	.11
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.02	.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.06		.06
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	6120		
20.01	9914		

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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	2,441	98	54	78
22 SKILLED NURSING VISIT CHARGES	335,337	13,458	7,427	10,716
23 PHYSICAL THERAPY VISITS	1,902	17	13	57
24 PHYSICAL THERAPY VISIT CHARGES	285,034	2,548	1,948	8,542
25 OCCUPATIONAL THERAPY VISITS	102	0	0	4
26 OCCUPATIONAL THERAPY VISIT CHARGES	15,388	0	0	603
27 SPEECH PATHOLOGY VISITS	29	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,722	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	797	41	1	24
32 HOME HEALTH AIDE VISIT CHARGES	49,454	2,544	62	1,489
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,271	156	68	163
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	689,935	18,550	9,437	21,350
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	322	0	21	16
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,289	3,301	446	390

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	67	2,738
22 SKILLED NURSING VISIT CHARGES	0	9,209	376,147
23 PHYSICAL THERAPY VISITS	0	31	2,020
24 PHYSICAL THERAPY VISIT CHARGES	0	4,646	302,718
25 OCCUPATIONAL THERAPY VISITS	0	0	106
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	15,991
27 SPEECH PATHOLOGY VISITS	0	0	29
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,722
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	23	886
32 HOME HEALTH AIDE VISIT CHARGES	0	1,427	54,976
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	121	5,779
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	15,282	754,554
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	7	366
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	58	13,484

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		7				
3	RUA		3				
3.01	RUX						
3.02	RUL		28				
4	RVC		25				
5	RVB		44				
6	RVA		45				
6.01	RVX		40				
6.02	RVL		414				
7	RHC		14				
8	RHB		166				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		41				
12	RMA		3				
12.01	RMX		417				
12.02	RML		1,512				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		58				
16	SE2		139				
17	SE1						
18	SSC						
19	SSB						
20	SSA		80				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		3				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		3,039				

(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): 0.8982
 Wage Index Factor (after 10/01) : 0.9299
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8982
 Wage Index Factor (after 10/01) : 0.9299
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

GROUP(1)		M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1			3a	3	3.01	4a	4	4.01
1	RUC		456.81			485.83		
2	RUB		418.80	418.80	7	445.40		
3	RUA		399.14	399.14	3	424.49		
3.01	RUX		538.08			572.26		
3.02	RUL		472.54	472.54	28	502.56		
4	RVC		367.33	367.33	25	390.66		
5	RVB		348.97	348.97	44	371.15		
6	RVA		313.58	313.58	45	333.51		
6.01	RVX		407.96	407.96	40	433.87		
6.02	RVL		380.43	380.43	414	404.59		
7	RHC		319.61	319.61	14	339.91		
8	RHB		305.19	305.19	166	324.58		
9	RHA		282.91			300.88		
9.01	RHX		345.83			367.79		
9.02	RHL		339.27			360.82		
10	RMC		293.65			312.30		
11	RMB		285.78	285.78	41	303.95		
12	RMA		279.23	279.23	3	296.97		
12.01	RMX		395.89	395.89	417	421.04		
12.02	RML		363.12	363.12	1,512	386.19		
13	RLB		258.78			275.22		
14	RLA		220.76			234.79		
14.01	RLX		281.06			298.91		
15	SE3		323.69	323.69	58	344.25		
16	SE2		275.20	275.20	139	292.67		
17	SE1		245.05			260.61		
18	SSC		241.12			256.43		
19	SSB		228.01			242.49		
20	SSA		224.07	224.07	80	238.31		
21	CC2		239.81			255.04		
22	CC1		218.83			232.74		
23	CB2		208.35			221.58		
24	CB1		199.18			211.82		
25	CA2		197.87			210.43		
26	CA1		184.75	184.75	3	196.49		
27	IB2		176.89			188.13		
28	IB1		174.27			185.34		
29	IA2		159.85			170.00		
30	IA1		153.30			163.04		
31	BB2		175.58			186.73		
32	BB1		170.34			181.16		
33	BA2		158.54			168.61		
34	BA1		148.05			157.45		
35	PE2		191.31			203.46		
36	PE1		187.37			199.28		
37	PD2		182.13			193.70		
38	PD1		179.51			190.91		
39	PC2		172.96			183.94		
40	PC1		170.34			181.16		
41	PB2		151.98			161.64		
42	PB1		150.67			160.24		
43	PA2		149.36			158.85		
44	PA1		145.43			154.67		
45	Default		145.43			154.67		
46	TOTAL				3,039			

(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): 0.8982
 Wage Index Factor (after 10/01) : 0.9299
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		S W I N G		TOTAL	
			SERV PRIOR TO OCT. 1ST	RATE	SERV ON/AFTER OCT. 1ST	RATE		BED SNF
	1	2	4.02	DAYS	4.04	DAYS	4.06	5
1	RUC		1,041.53		1,107.69			
2	RUB		954.86		1,015.51			2,932
3	RUA		910.04		967.84			1,197
3.01	RUX		1,226.82		1,304.75			
3.02	RUL		1,077.39		1,145.84			13,231
4	RVC		837.51		890.70			9,183
5	RVB		795.65		846.22			15,355
6	RVA		714.96		760.40			14,111
6.01	RVX		930.15		989.22			16,318
6.02	RVL		867.38		922.47			157,498
7	RHC		728.71		774.99			4,475
8	RHB		695.83		740.04			50,662
9	RHA		645.03		686.01			
9.01	RHX		788.49		838.56			
9.02	RHL		773.54		822.67			
10	RMC		669.52		712.04			
11	RMB		651.58		693.01			11,717
12	RMA		636.64		677.09			838
12.01	RMX		902.63		959.97			165,086
12.02	RML		827.91		880.51			549,037
13	RLB		590.02		627.50			
14	RLA		503.33		535.32			
14.01	RLX		640.82		681.51			
15	SE3		738.01		784.89			18,774
16	SE2		627.46		667.29			38,253
17	SE1		558.71		594.19			
18	SSC		549.75		584.66			
19	SSB		519.86		552.88			
20	SSA		510.88		543.35			17,926
21	CC2		546.77		581.49			
22	CC1		498.93		530.65			
23	CB2		475.04		505.20			
24	CB1		454.13		482.95			
25	CA2		451.14		479.78			
26	CA1		421.23		448.00			554
27	IB2		403.31		428.94			
28	IB1		397.34		422.58			
29	IA2		364.46		387.60			
30	IA1		349.52		371.73			
31	BB2		400.32		425.74			
32	BB1		388.38		413.04			
33	BA2		361.47		384.43			
34	BA1		337.55		358.99			
35	PE2		436.19		463.89			
36	PE1		427.20		454.36			
37	PD2		415.26		441.64			
38	PD1		409.28		435.27			
39	PC2		394.35		419.38			
40	PC1		388.38		413.04			
41	PB2		346.51		368.54			
42	PB1		343.53		365.35			
43	PA2		340.54		362.18			
44	PA1		331.58		352.65			
45	Default		331.58		352.65			
46	TOTAL							1,087,147

(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): 0.8982
 Wage Index Factor (after 10/01): 0.9299
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

Non-CMS S-7 options selected:

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8982
 Wage Index Factor (after 10/01) : 0.9299
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

GROUP(1) 1	M3PI REVENUE CODE 2	A I D S D I A G N O S I S		C O D E O 4 2		S W I N G B E D S N F D A Y S 4. 0 6	T O T A L 5
		S E R V P R I O R T O O C T. 1 S T R A T E 4. 0 2	D A Y S 4. 0 3	S E R V O N / A F T E E R O C T. 1 S T R A T E 4. 0 4	D A Y S 4. 0 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): 0.8982
 Wage Index Factor (after 10/01) : 0.9299
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2007	9/19/2008
	TO 4/30/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	27,654,174
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	27,654,174
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)	.265901
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	27,654,174

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/1/2007	9/19/2008
	TO 4/30/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,353,273
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,319,215
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	882,583
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,353,273

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,795,220	1,795,220	1,503,775	3,298,995
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,355,088	2,355,088	47,789	2,402,877
5	0500 EMPLOYEE BENEFITS	-179	7,279,241	7,279,062	799,120	8,078,182
6	0600 ADMINISTRATIVE & GENERAL	4,040,579	9,188,297	13,228,876	-1,681,183	11,547,693
8	0800 OPERATION OF PLANT	610,697	1,463,171	2,073,868	-473	2,073,395
9	0900 LAUNDRY & LINEN SERVICE	147,678	125,225	272,903		272,903
10	1000 HOUSEKEEPING	721,153	352,598	1,073,751		1,073,751
11	1100 DIETARY	536,246	753,638	1,289,884	-638,103	651,781
12	1200 CAFETERIA				638,103	638,103
14	1400 NURSING ADMINISTRATION	1,025,262	44,867	1,070,129	-298	1,069,831
15	1500 CENTRAL SERVICES & SUPPLY	126,821	298,755	425,576	1,866	427,442
16	1600 PHARMACY	735,522	2,104,843	2,840,365	-1,847,548	992,817
17	1700 MEDICAL RECORDS & LIBRARY	635,495	152,561	788,056	-759	787,297
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,181,166	484,873	5,666,039	-996,303	4,669,736
26	2600 INTENSIVE CARE UNIT	1,078,355	56,279	1,134,634	11,683	1,146,317
33	3300 NURSERY				343,785	343,785
34	3400 SKILLED NURSING FACILITY	839,445	76,318	915,763	-16,463	899,300
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,221,270	3,420,219	5,641,489	-2,920,906	2,720,583
39	3900 DELIVERY ROOM & LABOR ROOM				475,003	475,003
40	4000 ANESTHESIOLOGY	1,792,126	229,865	2,021,991	-127,371	1,894,620
41	4100 RADIOLOGY-DIAGNOSTIC	1,727,708	1,430,676	3,158,384	-414,520	2,743,864
42	4200 RADIOLOGY-THERAPEUTIC	144,555	330,253	474,808	-3,167	471,641
43	4300 RADIOISOTOPE	368,036	423,227	791,263	-16,893	774,370
44	4400 LABORATORY	1,094,337	1,130,842	2,225,179	-71,886	2,153,293
47	4700 BLOOD STORING, PROCESSING & TRANS.		493,196	493,196	42,009	535,205
49	4900 RESPIRATORY THERAPY	389,574	110,123	499,697	-45,399	454,298
50	5000 PHYSICAL THERAPY		659,794	659,794	-3,592	656,202
51	5100 OCCUPATIONAL THERAPY		182,599	182,599	-136	182,463
52	5200 SPEECH PATHOLOGY		128,999	128,999	2,405	131,404
53	5300 ELECTROCARDIOLOGY	420,318	310,117	730,435	1,647	732,082
54	5400 ELECTROENCEPHALOGRAPHY	649	176,241	176,890	1,433	178,323
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,420,418	4,420,418
56	5600 DRUGS CHARGED TO PATIENTS				1,979,014	1,979,014
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,919,183	3,102,489	5,021,672	-54,226	4,967,446
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	434,606	262,093	696,699	-7,857	688,842
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,420,967	1,420,967	-1,420,967	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	26,190,602	40,342,674	66,533,276	-0-	66,533,276
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	113,956	29,960	143,916		143,916
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	26,304,558	40,372,634	66,677,192	-0-	66,677,192

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/19/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-270,709	3,028,286
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-100,434	2,302,443
5	0500 EMPLOYEE BENEFITS	-647,313	7,430,869
6	0600 ADMINISTRATIVE & GENERAL	-2,124,180	9,423,513
8	0800 OPERATION OF PLANT		2,073,395
9	0900 LAUNDRY & LINEN SERVICE	-5,465	267,438
10	1000 HOUSEKEEPING		1,073,751
11	1100 DIETARY	-124,510	527,271
12	1200 CAFETERIA	-246,848	391,255
14	1400 NURSING ADMINISTRATION	-18,824	1,051,007
15	1500 CENTRAL SERVICES & SUPPLY		427,442
16	1600 PHARMACY		992,817
17	1700 MEDICAL RECORDS & LIBRARY	-27,302	759,995
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-14,643	4,655,093
26	2600 INTENSIVE CARE UNIT		1,146,317
33	3300 NURSERY	-1,257	342,528
34	3400 SKILLED NURSING FACILITY	-14,743	884,557
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,720,583
39	3900 DELIVERY ROOM & LABOR ROOM		475,003
40	4000 ANESTHESIOLOGY	-1,761,839	132,781
41	4100 RADIOLOGY-DIAGNOSTIC	-15,330	2,728,534
42	4200 RADIOLOGY-THERAPEUTIC		471,641
43	4300 RADIOISOTOPE		774,370
44	4400 LABORATORY	-83,868	2,069,425
47	4700 BLOOD STORING, PROCESSING & TRANS.		535,205
49	4900 RESPIRATORY THERAPY		454,298
50	5000 PHYSICAL THERAPY	-3,878	652,324
51	5100 OCCUPATIONAL THERAPY		182,463
52	5200 SPEECH PATHOLOGY		131,404
53	5300 ELECTROCARDIOLOGY	-297,849	434,233
54	5400 ELECTROENCEPHALOGRAPHY	-168,750	9,573
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,420,418
56	5600 DRUGS CHARGED TO PATIENTS		1,979,014
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-2,873,233	2,094,213
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		688,842
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	9500 SUBTOTALS	-8,800,975	57,732,301
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		143,916
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7952 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-8,800,975	57,876,217

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	9900	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	9900	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140120

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

PREPARED 9/19/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 TO RECLASS BLOOD SALARIES FROM LAB	A	BLOOD STORING, PROCESSING & TRANS.	47		57,799	
2 TO RECLASS BILLABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56			1,979,014
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 TO RECLASS CAFETERIA COSTS	C	CAFETERIA	12		265,280	372,823
15 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3			1,420,967
16 TO RECLASS LDR EXPENSES	E	NURSERY	33		323,569	14,327
17		DELIVERY ROOM & LABOR ROOM	39		447,071	19,796
18 TO RECLASS SERVICE COSTS	F	ADULTS & PEDIATRICS	25			12,425
19		NURSERY	33			5,889
20		DELIVERY ROOM & LABOR ROOM	39			8,136
21		INTENSIVE CARE UNIT	26			22,078
22		SKILLED NURSING FACILITY	34			637
23		OPERATING ROOM	37			63,168
24		ANESTHESIOLOGY	40			21,304
25		RADIOLOGY-DIAGNOSTIC	41			199,775
26		RADIOLOGY-THERAPEUTIC	42			3,992
27		RADIOISOTOPE	43			121,450
28		LABORATORY	44			49,587
29		RESPIRATORY THERAPY	49			16,009
30		PHYSICAL THERAPY	50			2,319
31		SPEECH PATHOLOGY	52			2,600
32		ELECTROCARDIOLOGY	53			8,065
33		ELECTROENCEPHALOGRAPHY	54			1,433
34		CENTRAL SERVICES & SUPPLY	15			23,340
35		EMERGENCY	61			20,338
1 TO RECLASS SUPPLY COSTS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,420,418
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20 TO RECLASS RENT EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3			42,742
21 TO RECLASS PROPERTY INSURANCE	I	OTHER CAPITAL RELATED COSTS	90			87,855
22 TO RECLASS HUMAN RESOURCES	J	EMPLOYEE BENEFITS	5		341,238	457,882
23 TO RECLASS TELEPHONE EXPENSE	K	ADMINISTRATIVE & GENERAL	6			3,015
24						
25						
26						
27 TO RECLASS ER PHYSICIAN FEES	L	EMERGENCY	61			168,235
28 TO RECLASS MRI LEASE EXPENSE	M	RADIOLOGY-DIAGNOSTIC	41			3,701
36 TOTAL RECLASSIFICATIONS					1,434,957	9,573,320

(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:
140120

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

PREPARED 9/19/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS BLOOD SALARIES FROM LAB	A	LABORATORY	44	57,799		
2 TO RECLASS BILLABLE DRUGS	B	ADULTS & PEDIATRICS	25		644	
3		INTENSIVE CARE UNIT	26		326	
4		SKILLED NURSING FACILITY	34		51	
5		OPERATING ROOM	37		20,662	
6		ANESTHESIOLOGY	40		3,300	
7		RADIOLOGY-DIAGNOSTIC	41		8,882	
8		RADIOLOGY-THERAPEUTIC	42		735	
9		RADIOISOTOPE	43		74,289	
10		BLOOD STORING, PROCESSING & TRANS.	47		15,600	
11		CENTRAL SERVICES & SUPPLY	15		21,474	
12		PHARMACY	16		1,824,505	
13		EMERGENCY	61		8,546	
14 TO RECLASS CAFETERIA COSTS	C	DIETARY	11	265,280	372,823	
15 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88		1,420,967	11
16 TO RECLASS LDR EXPENSES	E	ADULTS & PEDIATRICS	25	770,640	34,123	
17						
18 TO RECLASS SERVICE COSTS	F	ADMINISTRATIVE & GENERAL	6		582,545	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 TO RECLASS SUPPLY COSTS	G	NURSING ADMINISTRATION	14		298	
2		ADULTS & PEDIATRICS	25		203,321	
3		INTENSIVE CARE UNIT	26		10,069	
4		SKILLED NURSING FACILITY	34		17,049	
5		OPERATING ROOM	37		2,963,412	
6		ANESTHESIOLOGY	40		145,375	
7		RADIOLOGY-DIAGNOSTIC	41		608,164	
8		RADIOLOGY-THERAPEUTIC	42		6,424	
9		RADIOISOTOPE	43		64,054	
10		LABORATORY	44		63,674	
11		BLOOD STORING, PROCESSING & TRANS.	47		190	
12		RESPIRATORY THERAPY	49		61,408	
13		PHYSICAL THERAPY	50		5,911	
14		OCCUPATIONAL THERAPY	51		136	
15		SPEECH PATHOLOGY	52		195	
16		ELECTROCARDIOLOGY	53		6,418	
17		PHARMACY	16		23,043	
18		EMERGENCY	61		234,253	
19		HOME HEALTH AGENCY	71		7,024	
20 TO RECLASS RENT EXPENSE	H	ADMINISTRATIVE & GENERAL	6		42,742	10
21 TO RECLASS PROPERTY INSURANCE	I	ADMINISTRATIVE & GENERAL	6		87,855	
22 TO RECLASS HUMAN RESOURCES	J	ADMINISTRATIVE & GENERAL	6	341,238	457,882	
23 TO RECLASS TELEPHONE EXPENSE	K	MEDICAL RECORDS & LIBRARY	17		759	
24		RADIOLOGY-DIAGNOSTIC	41		950	
25		HOME HEALTH AGENCY	71		833	
26		OPERATION OF PLANT	8		473	
27 TO RECLASS ER PHYSICIAN FEES	L	ADMINISTRATIVE & GENERAL	6		168,235	
28 TO RECLASS MRI LEASE EXPENSE	M	ADMINISTRATIVE & GENERAL	6		3,701	
36 TOTAL RECLASSIFICATIONS				1,434,957	9,573,320	

(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:
140120

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

PREPARED 9/19/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS BLOOD SALARIES FROM LAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	57,799	LABORATORY	44	57,799	
TOTAL RECLASSIFICATIONS FOR CODE A			57,799				57,799

RECLASS CODE: B
EXPLANATION : TO RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,979,014	ADULTS & PEDIATRICS	25	644	
2.00			0	INTENSIVE CARE UNIT	26	326	
3.00			0	SKILLED NURSING FACILITY	34	51	
4.00			0	OPERATING ROOM	37	20,662	
5.00			0	ANESTHESIOLOGY	40	3,300	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	8,882	
7.00			0	RADIOLOGY-THERAPEUTIC	42	735	
8.00			0	RADIOISOTOPE	43	74,289	
9.00			0	BLOOD STORING, PROCESSING & TR	47	15,600	
10.00			0	CENTRAL SERVICES & SUPPLY	15	21,474	
11.00			0	PHARMACY	16	1,824,505	
12.00			0	EMERGENCY	61	8,546	
TOTAL RECLASSIFICATIONS FOR CODE B			1,979,014				1,979,014

RECLASS CODE: C
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	638,103	DIETARY	11	638,103	
TOTAL RECLASSIFICATIONS FOR CODE C			638,103				638,103

RECLASS CODE: D
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,420,967	INTEREST EXPENSE	88	1,420,967	
TOTAL RECLASSIFICATIONS FOR CODE D			1,420,967				1,420,967

RECLASS CODE: E
EXPLANATION : TO RECLASS LDR EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	337,896	ADULTS & PEDIATRICS	25	804,763	
2.00	DELIVERY ROOM & LABOR ROOM	39	466,867			0	
TOTAL RECLASSIFICATIONS FOR CODE E			804,763				804,763

RECLASS CODE: F
EXPLANATION : TO RECLASS SERVICE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	12,425	ADMINISTRATIVE & GENERAL	6	582,545	
2.00	NURSERY	33	5,889			0	
3.00	DELIVERY ROOM & LABOR ROOM	39	8,136			0	
4.00	INTENSIVE CARE UNIT	26	22,078			0	
5.00	SKILLED NURSING FACILITY	34	637			0	
6.00	OPERATING ROOM	37	63,168			0	
7.00	ANESTHESIOLOGY	40	21,304			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	199,775			0	
9.00	RADIOLOGY-THERAPEUTIC	42	3,992			0	
10.00	RADIOISOTOPE	43	121,450			0	
11.00	LABORATORY	44	49,587			0	
12.00	RESPIRATORY THERAPY	49	16,009			0	
13.00	PHYSICAL THERAPY	50	2,319			0	
14.00	SPEECH PATHOLOGY	52	2,600			0	
15.00	ELECTROCARDIOLOGY	53	8,065			0	
16.00	ELECTROENCEPHALOGRAPHY	54	1,433			0	
17.00	CENTRAL SERVICES & SUPPLY	15	23,340			0	
18.00	EMERGENCY	61	20,338			0	
TOTAL RECLASSIFICATIONS FOR CODE F			582,545				582,545

RECLASSIFICATIONS

PROVIDER NO:
140120

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

PREPARED 9/19/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : TO RECLASS SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,420,418	NURSING ADMINISTRATION	14	298	
2.00			0	ADULTS & PEDIATRICS	25	203,321	
3.00			0	INTENSIVE CARE UNIT	26	10,069	
4.00			0	SKILLED NURSING FACILITY	34	17,049	
5.00			0	OPERATING ROOM	37	2,963,412	
6.00			0	ANESTHESIOLOGY	40	145,375	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	608,164	
8.00			0	RADIOLOGY-THERAPEUTIC	42	6,424	
9.00			0	RADIOISOTOPE	43	64,054	
10.00			0	LABORATORY	44	63,674	
11.00			0	BLOOD STORING, PROCESSING & TR	47	190	
12.00			0	RESPIRATORY THERAPY	49	61,408	
13.00			0	PHYSICAL THERAPY	50	5,911	
14.00			0	OCCUPATIONAL THERAPY	51	136	
15.00			0	SPEECH PATHOLOGY	52	195	
16.00			0	ELECTROCARDIOLOGY	53	6,418	
17.00			0	PHARMACY	16	23,043	
18.00			0	EMERGENCY	61	234,253	
19.00			0	HOME HEALTH AGENCY	71	7,024	
TOTAL RECLASSIFICATIONS FOR CODE G			4,420,418	TOTAL RECLASSIFICATIONS FOR CODE G			4,420,418

RECLASS CODE: H
EXPLANATION : TO RECLASS RENT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	42,742	ADMINISTRATIVE & GENERAL	6	42,742	
TOTAL RECLASSIFICATIONS FOR CODE H			42,742	TOTAL RECLASSIFICATIONS FOR CODE H			42,742

RECLASS CODE: I
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	87,855	ADMINISTRATIVE & GENERAL	6	87,855	
TOTAL RECLASSIFICATIONS FOR CODE I			87,855	TOTAL RECLASSIFICATIONS FOR CODE I			87,855

RECLASS CODE: J
EXPLANATION : TO RECLASS HUMAN RESOURCES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	799,120	ADMINISTRATIVE & GENERAL	6	799,120	
TOTAL RECLASSIFICATIONS FOR CODE J			799,120	TOTAL RECLASSIFICATIONS FOR CODE J			799,120

RECLASS CODE: K
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	3,015	MEDICAL RECORDS & LIBRARY	17	759	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	950	
3.00			0	HOME HEALTH AGENCY	71	833	
4.00			0	OPERATION OF PLANT	8	473	
TOTAL RECLASSIFICATIONS FOR CODE K			3,015	TOTAL RECLASSIFICATIONS FOR CODE K			3,015

RECLASS CODE: L
EXPLANATION : TO RECLASS ER PHYSICIAN FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	168,235	ADMINISTRATIVE & GENERAL	6	168,235	
TOTAL RECLASSIFICATIONS FOR CODE L			168,235	TOTAL RECLASSIFICATIONS FOR CODE L			168,235

RECLASS CODE: M
EXPLANATION : TO RECLASS MRI LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	3,701	ADMINISTRATIVE & GENERAL	6	3,701	
TOTAL RECLASSIFICATIONS FOR CODE M			3,701	TOTAL RECLASSIFICATIONS FOR CODE M			3,701

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,449,581					1,449,581	
2 LAND IMPROVEMENTS	1,599,935	36,605		36,605	142,233	1,494,307	
3 BUILDINGS & FIXTURE	11,554,361					11,554,361	
4 BUILDING IMPROVEMENT	15,541,072	562,919		562,919	140,714	15,963,277	
5 FIXED EQUIPMENT	13,224,938	261,931		261,931	98,563	13,388,306	
6 MOVABLE EQUIPMENT	20,907,653	1,308,716		1,308,716	1,000,974	21,215,395	
7 SUBTOTAL	64,277,540	2,170,171		2,170,171	1,382,484	65,065,227	
8 RECONCILING ITEMS							
9 TOTAL	64,277,540	2,170,171		2,170,171	1,382,484	65,065,227	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	29,011,945		29,011,945	.456050	40,066			40,066
4	NEW CAP REL COSTS-MV	34,603,701		34,603,701	.543950	47,789			47,789
5	TOTAL	63,615,646		63,615,646	1.000000	87,855			87,855

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	1,589,222	42,742	1,128,183	40,066		228,073	3,028,286
4	NEW CAP REL COSTS-MV	2,254,654			47,789			2,302,443
5	TOTAL	3,843,876	42,742	1,128,183	87,855		228,073	5,330,729

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	1,567,147					228,073	1,795,220
4	NEW CAP REL COSTS-MV	2,355,088						2,355,088
5	TOTAL	3,922,235					228,073	4,150,308

* All lines numbers except line 5 are to be consistent with Workshseet 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

PROVIDER NO: 14-0120

PERIOD: 5/ 1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-292,784	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-10	ADMINISTRATIVE & GENERAL	6	
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	-3,396,642			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-927,176			
15 LAUNDRY AND LINEN SERVICE	B	-5,465	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-246,848	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-27,302	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 WELLNESS CENTER AND AEROBICS CLASSES	B	-24,079	ELECTROCARDIOLOGY	53	
38 EDUCATION REVENUE	B	-18,824	NURSING ADMINISTRATION	14	
39 PHYSICAL THERAPY REVENUE	B	-3,878	PHYSICAL THERAPY	50	
40 SICKBAY REVENUE	B	-1,310	ADULTS & PEDIATRICS	25	
41 NURSERY REVENUE	B	-1,257	NURSERY	33	
42 CORONER AUTOPSY FEES	B	-16,368	LABORATORY	44	
43 MISCELLANEOUS OTHER INCOME	B	-60,195	ADMINISTRATIVE & GENERAL	6	
44 RADIOLOGY TRANSCRIPT REVENUE	B	-15,330	RADIOLOGY-DIAGNOSTIC	41	
45 DEPRECIATION LAPSING SCHEDULE	A	29,633	NEW CAP REL COSTS-BLDG &	3	9
46 ADVERTISING EXPENSE	A	-462,574	ADMINISTRATIVE & GENERAL	6	
47 ADVERTISING BENEFITS	A	-40,401	EMPLOYEE BENEFITS	5	
48 LOBBYING EXPENSE	A	-24,934	ADMINISTRATIVE & GENERAL	6	
49 CRNA SALARIES	A	-1,761,839	ANESTHESIOLOGY	40	
49.01 CRNA BENEFITS	A	-487,536	EMPLOYEE BENEFITS	5	
49.02 CASH ADJUSTMENTS	B	-43	ADMINISTRATIVE & GENERAL	6	
49.03 DIETARY MEALS	B	-124,510	DIETARY	11	
49.04 INTEREST EXPENSE- PENALTY	A	-48,144	ADMINISTRATIVE & GENERAL	6	
49.05 IDPA BED TAX	A	-14,743	SKILLED NURSING FACILITY	34	
49.06 COMMISSIONS	B	-3,930	ADMINISTRATIVE & GENERAL	6	
49.07 COUNTRY CLUB DUES	A	-3,762	ADMINISTRATIVE & GENERAL	6	
49.08 ADVERTISING SALARIES	A	-146,000	ADMINISTRATIVE & GENERAL	6	
49.09 MRI GOODWILL AMORTIZATION	A	-674,724	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,800,975			

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & CAPI TAL COSTS- BLDG	35,184	42,742	-7,558	9
2	4	NEW CAP REL COSTS-MVBLE E CAPI TAL COSTS- MME	467,530	567,964	-100,434	9
3	5	EMPLOYEE BENEFITS HUMAN RESOURCES	679,744	799,120	-119,376	
4	6	ADMINISTRATIVE & GENERAL PROVIDER TAX HOSPITAL	1,205,280	1,205,280		
4.01	6	ADMINISTRATIVE & GENERAL ADMIN/IS/FINANCE	2,807,375	3,507,183	-699,808	
5		TOTALS	5,195,113	6,122,289	-927,176	

* 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 XVII.

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
B	PROGRESSIVE HEALTH SYSTEM	100.00		0.00	HEALTH CARE MANAGEMENT
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		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

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED: 9/19/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 54	SLEEP LAB/ AGGREGATE	168,750	168,750					
2 25	WOMEN & CHILDREN	13,333	13,333					
3 61	EMERGENCY/AGGREGATE	2,873,233	2,873,233					
4 44	LABORATORY/AGGREGATE	67,500	67,500					
5 53	EKG/AGGREGATE	273,770	273,770					
6 6	UTILIZATION REVIEW/MOATS	550		550	171,400	6	494	25
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	3,397,136	3,396,586	550		6	494	25

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED: 9/19/2008
 WORKSHEET: A-8-2
 GROUP: 1

LINE NO.	WKSHT A IDENTIFIER	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	54	SLEEP LAB/ AGGREGATE							168,750
2	25	WOMEN & CHILDREN							13,333
3	61	EMERGENCY/AGGREGATE			168,235				2,873,233
4	44	LABORATORY/AGGREGATE							67,500
5	53	EKG/AGGREGATE							273,770
6	6	UTILIZATION REVIEW/MOATS					494	56	56
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			168,235		494	56	3,396,642

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT		
	0	3	4	5		5a.00	6	8
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &	3,028,286	3,028,286						
005 NEW CAP REL COSTS-MVBLE	2,302,443		2,302,443					
006 EMPLOYEE BENEFITS	7,430,869	14,866	164	7,445,899				
008 ADMINISTRATIVE & GENERAL	9,423,513	837,580	619,391	1,099,859	11,980,343	11,980,343		
009 OPERATION OF PLANT	2,073,395	307,516	7,958	189,028	2,577,897	672,916	3,250,813	
010 LAUNDRY & LINEN SERVICE	267,438	37,713	12,173	45,710	363,034	94,764	65,620	
011 HOUSEKEEPING	1,073,751	2,975	87	223,217	1,300,030	339,351	5,177	
012 DIETARY	527,271	60,590	14,071	83,872	685,804	179,017	105,425	
014 CAFETERIA	391,255	20,083		82,112	493,450	128,807	34,944	
015 NURSING ADMINISTRATION	1,051,007	22,907	45,626	317,347	1,436,887	375,075	39,858	
016 CENTRAL SERVICES & SUPPLY	427,442	52,258	33,828	39,255	552,783	144,295	90,927	
017 PHARMACY	992,817	17,088	5,620	227,665	1,243,190	324,514	29,732	
025 MEDICAL RECORDS & LIBRARY	759,995	46,388	30,527	196,703	1,033,613	269,807	80,713	
026 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	4,655,093	379,585	67,846	1,365,178	6,467,702	1,688,285	660,464	
033 INTENSIVE CARE UNIT	1,146,317	40,065	29,610	333,781	1,549,773	404,542	69,712	
034 NURSERY	342,528	10,403	19,402	100,154	472,487	123,335	18,101	
035 SKILLED NURSING FACILITY	884,557	100,344	6,856	259,832	1,251,589	326,706	174,595	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	2,720,583	205,885	326,071	687,545	3,940,084	1,028,492	358,232	
039 DELIVERY ROOM & LABOR ROOM	475,003	33,773	26,807	138,381	673,964	175,927	58,764	
040 ANESTHESIOLOGY	132,781	1,096	29,548	9,375	172,800	45,107	1,906	
041 RADIOLOGY-DIAGNOSTIC	2,728,534	147,928	384,907	534,774	3,796,143	990,919	257,389	
042 RADIOLOGY-THERAPEUTIC	471,641	7,730	62,757	44,744	586,872	153,193	13,449	
043 RADIOISOTOPE	774,370	17,490	362,344	113,917	1,268,121	331,021	30,431	
044 LABORATORY	2,069,425	55,193	91,663	320,838	2,537,119	662,272	96,033	
047 BLOOD STORING, PROCESSING	535,205		1,205	17,890	554,300	144,691		
049 RESPIRATORY THERAPY	454,298	15,339	18,482	120,584	608,703	158,892	26,689	
050 PHYSICAL THERAPY	652,324	39,703	1,896		693,923	181,137	69,083	
051 OCCUPATIONAL THERAPY	182,463	7,810			190,273	49,668	13,589	
052 SPEECH PATHOLOGY	131,404	18,284	8		149,696	39,076	31,813	
053 ELECTROCARDIOLOGY	434,233	50,006	66,295	130,100	680,634	177,668	87,009	
054 ELECTROENCEPHALOGRAPHY	9,573	1,960	170	201	11,904	3,107	3,410	
055 MEDICAL SUPPLIES CHARGED	4,420,418				4,420,418	1,153,875		
056 DRUGS CHARGED TO PATIENTS	1,979,014				1,979,014	516,588		
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	2,094,213	147,988	34,758	594,041	2,871,000	749,426	257,494	
071 OBSERVATION BEDS (NON-DIS)								
071 OTHER REIMBURS COST CNTRS	688,842	18,716	1,942	134,523	844,023	220,318	32,565	
095 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	57,732,301	2,719,262	2,302,012	7,410,626	57,387,573	11,852,791	2,713,124	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	143,916	61,787	117	35,273	241,093	62,933	107,506	
098 PHYSICIANS' PRIVATE OFFICE		205,423	314		205,737	53,704	357,428	
100 OTHER NONREIMBURSABLE COSTS								
100 01 OTHER NONREIMBURSABLE COSTS		41,814			41,814	10,915	72,755	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	57,876,217	3,028,286	2,302,443	7,445,899	57,876,217	11,980,343	3,250,813	

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10		11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	523,418							
011 HOUSEKEEPING	10,180	1,654,738						
012 DIETARY		54,859		1,025,105				
014 CAFETERIA	236	18,183			675,620			
015 NURSING ADMINISTRATION		20,740			24,143	1,896,703		
016 CENTRAL SERVICES & SUPPLY	48,144	47,314			7,662		891,125	
017 PHARMACY	162	15,471			19,000			1,632,069
025 MEDICAL RECORDS & LIBRARY		41,999			32,495		3,379	
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	126,114	343,678		735,118	161,596	1,286,291	8,051	3,999
034 INTENSIVE CARE UNIT	72,402	36,275		80,249	32,564	129,882	1,636	962
035 NURSERY	10,433	9,419			11,200	89,305	677	67
037 SKILLED NURSING FACILITY	43,255	90,851		209,738	34,808	391,225	1,974	853
039 NURSING FACILITY								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	83,178	186,408			80,091		12,257	3,387
042 DELIVERY ROOM & LABOR ROO	15,441	30,578			15,342		935	92
043 ANESTHESIOLOGY		992			1,726		2,050	30,491
044 RADIOLOGY-DIAGNOSTIC	26,487	133,934			62,644		23,915	31,755
045 RADIOLOGY-THERAPEUTIC		6,998			3,779		180	702
046 RADIOISOTOPE		15,835			12,598		2,471	111
047 LABORATORY	292	49,971			45,507		5,131	142
049 BLOOD STORING, PROCESSING							39	
050 RESPIRATORY THERAPY	1,757	13,888			14,669		1,261	14
051 PHYSICAL THERAPY	12,772	35,947					248	19
052 OCCUPATIONAL THERAPY		7,071					113	
053 SPEECH PATHOLOGY		16,554					11	
054 ELECTROCARDIOLOGY	1,223	45,276			15,928		1,241	56
055 ELECTROENCEPHALOGRAPHY	2,806	1,775					1,082	2,061
056 MEDICAL SUPPLIES CHARGED							803,617	
061 DRUGS CHARGED TO PATIENTS							3,717	1,554,196
062 OUTPAT SERVICE COST CNTRS								
071 EMERGENCY	60,617	133,988			76,415		13,284	2,222
095 OBSERVATION BEDS (NON-DIS								
096 OTHER REIMBURS COST CNTRS								
098 HOME HEALTH AGENCY		16,945			14,427		462	940
100 SPEC PURPOSE COST CENTERS								
101 SUBTOTALS	515,499	1,374,949		1,025,105	666,594	1,896,703	887,731	1,632,069
102 NONREIMBURS COST CENTERS								
103 GIFT, FLOWER, COFFEE SHOP		55,941			9,026		3,394	
104 PHYSICIANS' PRIVATE OFFIC	7,919	185,989						
105 OTHER NONREIMBURSABLE COS		37,859						
106 01 OTHER NONREIMBURSABLE COS								
107 CROSS FOOT ADJUSTMENT								
108 NEGATIVE COST CENTER								
109 TOTAL	523,418	1,654,738		1,025,105	675,620	1,896,703	891,125	1,632,069

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/ 1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I & R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
MEDICAL RECORDS & LIBRARY	1,462,006			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	857,251	12,338,549		12,338,549
026 INTENSIVE CARE UNIT	41,661	2,419,658		2,419,658
033 NURSERY	62,765	797,789		797,789
034 SKILLED NURSING FACILITY	19,465	2,545,059		2,545,059
035 NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	308,311	6,000,440		6,000,440
039 DELIVERY ROOM & LABOR ROOM		971,043		971,043
040 ANESTHESIOLOGY		255,072		255,072
041 RADIOLOGY-DIAGNOSTIC		5,323,186		5,323,186
042 RADIOLOGY-THERAPEUTIC		765,173		765,173
043 RADIOISOTOPE		1,660,588		1,660,588
044 LABORATORY		3,396,467		3,396,467
047 BLOOD STORAGE, PROCESSING		699,030		699,030
049 RESPIRATORY THERAPY	117,932	943,805		943,805
050 PHYSICAL THERAPY		993,129		993,129
051 OCCUPATIONAL THERAPY		260,714		260,714
052 SPEECH PATHOLOGY		237,150		237,150
053 ELECTROCARDIOLOGY		1,009,035		1,009,035
054 ELECTROENCEPHALOGRAPHY		26,145		26,145
055 MEDICAL SUPPLIES CHARGED		6,377,910		6,377,910
056 DRUGS CHARGED TO PATIENTS		4,053,515		4,053,515
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	54,621	4,219,067		4,219,067
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		1,129,680		1,129,680
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	1,462,006	56,422,204		56,422,204
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		479,893		479,893
098 PHYSICIANS' PRIVATE OFFICE		810,777		810,777
100 OTHER NONREIMBURSABLE COSTS				
100 01 OTHER NONREIMBURSABLE COSTS		163,343		163,343
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,462,006	57,876,217		57,876,217

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0120

FROM 5/ 1/2007

WORKSHEET B

TO 4/30/2008

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		14,866	164	15,030	15,030		
008 ADMINISTRATIVE & GENERAL	2,635	837,580	619,391	1,459,606	2,221	1,461,827	
009 OPERATION OF PLANT	18,498	307,516	7,958	333,972	382	82,109	416,463
010 LAUNDRY & LINEN SERVICE		37,713	12,173	49,886	92	11,563	8,407
011 HOUSEKEEPING		2,975	87	3,062	451	41,407	663
012 DIETARY	13,830	60,590	14,071	88,491	169	21,844	13,506
014 CAFETERIA		20,083		20,083	166	15,717	4,477
015 NURSING ADMINISTRATION		22,907	45,626	68,533	641	45,766	5,106
016 CENTRAL SERVICES & SUPPLY	96,277	52,258	33,828	182,363	79	17,607	11,649
017 PHARMACY		17,088	5,620	22,708	460	39,597	3,809
025 MEDICAL RECORDS & LIBRARY		46,388	30,527	76,915	397	32,922	10,340
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,062	379,585	67,846	465,493	2,753	205,999	84,611
026 INTENSIVE CARE UNIT	8,648	40,065	29,610	78,323	674	49,362	8,931
033 NURSERY		10,403	19,402	29,805	202	15,049	2,319
034 SKILLED NURSING FACILITY	6,751	100,344	6,856	113,951	525	39,864	22,367
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		205,885	326,071	531,956	1,388	125,496	45,893
040 DELIVERY ROOM & LABOR ROOM		33,773	26,807	60,580	279	21,466	7,528
041 ANESTHESIOLOGY	988	1,096	29,548	31,632	19	5,504	244
042 RADIOLOGY-DIAGNOSTIC	7,123	147,928	384,907	539,958	1,080	120,911	32,974
043 RADIOLOGY-THERAPEUTIC		7,730	62,757	70,487	90	18,692	1,723
044 RADIOISOTOPE		17,490	362,344	379,834	230	40,391	3,899
047 LABORATORY		55,193	91,663	146,856	648	80,810	12,303
049 BLOOD STORING, PROCESSING			1,205	1,205	36	17,655	
050 RESPIRATORY THERAPY	27,885	15,339	18,482	61,706	243	19,388	3,419
051 PHYSICAL THERAPY		39,703	1,896	41,599		22,102	8,850
052 OCCUPATIONAL THERAPY		7,810		7,810		6,060	1,741
053 SPEECH PATHOLOGY		18,284	8	18,292		4,768	4,076
054 ELECTROCARDIOLOGY		50,006	66,295	116,301	263	21,679	11,147
055 ELECTROENCEPHALOGRAPHY		1,960	170	2,130		379	437
056 MEDICAL SUPPLIES CHARGED						140,795	
061 DRUGS CHARGED TO PATIENTS	206,016			206,016		63,034	
062 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,365	147,988	34,758	184,111	1,199	91,444	32,988
062 OBSERVATION BEDS (NON-DIS)							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		18,716	1,942	20,658	272	26,883	4,172
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	408,078	2,719,262	2,302,012	5,429,352	14,959	1,446,263	347,579
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		61,787	117	61,904	71	7,679	13,773
098 PHYSICIANS' PRIVATE OFFICE		205,423	314	205,737		6,553	45,790
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS		41,814		41,814		1,332	9,321
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	408,078	3,028,286	2,302,443	5,738,807	15,030	1,461,827	416,463

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	69,948							
011 HOUSEKEEPING	1,360	46,943						
012 DIETARY		1,556	125,566					
014 CAFETERIA	32	516		40,991				
015 NURSING ADMINISTRATION		588		1,465	122,099			
016 CENTRAL SERVICES & SUPPLY	6,434	1,342		465		219,939		
017 PHARMACY	22	439		1,153			68,188	
025 MEDICAL RECORDS & LIBRARY		1,191		1,972		834		
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	16,852	9,751	90,045	9,803	82,804	1,987	167	
034 INTENSIVE CARE UNIT	9,676	1,029	9,830	1,976	8,361	404	40	
035 NURSERY	1,394	267		680	5,749	167	3	
037 SKILLED NURSING FACILITY	5,780	2,577	25,691	2,112	25,185	487	36	
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	11,116	5,288		4,859		3,025	142	
041 DELIVERY ROOM & LABOR ROO	2,064	867		931		231	4	
042 ANESTHESIOLOGY		28		105		506	1,274	
043 RADIOLOGY-DIAGNOSTIC	3,540	3,800		3,801		5,903	1,327	
044 RADIOLOGY-THERAPEUTIC		199		229		45	29	
047 RADIOISOTOPE		449		764		610	5	
049 LABORATORY	39	1,418		2,761		1,266	6	
050 BLOOD STORING, PROCESSING						10		
051 RESPIRATORY THERAPY	235	394		890		311	1	
052 PHYSICAL THERAPY	1,707	1,020				61	1	
053 OCCUPATIONAL THERAPY		201				28		
054 SPEECH PATHOLOGY		470				3		
055 ELECTROCARDIOLOGY	163	1,284		966		306	2	
056 ELECTROENCEPHALOGRAPHY	375	50				267	86	
061 MEDICAL SUPPLIES CHARGED						198,340		
062 DRUGS CHARGED TO PATIENTS						917	64,933	
071 OUTPAT SERVICE COST CNTRS	8,101	3,801		4,636		3,279	93	
095 EMERGENCY								
096 OBSERVATION BEDS (NON-DIS								
098 OTHER REIMBURS COST CNTRS		481		875		114	39	
100 HOME HEALTH AGENCY								
101 SPEC PURPOSE COST CENTERS								
102 SUBTOTALS	68,890	39,006	125,566	40,443	122,099	219,101	68,188	
103 NONREIMBURS COST CENTERS								
104 GIFT, FLOWER, COFFEE SHOP		1,587		548		838		
105 PHYSICIANS' PRIVATE OFFIC	1,058	5,276						
106 OTHER NONREIMBURSABLE COS								
107 01 OTHER NONREIMBURSABLE COS		1,074						
108 CROSS FOOT ADJUSTMENTS								
109 NEGATIVE COST CENTER								
110 TOTAL	69,948	46,943	125,566	40,991	122,099	219,939	68,188	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	124,571			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	73,042	1,043,307		1,043,307
026 INTENSIVE CARE UNIT	3,550	172,156		172,156
033 NURSERY	5,348	60,983		60,983
034 SKILLED NURSING FACILITY	1,659	240,234		240,234
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	26,270	755,433		755,433
039 DELIVERY ROOM & LABOR ROO		93,950		93,950
040 ANESTHESIOLOGY		39,312		39,312
041 RADIOLOGY-DIAGNOSTIC		713,294		713,294
042 RADIOLOGY-THERAPEUTIC		91,494		91,494
043 RADIOISOTOPE		426,182		426,182
044 LABORATORY		246,107		246,107
047 BLOOD STORING, PROCESSING		18,906		18,906
049 RESPIRATORY THERAPY	10,048	96,635		96,635
050 PHYSICAL THERAPY		75,340		75,340
051 OCCUPATIONAL THERAPY		15,840		15,840
052 SPEECH PATHOLOGY		27,609		27,609
053 ELECTROCARDIOLOGY		152,111		152,111
054 ELECTROENCEPHALOGRAPHY		3,724		3,724
055 MEDICAL SUPPLIES CHARGED		339,135		339,135
056 DRUGS CHARGED TO PATIENTS		334,900		334,900
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY	4,654	334,306		334,306
062 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		53,494		53,494
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	124,571	5,334,452		5,334,452
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		86,400		86,400
098 PHYSICIANS' PRIVATE OFFIC		264,414		264,414
100 OTHER NONREIMBURSABLE COS				
100 01 OTHER NONREIMBURSABLE COS		53,541		53,541
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	124,571	5,738,807		5,738,807

COST ALLOCATION - STATISTICAL BASIS

14-0120

FROM 5/ 1/2007

WORKSHEET B-1

TO 4/30/2008

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FTES)	(PATIENT DAYS)	(COSTED) EQUI S.	R(COSTED) EQUI S.	
	9	10	11	12	14	15	16	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	639,132							
010 HOUSEKEEPING	12,430	181,827						
011 DIETARY		6,028	68,763					
012 CAFETERIA	288	1,998		39,150				
014 NURSING ADMINISTRATION		2,279		1,399	21,642			
015 CENTRAL SERVICES & SUPPLY	58,787	5,199		444		5,234,501		
016 PHARMACY	198	1,700		1,101			2,078,799	
017 MEDICAL RECORDS & LIBRARY		4,615		1,883		19,848		
025 ADULTS & PEDIATRICS	153,996	37,764	49,311	9,364	14,677	47,289	5,093	
026 INTENSIVE CARE UNIT	88,408	3,986	5,383	1,887	1,482	9,612	1,225	
033 NURSERY	12,740	1,035		649	1,019	3,974	85	
034 SKILLED NURSING FACILITY	52,817	9,983	14,069	2,017	4,464	11,593	1,086	
035 NURSING FACILITY								
037 ANCILLARY SERVICE COST CENTER								
039 OPERATING ROOM	101,567	20,483		4,641		71,998	4,314	
040 DELIVERY ROOM & LABOR	18,855	3,360		889		5,491	117	
041 ANESTHESIOLOGY		109		100		12,042	38,837	
042 RADIOLOGY-DIAGNOSTIC	32,342	14,717		3,630		140,479	40,447	
043 RADIOLOGY-THERAPEUTIC		769		219		1,060	894	
044 RADIOISOTOPE		1,740		730		14,512	141	
047 LABORATORY	357	5,491		2,637		30,138	181	
049 BLOOD STORAGE, PROCESSING						227		
050 RESPIRATORY THERAPY	2,145	1,526		850		7,407	18	
051 PHYSICAL THERAPY	15,595	3,950				1,458	24	
052 OCCUPATIONAL THERAPY		777				661		
053 SPEECH PATHOLOGY		1,819				67		
054 ELECTROCARDIOLOGY	1,493	4,975		923		7,288	71	
055 ELECTROENCEPHALOGRAPHY	3,426	195				6,353	2,625	
056 MEDICAL SUPPLIES CHARGED TO PATIENT						4,720,489		
061 DRUGS CHARGED TO PATIENT						21,836	1,979,614	
062 OUTPAT SERVICE COST CENTER								
071 EMERGENCY	74,018	14,723		4,428		78,033	2,830	
095 OBSERVATION BEDS (NON-REIMBURSABLE)								
096 OTHER REIMBURSABLE COST CENTER								
071 HOME HEALTH AGENCY		1,862		836		2,712	1,197	
095 SPECIAL PURPOSE COST CENTER								
095 SUBTOTALS	629,462	151,083	68,763	38,627	21,642	5,214,567	2,078,799	
096 NONREIMBURSABLE COST CENTER								
098 GIFT, FLOWER, COFFEE		6,147		523		19,934		
100 PHYSICIANS' PRIVATE OFFICE	9,670	20,437						
101 OTHER NONREIMBURSABLE								
102 OTHER NONREIMBURSABLE		4,160						
103 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	523,418	1,654,738	1,025,105	675,620	1,896,703	891,125	1,632,069	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		9.100618	14.907799	17.257216	87.639913	.170241	.785102	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.818951							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	69,948	46,943	125,566	40,991	122,099	219,939	68,188	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.109442	.258174	1.826069	1.047024	5.641761	.042017	.032802	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
025 MEDICAL RECORDS & LIB	29,443
026 INPAT ROUTINE SRVC CN	
033 ADULTS & PEDIATRICS	17,264
034 INTENSIVE CARE UNIT	839
035 NURSERY	1,264
037 SKILLED NURSING FACIL	392
039 NURSING FACILITY	
040 ANCILLARY SRVC COST C	
041 OPERATING ROOM	6,209
042 DELIVERY ROOM & LABOR	
043 ANESTHESIOLOGY	
044 RADIOLOGY-DIAGNOSTIC	
047 RADIOLOGY-THERAPEUTIC	
049 RADIOISOTOPE	
050 LABORATORY	
051 BLOOD STORING, PROCES	
052 RESPIRATORY THERAPY	2,375
053 PHYSICAL THERAPY	
054 OCCUPATIONAL THERAPY	
055 SPEECH PATHOLOGY	
056 ELECTROCARDIOLOGY	
061 ELECTROENCEPHALOGRAPH	
062 MEDICAL SUPPLIES CHAR	
071 DRUGS CHARGED TO PATI	
095 OUTPAT SERVICE COST C	
096 EMERGENCY	1,100
098 OBSERVATION BEDS (NON	
100 OTHER REIMBURS COST C	
101 HOME HEALTH AGENCY	
102 SPEC PURPOSE COST CEN	
103 SUBTOTALS	29,443
104 NONREIMBURS COST CENT	
105 GIFT, FLOWER, COFFEE	
106 PHYSICIANS' PRIVATE O	
107 OTHER NONREIMBURSABLE	
108 01 OTHER NONREIMBURSABLE	
CROSS FOOT ADJUSTMENT	
NEGATIVE COST CENTER	
COST TO BE ALLOCATED	1,462,006
(PER WRKSHT B, PART	
UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	49.655470
COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
COST TO BE ALLOCATED	124,571
(PER WRKSHT B, PART	
UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	4.230921

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0120PERIOD:
FROM 5/ 1/2007
TO 4/30/2008PREPARED 9/19/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,338,549		12,338,549		12,338,549
26	INTENSIVE CARE UNIT	2,419,658		2,419,658		2,419,658
33	NURSERY	797,789		797,789		797,789
34	SKILLED NURSING FACILITY	2,545,059		2,545,059		2,545,059
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,000,440		6,000,440		6,000,440
39	DELIVERY ROOM & LABOR ROO	971,043		971,043		971,043
40	ANESTHESIOLOGY	255,072		255,072		255,072
41	RADIOLOGY-DIAGNOSTIC	5,323,186		5,323,186		5,323,186
42	RADIOLOGY-THERAPEUTIC	765,173		765,173		765,173
43	RADIOISOTOPE	1,660,588		1,660,588		1,660,588
44	LABORATORY	3,396,467		3,396,467		3,396,467
47	BLOOD STORING, PROCESSING	699,030		699,030		699,030
49	RESPIRATORY THERAPY	943,805		943,805		943,805
50	PHYSICAL THERAPY	993,129		993,129		993,129
51	OCCUPATIONAL THERAPY	260,714		260,714		260,714
52	SPEECH PATHOLOGY	237,150		237,150		237,150
53	ELECTROCARDIOLOGY	1,009,035		1,009,035		1,009,035
54	ELECTROENCEPHALOGRAPHY	26,145		26,145		26,145
55	MEDICAL SUPPLIES CHARGED	6,377,910		6,377,910		6,377,910
56	DRUGS CHARGED TO PATIENTS	4,053,515		4,053,515		4,053,515
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	4,219,067		4,219,067		4,219,067
62	OBSERVATION BEDS (NON-DIS	1,058,465		1,058,465		1,058,465
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	56,350,989		56,350,989		56,350,989
102	LESS OBSERVATION BEDS	1,058,465		1,058,465		1,058,465
103	TOTAL	55,292,524		55,292,524		55,292,524

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 9/19/2008

14-0120

FROM 5/ 1/2007

WORKSHEET C

TO 4/30/2008

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,735,567		15,735,567			
26	INTENSIVE CARE UNIT	2,823,128		2,823,128			
33	NURSERY	503,614		503,614			
34	SKILLED NURSING FACILITY	2,597,267		2,597,267			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,781,957	28,750,866	41,532,823	.144475	.144475	.144475
39	DELIVERY ROOM & LABOR ROO	785,624		785,624	1.236015	1.236015	1.236015
40	ANESTHESIOLOGY	1,563,126	2,638,224	4,201,350	.060712	.060712	.060712
41	RADIOLOGY-DIAGNOSTIC	3,915,191	17,007,214	20,922,405	.254425	.254425	.254425
42	RADIOLOGY-THERAPEUTIC	967,162	4,267,112	5,234,274	.146185	.146185	.146185
43	RADIOISOTOPE	4,216,249	20,829,792	25,046,041	.066301	.066301	.066301
44	LABORATORY	5,900,944	12,922,370	18,823,314	.180439	.180439	.180439
47	BLOOD STORING, PROCESSING	713,042	336,575	1,049,617	.665986	.665986	.665986
49	RESPIRATORY THERAPY	1,996,906	279,201	2,276,107	.414658	.414658	.414658
50	PHYSICAL THERAPY	1,853,256	1,251,417	3,104,673	.319882	.319882	.319882
51	OCCUPATIONAL THERAPY	918,445	184,524	1,102,969	.236375	.236375	.236375
52	SPEECH PATHOLOGY	137,433	223,676	361,109	.656727	.656727	.656727
53	ELECTROCARDIOLOGY	3,407,354	4,629,775	8,037,129	.125547	.125547	.125547
54	ELECTROENCEPHALOGRAPHY	660,278	935,795	1,596,073	.016381	.016381	.016381
55	MEDICAL SUPPLIES CHARGED	10,307,672	4,122,299	14,429,971	.441990	.441990	.441990
56	DRUGS CHARGED TO PATIENTS	13,029,908	6,313,878	19,343,786	.209551	.209551	.209551
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,000,818	13,466,481	16,467,299	.256209	.256209	.256209
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	768,636	1,201,219	1,969,855	.537331	.537331	.537331
101	SUBTOTAL	88,583,577	119,360,418	207,943,995			
102	LESS OBSERVATION BEDS						
103	TOTAL	88,583,577	119,360,418	207,943,995			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0120

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

PREPARED 9/19/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,735,567		15,735,567			
26	INTENSIVE CARE UNIT	2,823,128		2,823,128			
33	NURSERY	503,614		503,614			
34	SKILLED NURSING FACILITY	2,597,267		2,597,267			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,781,957	28,750,866	41,532,823	.144475	.144475	.144475
39	DELIVERY ROOM & LABOR ROO	785,624		785,624	1.236015	1.236015	1.236015
40	ANESTHESIOLOGY	1,563,126	2,638,224	4,201,350	.060712	.060712	.060712
41	RADIOLOGY-DIAGNOSTIC	3,915,191	17,007,214	20,922,405	.254425	.254425	.254425
42	RADIOLOGY-THERAPEUTIC	967,162	4,267,112	5,234,274	.146185	.146185	.146185
43	RADIOISOTOPE	4,216,249	20,829,792	25,046,041	.066301	.066301	.066301
44	LABORATORY	5,900,944	12,922,370	18,823,314	.180439	.180439	.180439
47	BLOOD STORING, PROCESSING	713,042	336,575	1,049,617	.665986	.665986	.665986
49	RESPIRATORY THERAPY	1,996,906	279,201	2,276,107	.414658	.414658	.414658
50	PHYSICAL THERAPY	1,853,256	1,251,417	3,104,673	.319882	.319882	.319882
51	OCCUPATIONAL THERAPY	918,445	184,524	1,102,969	.236375	.236375	.236375
52	SPEECH PATHOLOGY	137,433	223,676	361,109	.656727	.656727	.656727
53	ELECTROCARDIOLOGY	3,407,354	4,629,775	8,037,129	.125547	.125547	.125547
54	ELECTROENCEPHALOGRAPHY	660,278	935,795	1,596,073	.016381	.016381	.016381
55	MEDICAL SUPPLIES CHARGED	10,307,672	4,122,299	14,429,971	.441990	.441990	.441990
56	DRUGS CHARGED TO PATIENTS	13,029,908	6,313,878	19,343,786	.209551	.209551	.209551
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,000,818	13,466,481	16,467,299	.256209	.256209	.256209
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	768,636	1,201,219	1,969,855	.537331	.537331	.537331
101	SUBTOTAL	88,583,577	119,360,418	207,943,995			
102	LESS OBSERVATION BEDS						
103	TOTAL	88,583,577	119,360,418	207,943,995			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	41,532,823	.144475	.144475
39	OPERATING ROOM	785,624	1.236015	1.236015
40	DELIVERY ROOM & LABOR ROO	4,201,350	.060712	.060712
41	ANESTHESIOLOGY	20,922,405	.254425	.254425
42	RADIOLOGY-DIAGNOSTIC	5,234,274	.146185	.146185
43	RADIOLOGY-THERAPEUTIC	25,046,041	.066301	.066301
44	RADIOISOTOPE	18,823,314	.180439	.180439
47	LABORATORY	1,049,617	.665986	.665986
49	BLOOD STORING, PROCESSING	2,276,107	.414658	.414658
50	RESPIRATORY THERAPY	3,104,673	.319882	.319882
51	PHYSICAL THERAPY	1,102,969	.236375	.236375
52	OCCUPATIONAL THERAPY	361,109	.656727	.656727
53	SPEECH PATHOLOGY	8,037,129	.125547	.125547
54	ELECTROCARDIOLOGY	1,596,073	.016381	.016381
55	ELECTROENCEPHALOGRAPHY	14,429,971	.441990	.441990
56	MEDICAL SUPPLIES CHARGED	19,343,786	.209551	.209551
	DRUGS CHARGED TO PATIENTS			
61	OUTPAT SERVICE COST CNTRS	16,467,299	.256209	.256209
62	EMERGENCY	1,969,855	.537331	.537331
	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	186,284,419		
102	LESS OBSERVATION BEDS	1,969,855		
103	TOTAL	184,314,564		

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	6,000,440	755,433	5,245,007			6,000,440
39	DELIVERY ROOM & LABOR ROO	971,043	93,950	877,093			971,043
40	ANESTHESIOLOGY	255,072	39,312	215,760			255,072
41	RADIOLOGY-DIAGNOSTIC	5,323,186	713,294	4,609,892			5,323,186
42	RADIOLOGY-THERAPEUTIC	765,173	91,494	673,679			765,173
43	RADIOISOTOPE	1,660,588	426,182	1,234,406			1,660,588
44	LABORATORY	3,396,467	246,107	3,150,360			3,396,467
47	BLOOD STORING, PROCESSING	699,030	18,906	680,124			699,030
49	RESPIRATORY THERAPY	943,805	96,635	847,170			943,805
50	PHYSICAL THERAPY	993,129	75,340	917,789			993,129
51	OCCUPATIONAL THERAPY	260,714	15,840	244,874			260,714
52	SPEECH PATHOLOGY	237,150	27,609	209,541			237,150
53	ELECTROCARDIOLOGY	1,009,035	152,111	856,924			1,009,035
54	ELECTROENCEPHALOGRAPHY	26,145	3,724	22,421			26,145
55	MEDICAL SUPPLIES CHARGED	6,377,910	339,135	6,038,775			6,377,910
56	DRUGS CHARGED TO PATIENTS	4,053,515	334,900	3,718,615			4,053,515
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,219,067	334,306	3,884,761			4,219,067
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,058,465	89,501	968,964			1,058,465
101	SUBTOTAL	38,249,934	3,853,779	34,396,155			38,249,934
102	LESS OBSERVATION BEDS	1,058,465	89,501	968,964			1,058,465
103	TOTAL	37,191,469	3,764,278	33,427,191			37,191,469

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	41,532,823	.144475	.144475
39	OPERATING ROOM	785,624	1.236015	1.236015
40	DELIVERY ROOM & LABOR ROO	4,201,350	.060712	.060712
41	ANESTHESIOLOGY	20,922,405	.254425	.254425
42	RADIOLOGY-DIAGNOSTIC	5,234,274	.146185	.146185
43	RADIOLOGY-THERAPEUTIC	25,046,041	.066301	.066301
44	RADIOISOTOPE	18,823,314	.180439	.180439
47	LABORATORY	1,049,617	.665986	.665986
49	BLOOD STORING, PROCESSING	2,276,107	.414658	.414658
50	RESPIRATORY THERAPY	3,104,673	.319882	.319882
51	PHYSICAL THERAPY	1,102,969	.236375	.236375
52	OCCUPATIONAL THERAPY	361,109	.656727	.656727
53	SPEECH PATHOLOGY	8,037,129	.125547	.125547
54	ELECTROCARDIOLOGY	1,596,073	.016381	.016381
55	ELECTROENCEPHALOGRAPHY	14,429,971	.441990	.441990
56	MEDICAL SUPPLIES CHARGED	19,343,786	.209551	.209551
	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	16,467,299	.256209	.256209
62	OBSERVATION BEDS (NON-DIS	1,969,855	.537331	.537331
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	186,284,419		
102	LESS OBSERVATION BEDS	1,969,855		
103	TOTAL	184,314,564		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,043,307		1,043,307
26	INTENSIVE CARE UNIT				172,156		172,156
33	NURSERY				60,983		60,983
101	TOTAL				1,276,446		1,276,446

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		755,433	41,532,823	4,560,886		
39	OPERATING ROOM		93,950	785,624			
40	DELIVERY ROOM & LABOR ROO		39,312	4,201,350	521,724		
41	ANESTHESIOLOGY		713,294	20,922,405	2,120,081		
42	RADIOLOGY-DIAGNOSTIC		91,494	5,234,274	508,411		
43	RADIOLOGY-THERAPEUTIC		426,182	25,046,041	2,193,283		
44	RADIOISOTOPE		246,107	18,823,314	2,926,173		
47	LABORATORY		18,906	1,049,617	410,438		
49	BLOOD STORING, PROCESSING		96,635	2,276,107	1,096,951		
50	RESPIRATORY THERAPY		75,340	3,104,673	614,988		
51	PHYSICAL THERAPY		15,840	1,102,969	113,268		
52	OCCUPATIONAL THERAPY		27,609	361,109	87,075		
53	SPEECH PATHOLOGY		152,111	8,037,129	1,984,979		
54	ELECTROCARDIOLOGY		3,724	1,596,073	38,332		
55	ELECTROENCEPHALOGRAPHY		339,135	14,429,971	5,044,718		
56	MEDICAL SUPPLIES CHARGED		334,900	19,343,786	5,800,512		
61	DRUGS CHARGED TO PATIENTS						
62	OUTPAT SERVICE COST CNTRS		334,306	16,467,299	1,602,561		
	EMERGENCY		89,501	1,969,855	80,285		
101	OTHER REIMBURS COST CNTRS		3,853,779	186,284,419	29,704,665		
	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.018189	82,958
39	DELIVERY ROOM & LABOR ROO	.119586	
40	ANESTHESIOLOGY	.009357	4,882
41	RADIOLOGY-DIAGNOSTIC	.034092	72,278
42	RADIOLOGY-THERAPEUTIC	.017480	8,887
43	RADIOISOTOPE	.017016	37,321
44	LABORATORY	.013075	38,260
47	BLOOD STORING, PROCESSING	.018012	7,393
49	RESPIRATORY THERAPY	.042456	46,572
50	PHYSICAL THERAPY	.024267	14,924
51	OCCUPATIONAL THERAPY	.014361	1,627
52	SPEECH PATHOLOGY	.076456	6,657
53	ELECTROCARDIOLOGY	.018926	37,568
54	ELECTROENCEPHALOGRAPHY	.002333	89
55	MEDICAL SUPPLIES CHARGED	.023502	118,561
56	DRUGS CHARGED TO PATIENTS	.017313	100,424
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.020301	32,534
62	OBSERVATION BEDS (NON-DIS	.045435	3,648
	OTHER REIMBURS COST CNTRS		
101	TOTAL		614,583

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

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET D
 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					14,851	
26	INTENSIVE CARE UNIT					1,482	
33	NURSERY					1,019	
34	SKILLED NURSING FACILITY					4,464	
35	NURSING FACILITY						
101	TOTAL					21,816	

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

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		7,112
26	INTENSIVE CARE UNIT		692
33	NURSERY		
34	SKILLED NURSING FACILITY		3,039
35	NURSING FACILITY		
101	TOTAL		10,843

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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			41,532,823			4,560,886	
	OPERATING ROOM			785,624				
39	DELIVERY ROOM & LABOR ROO			4,201,350			521,724	
40	ANESTHESIOLOGY			20,922,405			2,120,081	
41	RADIOLOGY-DIAGNOSTIC			5,234,274			508,411	
42	RADIOLOGY-THERAPEUTIC			25,046,041			2,193,283	
43	RADIOISOTOPE			18,823,314			2,926,173	
44	LABORATORY			1,049,617			410,438	
47	BLOOD STORING, PROCESSING			2,276,107			1,096,951	
49	RESPIRATORY THERAPY			3,104,673			614,988	
50	PHYSICAL THERAPY			1,102,969			113,268	
51	OCCUPATIONAL THERAPY			361,109			87,075	
52	SPEECH PATHOLOGY			8,037,129			1,984,979	
53	ELECTROCARDIOLOGY			1,596,073			38,332	
54	ELECTROENCEPHALOGRAPHY			14,429,971			5,044,718	
55	MEDICAL SUPPLIES CHARGED			19,343,786			5,800,512	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			16,467,299			1,602,561	
62	OBSERVATION BEDS (NON-DIS			1,969,855			80,285	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			186,284,419			29,704,665	

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 8.02
						* COL 5 9.01	* COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	9,006,561					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	841,220					
41	RADIOLOGY-DIAGNOSTIC	4,537,980					
42	RADIOLOGY-THERAPEUTIC	1,544,767					
43	RADIOISOTOPE	6,893,269					
44	LABORATORY	502,189					
47	BLOOD STORING, PROCESSING	230,655					
49	RESPIRATORY THERAPY	174,150					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,718,979					
54	ELECTROENCEPHALOGRAPHY	432,928					
55	MEDICAL SUPPLIES CHARGED	1,531,314					
56	DRUGS CHARGED TO PATIENTS	2,041,358					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,666,436					
62	OBSERVATION BEDS (NON-DIS	291,218					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	32,413,024					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,301,223	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				51,072	
41 RADIOLOGY-DIAGNOSTIC				1,154,576	
42 RADIOLOGY-THERAPEUTIC				225,822	
43 RADIOISOTOPE				457,031	
44 LABORATORY				90,614	
47 BLOOD STORAGE, PROCESSING & TRANS.				153,613	
49 RESPIRATORY THERAPY				72,213	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				215,813	
54 ELECTROENCEPHALOGRAPHY				7,092	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				676,825	7,870
56 DRUGS CHARGED TO PATIENTS				427,769	
61 OUTPAT SERVICE COST CNTRS					
62 EMERGENCY				683,165	
101 OBSERVATION BEDS (NON-DISTINCT PART)				156,480	
102 SUBTOTAL				5,673,308	7,870
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES				5,673,308	7,870

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-5766
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-5766
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
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	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS		1.01			
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
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			41,532,823			1,292	
39	DELIVERY ROOM & LABOR ROO			785,624				
40	ANESTHESIOLOGY			4,201,350			634	
41	RADIOLOGY-DIAGNOSTIC			20,922,405			70,536	
42	RADIOLOGY-THERAPEUTIC			5,234,274			12,740	
43	RADIOISOTOPE			25,046,041				
44	LABORATORY			18,823,314			230,853	
47	BLOOD STORING, PROCESSING			1,049,617			27,970	
49	RESPIRATORY THERAPY			2,276,107			165,981	
50	PHYSICAL THERAPY			3,104,673			667,442	
51	OCCUPATIONAL THERAPY			1,102,969			525,131	
52	SPEECH PATHOLOGY			361,109			30,481	
53	ELECTROCARDIOLOGY			8,037,129			70,091	
54	ELECTROENCEPHALOGRAPHY			1,596,073				
55	MEDICAL SUPPLIES CHARGED			14,429,971			408,853	
56	DRUGS CHARGED TO PATIENTS			19,343,786			881,131	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			16,467,299			2,762	
62	OBSERVATION BEDS (NON-DIS			1,969,855				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			186,284,419			3,095,897	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.144475	1,292	187
39	DELIVERY ROOM & LABOR ROOM	1.236015		
40	ANESTHESIOLOGY	.060712	634	38
41	RADIOLOGY-DIAGNOSTIC	.254425	70,536	17,946
42	RADIOLOGY-THERAPEUTIC	.146185	12,740	1,862
43	RADIOISOTOPE	.066301		
44	LABORATORY	.180439	230,853	41,655
47	BLOOD STORING, PROCESSING & TRANS.	.665986	27,970	18,628
49	RESPIRATORY THERAPY	.414658	165,981	68,825
50	PHYSICAL THERAPY	.319882	667,442	213,503
51	OCCUPATIONAL THERAPY	.236375	525,131	124,128
52	SPEECH PATHOLOGY	.656727	30,481	20,018
53	ELECTROCARDIOLOGY	.125547	70,091	8,800
54	ELECTROENCEPHALOGRAPHY	.016381		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.441990	408,853	180,709
56	DRUGS CHARGED TO PATIENTS	.209551	881,131	184,642
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.256209	2,762	708
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.537331		
101	TOTAL		3,095,897	881,649
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,095,897	

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		1,692,563	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		223,885	
37	OPERATING ROOM	.144475	1,570,672	226,923
39	DELIVERY ROOM & LABOR ROOM	1.236015		
40	ANESTHESIOLOGY	.060712	318,855	19,358
41	RADIOLOGY-DIAGNOSTIC	.254425	139,835	35,578
42	RADIOLOGY-THERAPEUTIC	.146185	37,133	5,428
43	RADIOISOTOPE	.066301	307,150	20,364
44	LABORATORY	.180439	597,183	107,755
47	BLOOD STORING, PROCESSING & TRANS.	.665986	53,983	35,952
49	RESPIRATORY THERAPY	.414658	37,164	15,410
50	PHYSICAL THERAPY	.319882	21,277	6,806
51	OCCUPATIONAL THERAPY	.236375	9,905	2,341
52	SPEECH PATHOLOGY	.656727	187	123
53	ELECTROCARDIOLOGY	.125547	189,851	23,835
54	ELECTROENCEPHALOGRAPHY	.016381	61,773	1,012
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.441990	1,060,347	468,663
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.209551	1,051,413	220,325
61	EMERGENCY	.256209	252,938	64,805
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.537331	71,910	38,639
101	TOTAL		5,781,576	1,293,317
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,781,576	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2007	9/19/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET E
14-0120		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,668,845	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,285,492	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,489,783	
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)	218,034	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	94.99	
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 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		1.94
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.80
4.02 SUM OF LINES 4 AND 4.01		16.74
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.63
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		342,822
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/1/2007	9/19/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET E
14-0120		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	10,004,976	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
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)	10,004,976	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	827,474	
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	10,832,450	
17 PRIMARY PAYER PAYMENTS	12,962	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	10,819,488	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,237,024	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,624	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	217,965	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	152,576	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	178,117	
22 SUBTOTAL	9,719,416	
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	9,719,416	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,765,593	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-46,177	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,870
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,673,308
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,057,874
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.790
1.04	LINE 1.01 TIMES LINE 1.03.	4,481,913
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)	7,870
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	17,805
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	17,805
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)	17,805
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9,935
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,870
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,057,874
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	3,561
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,526,822
19	SUBTOTAL (SEE INSTRUCTIONS)	3,535,361
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	3,535,361
24	PRIMARY PAYER PAYMENTS	285
25	SUBTOTAL	3,535,076
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	238,999
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	167,299
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	191,653
28	SUBTOTAL	3,702,375
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	3,702,375
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,680,384
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	21,991
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2007	9/19/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET E-3
14-5766		PART III

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2007	9/19/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET E-3
14-5766		PART III

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. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,766,779			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	10,470,369			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,131,097			
8	PREPAID EXPENSES	2,611,305			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	21,979,550			
FIXED ASSETS					
12	LAND	1,449,581			
12.01	LAND IMPROVEMENTS	1,494,307			
13.01	LESS ACCUMULATED DEPRECIATION	-1,145,249			
14	BUILDINGS	11,554,361			
14.01	LESS ACCUMULATED DEPRECIATION	-7,222,634			
15	LEASEHOLD IMPROVEMENTS	15,963,278			
15.01	LESS ACCUMULATED DEPRECIATION	-11,237,484			
16	FIXED EQUIPMENT	13,388,306			
16.01	LESS ACCUMULATED DEPRECIATION	-12,147,466			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	19,834,716			
18.01	LESS ACCUMULATED DEPRECIATION	-11,163,779			
19	MINOR EQUIPMENT DEPRECIABLE	1,380,679			
19.01	LESS ACCUMULATED DEPRECIATION	-1,294,408			
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,004,729			
21	TOTAL FIXED ASSETS	21,858,937			
OTHER ASSETS					
22	INVESTMENTS	25,929,697			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	281,982			
26	TOTAL OTHER ASSETS	26,211,679			
27	TOTAL ASSETS	70,050,166			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,186,384			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,335,738			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,266,752			
35 OTHER CURRENT LIABILITIES	4,677,725			
36 TOTAL CURRENT LIABILITIES	11,466,599			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	29,458,291			
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	29,458,291			
43 TOTAL LIABILITIES	40,924,890			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	29,125,276			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	29,125,276			
52 TOTAL LIABILITIES AND FUND BALANCES	70,050,166			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		27,378,772		
2	NET INCOME (LOSS)		1,746,504		
3	TOTAL		29,125,276		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		29,125,276		
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		29,125,276		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	225,582,633
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	150,816,997
3	NET PATIENT REVENUES	74,765,636
4	LESS: TOTAL OPERATING EXPENSES	72,972,234
5	NET INCOME FROM SERVICE TO PATIENTS	1,793,402
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	1,288,449
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	10
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	5,465
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	371,358
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	27,302
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	3,930
22	RENTAL OF HOSPITAL SPACE	27,549
23	GOVERNMENTAL APPROPRIATIONS	
24	CHANGE IN PENSION LIABILITY	1,067,456
24.01	GARDEN COURT RESTAURANT	108,596
24.02	WELLNESS CENTER	22,781
24.03	AUTOPSY FEE	16,368
24.04	NEISS PAYMENTS-PT REG	3,878
24.05	MISCELLANEOUS INCOME	61,407
25	TOTAL OTHER INCOME	3,004,549
26	TOTAL	4,797,951
	OTHER EXPENSES	
27	UNREALIZED LOSS ON INVESTMENT	923,170
28	TRANSFER TO AFFILIATES	2,128,277
29		
30	TOTAL OTHER EXPENSES	3,051,447
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,746,504

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	187,018		35,993		26,091	249,102
HHA REIMBURSABLE SERVICES						
6	245,724				2,547	248,271
7				178,158		178,158
8				10,672		10,672
9				1,608		1,608
10						
11	1,864					1,864
12					7,024	7,024
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	434,606		35,993	190,438	35,662	696,699

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-833	248,269		248,269
HHA REIMBURSABLE SERVICES				
6		248,271		248,271
7		178,158		178,158
8		10,672		10,672
9		1,608		1,608
10				
11		1,864		1,864
12	-7,024			
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-7,857	688,842		688,842

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-248,269	440,573
6	SKILLED NURSING CARE					248,271	
7	PHYSICAL THERAPY					178,158	
8	OCCUPATIONAL THERAPY					10,672	
9	SPEECH PATHOLOGY					1,608	
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE					1,864	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-248,269	440,573
25	COST TO BE ALLOCATED					248,269	
26	UNIT COST MULTIPLIER					.563514	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		18,716	1,942	57,887	78,545	20,503
2 SKILLED NURSING CARE	388,175			76,059	464,234	121,180
3 PHYSICAL THERAPY	278,553				278,553	72,712
4 OCCUPATIONAL THERAPY	16,686				16,686	4,356
5 SPEECH PATHOLOGY	2,514				2,514	656
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	2,914			577	3,491	911
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	688,842	18,716	1,942	134,523	844,023	220,318
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	32,565		16,945		6,213	
2 SKILLED NURSING CARE					8,145	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					69	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	32,565		16,945		14,427	
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL	462	940		156,173		156,173
2 SKILLED NURSING CARE				593,559		593,559
3 PHYSICAL THERAPY				351,265		351,265
4 OCCUPATIONAL THERAPY				21,042		21,042
5 SPEECH PATHOLOGY				3,170		3,170
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				4,471		4,471
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	462	940		1,129,680		1,129,680
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	95,220	688,779
3 PHYSICAL THERAPY	56,351	407,616
4 OCCUPATIONAL THERAPY	3,376	24,418
5 SPEECH PATHOLOGY	509	3,679
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE	717	5,188
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	156,173	1,129,680
21 UNIT COST MULTIPLIER	0.160423	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	1,862	1,893	187,018		78,545	1,862
2 SKILLED NURSING CARE			245,724		464,234	
3 PHYSICAL THERAPY					278,553	
4 OCCUPATIONAL THERAPY					16,686	
5 SPEECH PATHOLOGY					2,514	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			1,864		3,491	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,862	1,893	434,606		844,023	1,862
21 COST TO BE ALLOCATED	18,716	1,942	134,523		220,318	32,565
22 UNIT COST MULTIPLIER	10.051557	1.025885	0.309529		0.261033	17.489259

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		1,862		360		2,712
2 SKILLED NURSING CARE				472		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					4	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,862		836		2,712
21 COST TO BE ALLOCATED		16,945		14,427		462
22 UNIT COST MULTIPLIER		9.100430		17.257177		0.170354

HHA 1

PHARMACY MEDICAL RECO
 RDS & LIBRAR
 (COSTED R (TIME
 EQUIS.) SPENT)

HHA COST CENTER	16	17
1 ADMIN & GENERAL		1,197
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)		1,197
21 COST TO BE ALLOCATED		940
22 UNIT COST MULTIPLIER		0.785297

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	688,779	2	688,779	3,943	174.68	2,030
2 PHYSICAL THERAPY	3	407,616		407,616	2,920	139.59	1,461
3 OCCUPATIONAL THERAPY	4	24,418		24,418	123	198.52	81
4 SPEECH PATHOLOGY	5	3,679		3,679	38	96.82	22
5 MEDICAL SOCIAL SERVICES	6				1		
6 HOME HEALTH AIDE SERVICE	7	5,188		5,188	1,101	4.71	500
7 TOTAL		1,129,680		1,129,680	8,126		4,094

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	708		354,600	123,673		478,273
2 PHYSICAL THERAPY	559		203,941	78,031		281,972
3 OCCUPATIONAL THERAPY	25		16,080	4,963		21,043
4 SPEECH PATHOLOGY	7		2,130	678		2,808
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES	386		2,355	1,818		4,173
7 TOTAL	1,685		579,106	209,163		788,269

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		6120					
8.01 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		6120					
9.01 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		6120					
10.01 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		6120					
11.01 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		6120					
12.01 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		6120					
13.01 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

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

PROVIDER NO: 14-0120
 HHA NO: 14-7057
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/19/2008
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		7,599	7,599	17,193	.441982	10,466
16 COST OF DRUGS	9.00		179	179	855	.209357	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	3,018		4,626	1,334
16 COST OF DRUGS	705			148
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	6120	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	6120	
17.01 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.319882			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.236375			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.656727			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.441990	17,193	7,599	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.209551	855	179	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		139.59	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		198.52					
3 SPEECH PATHOLOGY		96.82					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2007	9/19/2008
HHA NO:	TO 4/30/2008	WORKSHEET H-7
14-7057		PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES		148	
2 TOTAL CHARGES		705	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		705	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		557	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		148
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	548,103	216,921
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	3,285	2,588
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,296	3,224
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	6,052	2,428
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	3,604	2,334
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	1,345	667
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	565,685	228,310
13 EXCESS REASONABLE COST		
14 SUBTOTAL	565,685	228,310
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	565,685	228,310
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	565,685	228,310
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	565,685	228,310
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	565,685	228,310
25 INTERIM PAYMENTS	565,685	228,515
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-205
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 14-0120	PERIOD: FROM 5/1/2007 TO 4/30/2008	PREPARED 9/19/2008
	HHA NO: 14-7057		WORKSHEET H-8

TITLE XVII I

HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		565,685		228,515
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
		565,685		228,515
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 CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/1/2007	9/19/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET L
14-0120		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	810,100
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	17,374
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	41.14
	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
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	827,474

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)	