

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		14-0289		FROM 1/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/29/2009 TIME 12:33

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:
 ANDERSON HOSPITAL 14-0289

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	214,481	-5,334	0	
2	SUBPROVIDER	0	51,553	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	266,034	-5,334	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/29/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 6800 STATE ROUTE 162 P.O. BOX:
 1.01 CITY: MARYVILLE STATE: IL ZIP CODE: 62062-1000 COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	ANDERSON HOSPITAL	14-0289		11/22/1976	N	P	0
03.00 SUBPROVIDER	THE REHABILITATION CENTER	14-T289		1/1/2005	N	P	0
09.00 HOSPITAL-BASED HHA	ANDERSON HOME HEALTH	14-7420		5/30/1985	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

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

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

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

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

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy)

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

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

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/29/2009
WORKSHEET S-2

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/29/2009
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		112				12,409	3,001
2 HMO							1,322
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		112				12,409	3,001
6 INTENSIVE CARE UNIT		7				286	75
11 NURSERY							870
12 TOTAL		119				12,695	3,946
13 RPCH VISITS							
14 SUBPROVIDER		15				2,931	196
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY						5,103	285
25 TOTAL		134					
26 OBSERVATION BED DAYS							315
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			26,149				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			26,149				
6 INTENSIVE CARE UNIT			1,611				
11 NURSERY			4,204				
12 TOTAL			31,964				
13 RPCH VISITS							
14 SUBPROVIDER			3,757				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			7,423				
25 TOTAL							
26 OBSERVATION BED DAYS			315	24	1,443		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,909	1,070	7,334
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		830.22			2,909	1,070	7,334
13 RPCH VISITS							
14 SUBPROVIDER		20.26			259	8	337
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		12.34					
25 TOTAL		862.82					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 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	41,233,738		41,233,738	1,794,658.00	22.98	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,651,340		1,651,340	71,108.00	23.22	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	308,555		308,555	11,606.25	26.59	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	265,485		265,485	2,121.74	125.13	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,073,668		10,073,668			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	417,532		417,532			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	320,274		320,274	12,945.00	24.74	
22 ADMINISTRATIVE & GENERAL	4,677,547	417,864	5,095,411	252,573.58	20.17	
22.01 A & G UNDER CONTRACT	1,316,179		1,316,179	28,202.10	46.67	
23 MAINTENANCE & REPAIRS	627,244		627,244	31,985.00	19.61	
24 OPERATION OF PLANT	102,665		102,665	2,108.00	48.70	
25 LAUNDRY & LINEN SERVICE	43,299		43,299	4,267.00	10.15	
26 HOUSEKEEPING	940,785		940,785	73,777.00	12.75	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	722,662	-501,600	221,062	19,374.79	11.41	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		501,600	501,600	43,962.21	11.41	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	737,267		737,267	17,899.00	41.19	
31 CENTRAL SERVICE AND SUPPLY	715,706		715,706	47,528.00	15.06	
32 PHARMACY	886,996		886,996	29,288.00	30.29	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,031,746	-417,864	1,613,882	78,919.42	20.45	
34 SOCIAL SERVICE	252,028		252,028	11,655.00	21.62	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	42,549,917		42,549,917	1,822,860.10	23.34	
2 EXCLUDED AREA SALARIES	1,651,340		1,651,340	71,108.00	23.22	
3 SUBTOTAL SALARIES	40,898,577		40,898,577	1,751,752.10	23.35	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	574,040		574,040	13,727.99	41.82	
5 SUBTOTAL WAGE-RELATED COSTS	10,073,668		10,073,668		24.63	
6 TOTAL	51,546,285		51,546,285	1,765,480.09	29.20	
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	13,374,398		13,374,398	654,484.10	20.44	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0289
HHA NO: 14-7420
COUNTY: MADI OSN
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/29/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,435	53	1,112
2 UNDUPLICATED CENSUS COUNT		280.00	23.00	165.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,600
2 UNDUPLICATED CENSUS COUNT	468.00

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
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.55		2.55
6 DIRECTING NURSING SERVICE	4.34		4.34
7 NURSING SUPERVISOR	1.00		1.00
8 PHYSICAL THERAPY SERVICE	1.60		1.60
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.40		.40
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.25		1.25
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). 7040

20.01 9914

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

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

21 SKILLED NURSING VISITS	2,124	0	77	17
22 SKILLED NURSING VISIT CHARGES	321,900	0	11,550	2,550
23 PHYSICAL THERAPY VISITS	1,386	0	1	1
24 PHYSICAL THERAPY VISIT CHARGES	207,900	0	150	150
25 OCCUPATIONAL THERAPY VISITS	372	0	0	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	55,800	0	0	300
27 SPEECH PATHOLOGY VISITS	42	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	6,300	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	2	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	400	0	0	0
31 HOME HEALTH AIDE VISITS	624	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	49,920	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,550	0	78	20
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	642,220	0	11,700	3,000
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	280	0	29	5
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	23,409	0	1,818	138

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
HHA NO:	TO 12/31/2008	WORKSHEET S-4
14-7420		
COUNTY:	MADISON	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	14	2,232
22 SKILLED NURSING VISIT CHARGES	0	2,100	338,100
23 PHYSICAL THERAPY VISITS	0	20	1,408
24 PHYSICAL THERAPY VISIT CHARGES	0	3,000	211,200
25 OCCUPATIONAL THERAPY VISITS	0	0	374
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	56,100
27 SPEECH PATHOLOGY VISITS	0	0	42
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,300
29 MEDICAL SOCIAL SERVICE VISITS	0	0	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	400
31 HOME HEALTH AIDE VISITS	0	0	624
32 HOME HEALTH AIDE VISIT CHARGES	0	0	49,920
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	34	4,682
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	5,100	662,020
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	2	316
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	3	25,368

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .307224
- 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 32,742,353

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 5/29/2009
| 14-0289 | FROM 1/ 1/2008 | WORKSHEET S-10
| | TO 12/31/2008 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,059,237
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,765,991
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,157,003
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,059,237

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/29/2009
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		2,333,486	2,333,486	1,856,457	4,189,943
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,258,941	2,258,941	580,943	2,839,884
5	0500 EMPLOYEE BENEFITS	320,274	10,706,051	11,026,325	22,503	11,048,828
6	0600 ADMIN STRATIVE & GENERAL	4,677,547	15,093,665	19,771,212	-204,681	19,566,531
7	0700 MAINTENANCE & REPAIRS	627,244	607,202	1,234,446	-52	1,234,394
8	0800 OPERATION OF PLANT	102,665	1,647,098	1,749,763	2,994	1,752,757
9	0900 LAUNDRY & LINEN SERVICE	43,299	483,203	526,502		526,502
10	1000 HOUSEKEEPING	940,785	187,613	1,128,398	-7,591	1,120,807
11	1100 DIETARY	722,662	798,135	1,520,797	-1,055,586	465,211
12	1200 CAFETERIA				1,055,586	1,055,586
14	1400 NURSING ADMINISTRATION	737,267	191,453	928,720	-131	928,589
15	1500 CENTRAL SERVICES & SUPPLY	715,706	613,611	1,329,317	-264,529	1,064,788
16	1600 PHARMACY	886,996	3,544,371	4,431,367	-266,903	4,164,464
17	1700 MEDICAL RECORDS & LIBRARY	2,031,746	439,951	2,471,697	-509,914	1,961,783
18	1800 SOCIAL SERVICE	252,028	9,542	261,570	-33	261,537
24	2400 PARAMED PRGM	76,818	12,875	89,693		89,693
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,625,384	357,258	5,982,642	703,805	6,686,447
26	2600 INTENSIVE CARE UNIT	1,132,913	75,369	1,208,282	-4,499	1,203,783
31	3100 SUBPROVIDER	865,842	791,985	1,657,827	-1,230	1,656,597
33	3300 NURSERY				887,873	887,873
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,820,074	8,312,514	13,132,588	-7,089,198	6,043,390
39	3900 DELIVERY ROOM & LABOR ROOM	4,155,314	522,928	4,678,242	-2,014,625	2,663,617
40	4000 ANESTHESIOLOGY		237,259	237,259	-194,716	42,543
41	4100 RADIOLOGY-DIAGNOSTIC	2,687,866	3,196,543	5,884,409	-744,188	5,140,221
44	4400 LABORATORY	1,219,233	3,351,777	4,571,010	-951,762	3,619,248
49	4900 RESPIRATORY THERAPY	1,056,763	330,603	1,387,366	-103,716	1,283,650
50	5000 PHYSICAL THERAPY	1,193,575	191,423	1,384,998	-104,606	1,280,392
51	5100 OCCUPATIONAL THERAPY	565,438	37,816	603,254	-3,158	600,096
52	5200 SPEECH PATHOLOGY	374,343	20,138	394,481		394,481
52.01	5201 AUDIOLOGY	124,062	81,215	205,277	-67,604	137,673
53	5300 ELECTROCARDIOLOGY	294,522	243,393	537,915	-16,304	521,611
53.01	5301 EKG AND EEG					
53.02	3160 CARDIOPULMONARY	413,167	20,027	433,194	-97	433,097
53.03	5302 CARDIAC CATH LAB	294,212	872,066	1,166,278	-818,081	348,197
54	5400 ELECTROENCEPHALOGRAPHY	46,634	9,025	55,659	-4,603	51,056
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,108,165	11,108,165
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS				159,525	159,525
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,520,679	418,967	3,939,646	-105,713	3,833,933
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	708,680	102,841	811,521	-7,715	803,806
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,836,616	1,836,616	-1,836,616	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	41,233,738	59,936,960	101,170,698	-0-	101,170,698
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTER					
100.01	7951 RENTED SPACE					
101	TOTAL	41,233,738	59,936,960	101,170,698	-0-	101,170,698

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
I 14-0289 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,189,943
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,839,884
5	0500 EMPLOYEE BENEFITS	-63,557	10,985,271
6	0600 ADMINISTRATIVE & GENERAL	-3,626,145	15,940,386
7	0700 MAINTENANCE & REPAIRS		1,234,394
8	0800 OPERATION OF PLANT	-25,356	1,727,401
9	0900 LAUNDRY & LINEN SERVICE		526,502
10	1000 HOUSEKEEPING		1,120,807
11	1100 DIETARY		465,211
12	1200 CAFETERIA		1,055,586
14	1400 NURSING ADMINISTRATION		928,589
15	1500 CENTRAL SERVICES & SUPPLY		1,064,788
16	1600 PHARMACY		4,164,464
17	1700 MEDICAL RECORDS & LIBRARY	-120	1,961,663
18	1800 SOCIAL SERVICE		261,537
24	2400 PARAMED PRGM	-44,660	45,033
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		6,686,447
26	2600 INTENSIVE CARE UNIT		1,203,783
31	3100 SUBPROVIDER		1,656,597
33	3300 NURSERY		887,873
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,043,390
39	3900 DELIVERY ROOM & LABOR ROOM	-3,345	2,660,272
40	4000 ANESTHESIOLOGY		42,543
41	4100 RADIOLOGY-DIAGNOSTIC	-56,185	5,084,036
44	4400 LABORATORY	-142,222	3,477,026
49	4900 RESPIRATORY THERAPY	-15,628	1,268,022
50	5000 PHYSICAL THERAPY	-98,589	1,181,803
51	5100 OCCUPATIONAL THERAPY	-2,573	597,523
52	5200 SPEECH PATHOLOGY	-37,136	357,345
52.01	5201 AUDIOLOGY	-33,377	104,296
53	5300 ELECTROCARDIOLOGY	-144,568	377,043
53.01	5301 EKG AND EEG		
53.02	3160 CARDIOPULMONARY	-39,425	393,672
53.03	5302 CARDIAC CATH LAB		348,197
54	5400 ELECTROENCEPHALOGRAPHY		51,056
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,108,165
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		159,525
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-8,584	3,825,349
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		803,806
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,341,470	96,829,228
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTER		
100.01	7951 RENTED SPACE		
101	TOTAL	-4,341,470	96,829,228

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
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	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	AUDIOLOGY	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
53.01	EKG AND EEG	5301	ELECTROCARDIOLOGY
53.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
53.03	CARDIAC CATH LAB	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	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	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTED SPACE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140289

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/29/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 TO RECLASS INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3	1,328,491
2		NEW CAP REL COSTS-MVBLE EQUIP	4	508,125
3 TO RECLASS EXPENSE FOR CAFETERIA	B	CAFETERIA	12	501,600
4 TO RECLASS NURSERY & OB EXPENSE	C	ADULTS & PEDIATRICS	25	831,063
5		NURSERY	33	831,063
6 TO RECLASS EXPENSE FOR UTILIZATION	D	ADMINISTRATIVE & GENERAL	6	417,864
7 TO RECLASS ELECTRICITY EXPENSE	E	OPERATION OF PLANT	8	2,994
8				
9 TO RECLASS TELEPHONE EXPENSES	F	ADMINISTRATIVE & GENERAL	6	1,233
10 TO RECLASS DIALYSIS EXPENSE	G	RENAL DIALYSIS	57	159,525
11 TO RECLASS INSURANCE EXPENSE	H	OTHER CAPITAL RELATED COSTS	90	72,644
12 TO RECLASS EXECUTIVE BENEFITS	I	EMPLOYEE BENEFITS	5	8,906
13 TO RECLASS BILLABLE MEDICAL SUPPLIES	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	11,108,165
14		EMPLOYEE BENEFITS	5	97
15				
16				
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31				
32				
33				
34				
35				
1 TO RECLASS BILLABLE MEDICAL SUPPLIES	J			
2				
3				
4				
5 TO RECLASS REAL ESTATE TAXES	K	OTHER CAPITAL RELATED COSTS	90	165,400
6 TO RECLASS BUILDING LEASES	L	NEW CAP REL COSTS-BLDG & FIXT	3	362,740
7				
8				
9 TO RECLASS RAD MED DIRECTOR EXPENSE	M	RADIOLOGY-DIAGNOSTIC	41	166,669
10 TO RECLASS PENSION PLAN AUDIT COSTS	N	EMPLOYEE BENEFITS	5	13,500
36 TOTAL RECLASSIFICATIONS				2,581,590
				14,752,131

(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:
140289

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/29/2009
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 INTEREST EXPENSE	A	INTEREST EXPENSE	88		1,836,616	11
2						11
3 TO RECLASS EXPENSE FOR CAFETERIA	B	DIETARY	11	501,600	553,986	
4 TO RECLASS NURSERY & OB EXPENSE	C	DELIVERY ROOM & LABOR ROOM	39	1,662,126	209,172	
5						
6 TO RECLASS EXPENSE FOR UTILIZATION	D	MEDICAL RECORDS & LIBRARY	17	417,864	90,484	
7 TO RECLASS ELECTRICITY EXPENSE	E	HOME HEALTH AGENCY	71		306	
8		ADMINISTRATIVE & GENERAL	6		2,688	
9 TO RECLASS TELEPHONE EXPENSES	F	HOME HEALTH AGENCY	71		1,233	
10 TO RECLASS DIALYSIS EXPENSE	G	ADULTS & PEDIATRICS	25		159,525	
11 TO RECLASS INSURANCE EXPENSE	H	ADMINISTRATIVE & GENERAL	6		72,644	
12 TO RECLASS EXECUTIVE BENEFITS	I	ADMINISTRATIVE & GENERAL	6		8,906	
13 TO RECLASS BILLABLE MEDICAL SUPPLIES	J	ADMINISTRATIVE & GENERAL	6		15,713	
14		MAINTENANCE & REPAIRS	7		52	
15		HOUSEKEEPING	10		7,591	
16		NURSING ADMINISTRATION	14		131	
17		CENTRAL SERVICES & SUPPLY	15		264,529	
18		PHARMACY	16		266,903	
19		MEDICAL RECORDS & LIBRARY	17		1,566	
20		SOCIAL SERVICE	18		33	
21		ADULTS & PEDIATRICS	25		72,319	
22		INTENSIVE CARE UNIT	26		4,499	
23		SUBPROVIDER	31		1,230	
24		OPERATING ROOM	37		7,089,198	
25		DELIVERY ROOM & LABOR ROOM	39		143,327	
26		ANESTHESIOLOGY	40		194,716	
27		RADIOLOGY-DIAGNOSTIC	41		910,857	
28		LABORATORY	44		951,762	
29		RESPIRATORY THERAPY	49		103,716	
30		PHYSICAL THERAPY	50		10,608	
31		OCCUPATIONAL THERAPY	51		3,158	
32		AUDIOLOGY	52.01		67,604	
33		ELECTROCARDIOLOGY	53		16,304	
34		CARDIOPULMONARY	53.02		97	
35		ELECTROENCEPHALOGRAPHY	54		4,603	
1 TO RECLASS BILLABLE MEDICAL SUPPLIES	J	EMERGENCY	61		105,713	
2		HOME HEALTH AGENCY	71		6,176	
3		CARDIAC CATH LAB	53.03		818,081	
4		NURSERY	33		47,776	
5 TO RECLASS REAL ESTATE TAXES	K	ADMINISTRATIVE & GENERAL	6		165,400	
6 TO RECLASS BUILDING LEASES	L	ADMINISTRATIVE & GENERAL	6		253,922	10
7		ADMINISTRATIVE & GENERAL	6		14,820	10
8		PHYSICAL THERAPY	50		93,998	10
9 TO RECLASS RAD MED DIRECTOR EXPENSE	M	ADMINISTRATIVE & GENERAL	6		166,669	
10 TO RECLASS PENSION PLAN AUDIT COSTS	N	ADMINISTRATIVE & GENERAL	6		13,500	
36 TOTAL RECLASSIFICATIONS				2,581,590	14,752,131	

(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: 140289	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/29/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
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	1,328,491	INTEREST EXPENSE	88	1,836,616	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	508,125			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,836,616			1,836,616	

RECLASS CODE: B
EXPLANATION : TO RECLASS EXPENSE FOR CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,055,586	DIETARY	11	1,055,586	
TOTAL RECLASSIFICATIONS FOR CODE B			1,055,586			1,055,586	

RECLASS CODE: C
EXPLANATION : TO RECLASS NURSERY & OB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	935,649	DELIVERY ROOM & LABOR ROOM	39	1,871,298	
2.00	NURSERY	33	935,649			0	
TOTAL RECLASSIFICATIONS FOR CODE C			1,871,298			1,871,298	

RECLASS CODE: D
EXPLANATION : TO RECLASS EXPENSE FOR UTILIZATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	508,348	MEDICAL RECORDS & LIBRARY	17	508,348	
TOTAL RECLASSIFICATIONS FOR CODE D			508,348			508,348	

RECLASS CODE: E
EXPLANATION : TO RECLASS ELECTRICITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	2,994	HOME HEALTH AGENCY	71	306	
2.00			0	ADMINISTRATIVE & GENERAL	6	2,688	
TOTAL RECLASSIFICATIONS FOR CODE E			2,994			2,994	

RECLASS CODE: F
EXPLANATION : TO RECLASS TELEPHONE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,233	HOME HEALTH AGENCY	71	1,233	
TOTAL RECLASSIFICATIONS FOR CODE F			1,233			1,233	

RECLASS CODE: G
EXPLANATION : TO RECLASS DIALYSIS EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	159,525	ADULTS & PEDIATRICS	25	159,525	
TOTAL RECLASSIFICATIONS FOR CODE G			159,525			159,525	

RECLASS CODE: H
EXPLANATION : TO RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	72,644	ADMINISTRATIVE & GENERAL	6	72,644	
TOTAL RECLASSIFICATIONS FOR CODE H			72,644			72,644	

RECLASS CODE: I
EXPLANATION : TO RECLASS EXECUTIVE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	8,906	ADMINISTRATIVE & GENERAL	6	8,906	
TOTAL RECLASSIFICATIONS FOR CODE I			8,906			8,906	

RECLASSIFICATIONS

PROVIDER NO:
140289

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/29/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : TO RECLASS BILLABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,108,165	ADMINISTRATIVE & GENERAL	6	15,713	
2.00	EMPLOYEE BENEFITS	5	97	MAINTENANCE & REPAIRS	7	52	
3.00			0	HOUSEKEEPING	10	7,591	
4.00			0	NURSING ADMINISTRATION	14	131	
5.00			0	CENTRAL SERVICES & SUPPLY	15	264,529	
6.00			0	PHARMACY	16	266,903	
7.00			0	MEDICAL RECORDS & LIBRARY	17	1,566	
8.00			0	SOCIAL SERVICE	18	33	
9.00			0	ADULTS & PEDIATRICS	25	72,319	
10.00			0	INTENSIVE CARE UNIT	26	4,499	
11.00			0	SUBPROVIDER	31	1,230	
12.00			0	OPERATING ROOM	37	7,089,198	
13.00			0	DELIVERY ROOM & LABOR ROOM	39	143,327	
14.00			0	ANESTHESIOLOGY	40	194,716	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	910,857	
16.00			0	LABORATORY	44	951,762	
17.00			0	RESPIRATORY THERAPY	49	103,716	
18.00			0	PHYSICAL THERAPY	50	10,608	
19.00			0	OCCUPATIONAL THERAPY	51	3,158	
20.00			0	AUDIOLOGY	52.01	67,604	
21.00			0	ELECTROCARDIOLOGY	53	16,304	
22.00			0	CARDIOPULMONARY	53.02	97	
23.00			0	ELECTROENCEPHALOGRAPHY	54	4,603	
24.00			0	EMERGENCY	61	105,713	
25.00			0	HOME HEALTH AGENCY	71	6,176	
26.00			0	CARDIAC CATH LAB	53.03	818,081	
27.00			0	NURSERY	33	47,776	
TOTAL RECLASSIFICATIONS FOR CODE J			11,108,262	11,108,262			

RECLASS CODE: K
EXPLANATION : TO RECLASS REAL ESTATE TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	165,400	ADMINISTRATIVE & GENERAL	6	165,400	
TOTAL RECLASSIFICATIONS FOR CODE K			165,400	165,400			

RECLASS CODE: L
EXPLANATION : TO RECLASS BUILDING LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	362,740	ADMINISTRATIVE & GENERAL	6	253,922	
2.00			0	ADMINISTRATIVE & GENERAL	6	14,820	
3.00			0	PHYSICAL THERAPY	50	93,998	
TOTAL RECLASSIFICATIONS FOR CODE L			362,740	362,740			

RECLASS CODE: M
EXPLANATION : TO RECLASS RAD MED DIRECTOR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	166,669	ADMINISTRATIVE & GENERAL	6	166,669	
TOTAL RECLASSIFICATIONS FOR CODE M			166,669	166,669			

RECLASS CODE: N
EXPLANATION : TO RECLASS PENSION PLAN AUDIT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	13,500	ADMINISTRATIVE & GENERAL	6	13,500	
TOTAL RECLASSIFICATIONS FOR CODE N			13,500	13,500			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	673,013					673,013	
2 LAND IMPROVEMENTS	2,243,646	146,922		146,922		2,390,568	
3 BUILDINGS & FIXTURE	67,424,237	11,046,537		11,046,537	5,421,661	73,049,113	
4 BUILDING IMPROVEMENT	24,000					24,000	
5 FIXED EQUIPMENT	4,093,484	487,317		487,317	7,715	4,573,086	
6 MOVABLE EQUIPMENT	25,191,586	3,688,040		3,688,040	194,626	28,685,000	
7 SUBTOTAL	99,649,966	15,368,816		15,368,816	5,624,002	109,394,780	
8 RECONCILING ITEMS							
9 TOTAL	99,649,966	15,368,816		15,368,816	5,624,002	109,394,780	

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	
*								8
3	NEW CAP REL COSTS-BL	75,463,681		75,463,681	.694099	50,422	114,804	165,226
4	NEW CAP REL COSTS-MV	33,258,086		33,258,086	.305901	22,222	50,596	72,818
5	TOTAL	108,721,767		108,721,767	1.000000	72,644	165,400	238,044

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	2,333,486	362,740	1,328,491	50,422	114,804		4,189,943
4	NEW CAP REL COSTS-MV	2,258,941		508,125	22,222	50,596		2,839,884
5	TOTAL	4,592,427	362,740	1,836,616	72,644	165,400		7,029,827

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	2,333,486						2,333,486
4	NEW CAP REL COSTS-MV	2,258,941						2,258,941
5	TOTAL	4,592,427						4,592,427

* 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,909	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,110,653			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-120	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-9,300	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**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 MANAGMENT FEES	B	-174,168	ADMINISTRATIVE & GENERAL	6	
38 HEALTH MANAGEMENT INCOME	B	-23,158	CARDIOPULMONARY	53.02	
39 EMT CLASS REVENUE	B	-44,660	PARAMED ED PRGM	24	
40 EXPRESS CAR RENTAL INCOME	B	-8,584	EMERGENCY	61	
41 SELF INSURANCE ACCRUAL CHANGE	A	-2,116,000	ADMINISTRATIVE & GENERAL	6	
42 PHYSICIAN RECRUITMENT	A	-76,233	ADMINISTRATIVE & GENERAL	6	
43 LI FELINE EXPENSE	A	-35,217	ADMINISTRATIVE & GENERAL	6	
44 LOBBYING PORTION OF DUES	A	-36,019	ADMINISTRATIVE & GENERAL	6	
45 ALCHOL EXPENSE	A	-18,206	ADMINISTRATIVE & GENERAL	6	
46 PUBLICITY SALARIES	A	-58,788	ADMINISTRATIVE & GENERAL	6	
47 PUBLICITY OTHER EXPENSES	A	-259,697	ADMINISTRATIVE & GENERAL	6	
48 PUBLICITY EMPLOYEE BENEFITS	A	-15,753	EMPLOYEE BENEFITS	5	
49 CHILDBIRTH CLASSES	B	-3,345	DELIVERY ROOM & LABOR ROO	39	
49.01 HFS PROMPT PAY	B	-5,313	ADMINISTRATIVE & GENERAL	6	
49.02 OTHER MISC. INCOME	B	-31,756	ADMINISTRATIVE & GENERAL	6	
49.03 PATIENT TELEVISIONS	A	-25,356	OPERATION OF PLANT	8	
49.04 PATIENT TELEPHONES	A	-10,403	ADMINISTRATIVE & GENERAL	6	
49.05 SISHA PT SALARIES	A	-86,205	PHYSICAL THERAPY	50	
49.06 SISHA OT SALARIES	A	-199	OCCUPATIONAL THERAPY	51	
49.07 SISHA ST SALARIES	A	-35,757	SPEECH PATHOLOGY	52	
49.08 SISHA AUDIO LOGY SALARIES	A	-32,445	AUDIOLOGY	52.01	
49.09 SISHA DIRECTOR SALARIES	A	-23,798	ADMINISTRATIVE & GENERAL	6	
49.10 SISHA OVERHEAD	A	-12,384	PHYSICAL THERAPY	50	
49.11 SISHA OVERHEAD	A	-1,379	SPEECH PATHOLOGY	52	
49.12 SISHA OVERHEAD	A	-932	AUDIOLOGY	52.01	
49.13 SISHA OVERHEAD	A	-2,374	OCCUPATIONAL THERAPY	51	
49.14 SISHA OVERHEAD	A	-3,119	ADMINISTRATIVE & GENERAL	6	
49.15 PROMOTIONAL ITEMS	A	-22,412	ADMINISTRATIVE & GENERAL	6	
49.16 SISHA EMPLOYEE BENEFITS	A	-23,099	EMPLOYEE BENEFITS	5	
49.17 SISHA EMPLOYEE BENEFITS	A	-9,581	EMPLOYEE BENEFITS	5	
49.18 SISHA EMPLOYEE BENEFITS	A	-8,694	EMPLOYEE BENEFITS	5	
49.19 SISHA EMPLOYEE BENEFITS	A	-53	EMPLOYEE BENEFITS	5	
49.20 SISHA EMPLOYEE BENEFITS	A	-6,377	EMPLOYEE BENEFITS	5	
49.21 FINANCIAL SERVICE DONATION	A	-8,024	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,341,470			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/29/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LAB/ NUENBERGER	150,000	130,350	19,650	215,700	75	7,778	389
2 37	OR/SHUN LIN	25,000		25,000	208,000	788	78,800	3,940
3 53	CARDIOLOGY/ AGGREGATE	144,568	144,568					
4 6	A&G/ AGGREGATE	736,465	734,915	1,550	177,200	8	682	34
5 49	RESPIRATORY TEHRAPY/ LEVY	24,999		24,999	177,200	110	9,371	469
6 53 2	CARDIOPULMINARY/HARSHMAN	29,167		29,167	208,000	129	12,900	645
7 41	RADIOLOGY/ AGGREGATE	166,669		166,669	225,300	1,020	110,484	5,524
8								
9								
10								
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12								
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26								
27								
28								
29								
30								
101	TOTAL	1,276,868	1,009,833	267,035		2,130	220,015	11,001

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/29/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LAB/ NUENBERGER					7,778	11,872	142,222
2 37	OR/SHUN LIN					78,800		
3 53	CARDIOLOGY/ AGGREGATE							144,568
4 6	A&G/ AGGREGATE					682	868	735,783
5 49	RESPIRATORY THERAPY/ LEVY					9,371	15,628	15,628
6 53 2	CARDIOPULMONARY/HARSHMAN					12,900	16,267	16,267
7 41	RADIOLOGY/ AGGREGATE					110,484	56,185	56,185
8								
9								
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25								
26								
27								
28								
29								
30								
101	TOTAL					220,015	100,820	1,110,653

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,189,943	4,189,943					
005 NEW CAP REL COSTS-MVBLE E	2,839,884		2,839,884				
006 EMPLOYEE BENEFITS	10,985,271	9,128	2,640	10,997,039			
007 ADMINISTRATIVE & GENERAL	15,940,386	324,947	770,741	1,355,242	18,391,316	18,391,316	
008 MAINTENANCE & REPAIRS	1,234,394	35,421	54,552	169,579	1,493,946	350,286	1,844,232
009 OPERATION OF PLANT	1,727,401	296,991	187,875	27,756	2,240,023	525,218	143,365
010 LAUNDRY & LINEN SERVICE	526,502	4,807	1,202	11,706	544,217	127,603	2,320
011 HOUSEKEEPING	1,120,807	44,635	51,092	254,346	1,470,880	344,877	21,546
012 DIETARY	465,211	127,701	3,670	59,765	656,347	153,894	61,645
014 CAFETERIA	1,055,586		8,327	135,610	1,199,523	281,252	
015 NURSING ADMINISTRATION	928,589	13,838	8,800	199,324	1,150,551	269,770	6,680
016 CENTRAL SERVICES & SUPPLY	1,064,788	115,004	60,139	193,495	1,433,426	336,095	55,516
017 PHARMACY	4,164,464	30,226	87,796	239,804	4,522,290	1,060,341	14,591
018 MEDICAL RECORDS & LIBRARY	1,961,663	63,244	53,540	436,321	2,514,768	589,638	30,529
024 SOCIAL SERVICE	261,537	10,743	380	68,137	340,797	79,907	5,186
025 PARAMED PRGM	45,033			20,768	65,801	15,428	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,686,447	289,999	34,506	1,745,538	8,756,490	2,053,134	139,990
026 INTENSIVE CARE UNIT	1,203,783	43,603	9,126	306,289	1,562,801	366,430	21,048
031 SUBPROVIDER	1,656,597	83,382	3,602	234,085	1,977,666	463,703	40,251
033 NURSERY	887,873	12,406	19,052	224,682	1,144,013	268,237	5,989
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC CNTRS							
037 OPERATING ROOM	6,043,390	379,196	284,179	1,303,131	8,009,896	1,878,080	183,048
039 DELIVERY ROOM & LABOR ROO	2,660,272	293,810	57,153	674,046	3,685,281	864,088	141,830
040 ANESTHESIOLOGY	42,543		13,303		55,846	13,094	
041 RADIOLOGY-DIAGNOSTIC	5,084,036	280,276	727,898	726,678	6,818,888	1,598,825	135,297
044 LABORATORY	3,477,026	59,080	149,117	329,626	4,014,849	941,362	28,520
049 RESPIRATORY THERAPY	1,268,022	78,903	41,445	285,701	1,674,071	392,519	38,089
050 PHYSICAL THERAPY	1,181,803	73,489	15,755	299,383	1,570,430	368,219	35,475
051 OCCUPATIONAL THERAPY	597,523	35,531	1,173	152,815	787,042	184,538	17,152
052 SPEECH PATHOLOGY	357,345	13,474		91,538	462,357	108,409	6,504
052 01 AUDIOLOGY	104,296	5,390	2,136	24,769	136,591	32,026	2,602
053 ELECTROCARDIOLOGY	377,043		33,035	79,625	489,703	114,821	
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	393,672	38,189	3,123	111,702	546,686	128,181	18,435
053 03 CARDIAC CATH LAB	348,197		98,980	79,542	526,719	123,500	
054 ELECTROENCEPHALOGRAPHY	51,056		244	12,608	63,908	14,985	
055 MEDICAL SUPPLIES CHARGED	11,108,165				11,108,165	2,604,509	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	159,525				159,525	37,404	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	3,825,349	217,372	52,996	951,833	5,047,550	1,183,499	104,931
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	803,806	22,433	2,307	191,595	1,020,141	239,192	10,829
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	96,829,228	3,003,218	2,839,884	10,997,039	95,642,503	18,113,064	1,271,368
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		18,803			18,803	4,409	9,077
098 PHYSICIANS' PRIVATE OFFIC		538,762			538,762	126,324	260,075
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE		629,160			629,160	147,519	303,712
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	96,829,228	4,189,943	2,839,884	10,997,039	96,829,228	18,391,316	1,844,232

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,908,606						
010 LAUNDRY & LINEN SERVICE	3,968	678,108					
011 HOUSEKEEPING	36,846		1,874,149				
012 DIETARY	105,417			3,008	980,311		
014 CAFETERIA				6,901	1,487,676		
015 NURSING ADMINISTRATION	11,424			14,509	24,216	1,477,150	
016 CENTRAL SERVICES & SUPPLY	94,936	12,102		8,316	111,768		2,052,159
017 PHARMACY	24,951			15,217	45,949		5,864
018 MEDICAL RECORDS & LIBRARY	52,208			10,086	172,542		19
024 SOCIAL SERVICE	8,868			10,793	20,025		
025 PARAMEDICAL PRGM		4,240					
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	239,393	169,806	581,955	847,671	216,163	539,827	83,093
026 INTENSIVE CARE UNIT	35,994	39,421	47,066	17,951	19,016	74,511	25,393
031 SUBPROVIDER	68,832	31,437	145,268	114,689			5,283
033 NURSERY	10,241	13,020	57,506		19,404	63,509	20,408
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	313,025	120,773	23,002		157,562	358,427	135,333
040 DELIVERY ROOM & LABOR ROOM	242,540	89,086	172,517		58,135	190,590	61,223
041 ANESTHESIOLOGY					5,588		16,823
044 RADIOLOGY-DIAGNOSTIC	231,367	65,534	119,788		185,115		9,939
049 LABORATORY	48,771		20,525		115,261		17,045
050 RESPIRATORY THERAPY	65,134	3,967	65,822		62,947		10,130
051 PHYSICAL THERAPY	60,665	13,183	13,094		18,938		253
052 OCCUPATIONAL THERAPY	29,330		6,370		9,236		123
052 SPEECH PATHOLOGY	11,123		2,477		4,812		64
053 01 AUDIOLOGY	4,449				1,630		21
053 01 ELECTROCARDIOLOGY			43,527		31,435		932
053 02 EKG AND EEG							
053 02 CARDIOPULMONARY	31,525	2,102			36,014		1,510
053 03 CARDIAC CATH LAB						18,940	1,436
054 ELECTROENCEPHALOGRAPHY		1,310					39
055 MEDICAL SUPPLIES CHARGED							1,581,719
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	179,440	112,127	332,293		130,473	231,346	73,924
071 OBSERVATION BEDS (NON-DIS)							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	18,518						1,585
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	1,928,965	678,108	1,700,040	980,311	1,446,229	1,477,150	2,052,159
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	15,522		7,785		41,447		
098 PHYSICIANS' PRIVATE OFFICE	444,747		166,324				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 01 RENTED SPACE	519,372						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,908,606	678,108	1,874,149	980,311	1,487,676	1,477,150	2,052,159

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PRGM 24	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	5,689,203						
018 MEDICAL RECORDS & LIBRARY		3,369,790					
024 SOCIAL SERVICE			465,576				
PARAMED ED PRGM				85,469			
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	34,897	182,100	243,070		14,087,589		14,087,589
026 INTENSIVE CARE UNIT	9,560	24,871	75,662		2,319,724		2,319,724
031 SUBPROVIDER	1,734	41,646	135,294		3,025,803		3,025,803
033 NURSERY	2,041	29,360			1,633,728		1,633,728
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,062	517,255			11,700,463		11,700,463
039 DELIVERY ROOM & LABOR ROO	2,050	146,395			5,653,735		5,653,735
040 ANESTHESIOLOGY		82,423			173,774		173,774
041 RADIOLOGY-DIAGNOSTIC		756,294			9,921,047		9,921,047
044 LABORATORY		440,563			5,626,896		5,626,896
049 RESPIRATORY THERAPY		136,953			2,449,632		2,449,632
050 PHYSICAL THERAPY		80,448			2,160,705		2,160,705
051 OCCUPATIONAL THERAPY		43,696			1,077,487		1,077,487
052 SPEECH PATHOLOGY		11,253			606,999		606,999
052 01 AUDIOLOGY		3,951			181,270		181,270
053 ELECTROCARDIOLOGY		80,657			761,075		761,075
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		6,405			770,858		770,858
053 03 CARDIAC CATH LAB		66,666			737,261		737,261
054 ELECTROENCEPHALOGRAPHY		11,582			91,824		91,824
055 MEDICAL SUPPLIES CHARGED		227,472			15,521,865		15,521,865
056 DRUGS CHARGED TO PATIENTS	5,630,929	177,117			5,808,046		5,808,046
057 RENAL DIALYSIS		6,899			203,828		203,828
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	3,930	295,784	11,550	85,469	7,792,316		7,792,316
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,290,265		1,290,265
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,689,203	3,369,790	465,576	85,469	93,596,190		93,596,190
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					97,043		97,043
098 PHYSICIANS' PRIVATE OFFIC					1,536,232		1,536,232
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE					1,599,763		1,599,763
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,689,203	3,369,790	465,576	85,469	96,829,228		96,829,228

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		9,128	2,640	11,768	11,768		
006 ADMINISTRATIVE & GENERAL	91,750	324,947	770,741	1,187,438	1,449	1,188,887	
007 MAINTENANCE & REPAIRS	2,904	35,421	54,552	92,877	181	22,644	115,702
008 OPERATION OF PLANT		296,991	187,875	484,866	30	33,952	8,994
009 LAUNDRY & LINEN SERVICE		4,807	1,202	6,009	13	8,249	146
010 HOUSEKEEPING		44,635	51,092	95,727	272	22,294	1,352
011 DIETARY	57	127,701	3,670	131,428	64	9,948	3,867
012 CAFETERIA	129		8,327	8,456	145	18,181	
014 NURSING ADMINISTRATION		13,838	8,800	22,638	213	17,439	419
015 CENTRAL SERVICES & SUPPLY	187,836	115,004	60,139	362,979	207	21,726	3,483
016 PHARMACY		30,226	87,796	118,022	256	68,544	915
017 MEDICAL RECORDS & LIBRARY		63,244	53,540	116,784	466	38,116	1,915
018 SOCIAL SERVICE		10,743	380	11,123	73	5,165	325
024 PARAMEDICAL PRGM					22	997	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,991	289,999	34,506	334,496	1,881	132,722	8,783
026 INTENSIVE CARE UNIT		43,603	9,126	52,729	327	23,687	1,321
031 SUBPROVIDER		83,382	3,602	86,984	250	29,975	2,525
033 NURSERY		12,406	19,052	31,458	240	17,340	376
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	149,650	379,196	284,179	813,025	1,393	121,406	11,484
039 DELIVERY ROOM & LABOR ROOM		293,810	57,153	350,963	721	55,858	8,898
040 ANESTHESIOLOGY			13,303	13,303		846	
041 RADIOLOGY-DIAGNOSTIC	771,476	280,276	727,898	1,779,650	777	103,354	8,488
044 LABORATORY	21,318	59,080	149,117	229,515	352	60,853	1,789
049 RESPIRATORY THERAPY	21,786	78,903	41,445	142,134	305	25,374	2,390
050 PHYSICAL THERAPY		73,489	15,755	89,244	320	23,803	2,226
051 OCCUPATIONAL THERAPY		35,531	1,173	36,704	163	11,929	1,076
052 SPEECH PATHOLOGY		13,474		13,474	98	7,008	408
052 01 AUDIOLOGY		5,390	2,136	7,526	26	2,070	163
053 ELECTROCARDIOLOGY	58,624		33,035	91,659	85	7,422	
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		38,189	3,123	41,312	119	8,286	1,157
053 03 CARDIAC CATH LAB			98,980	98,980	85	7,983	
054 ELECTROENCEPHALOGRAPHY			244	244	13	969	
055 MEDICAL SUPPLIES CHARGED						168,374	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS						2,418	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		217,372	52,996	270,368	1,017	76,506	6,583
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		22,433	2,307	24,740	205	15,462	679
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,315,521	3,003,218	2,839,884	7,158,623	11,768	1,170,900	79,762
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		18,803		18,803		285	569
098 PHYSICIANS' PRIVATE OFFICE		538,762		538,762		8,166	16,316
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 01 RENTED SPACE		629,160		629,160		9,536	19,055
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,315,521	4,189,943	2,839,884	8,345,348	11,768	1,188,887	115,702

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	527,842						
010 LAUNDRY & LINEN SERVICE	720	15,137					
011 HOUSEKEEPING	6,687		126,332				
012 DIETARY	19,131		203	164,641			
014 CAFETERIA			465		27,247		
015 NURSING ADMINISTRATION	2,073		978		444	44,204	
016 CENTRAL SERVICES & SUPPLY	17,229	270	561		2,047		408,502
017 PHARMACY	4,528		1,026		842		1,167
018 MEDICAL RECORDS & LIBRARY	9,474		680		3,160		4
024 SOCIAL SERVICE	1,609		728		367		
025 PARAMEDICAL PRGM		95					
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	43,444	3,789	39,226	142,364	3,958	16,154	16,540
026 INTENSIVE CARE UNIT	6,532	880	3,173	3,015	348	2,230	5,055
031 SUBPROVIDER	12,491	702	9,792	19,262			1,052
033 NURSERY	1,859	291	3,876		355	1,901	4,062
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC CNTRS							
039 OPERATING ROOM	56,807	2,696	1,551		2,886	10,726	26,939
040 DELIVERY ROOM & LABOR ROOM	44,015	1,989	11,629		1,065	5,703	12,187
041 ANESTHESIOLOGY					102		3,349
044 RADIOLOGY-DIAGNOSTIC	41,988	1,463	8,075		3,390		1,978
049 LABORATORY	8,851		1,384		2,111		3,393
050 RESPIRATORY THERAPY	11,820	89	4,437		1,153		2,016
051 PHYSICAL THERAPY	11,009	294	883		347		50
052 OCCUPATIONAL THERAPY	5,323		429		169		25
052 SPEECH PATHOLOGY	2,019		167		88		13
052 01 AUDIOLOGY	807				30		4
053 ELECTROCARDIOLOGY			2,934		576		186
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	5,721	47			660		301
053 03 CARDIAC CATH LAB						567	286
054 ELECTROENCEPHALOGRAPHY		29					8
055 MEDICAL SUPPLIES CHARGED							314,856
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	32,564	2,503	22,399		2,390	6,923	14,715
071 OBSERVATION BEDS (NON-DIS)							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	3,361						316
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	350,062	15,137	114,596	164,641	26,488	44,204	408,502
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,817		525		759		
098 PHYSICIANS' PRIVATE OFFICE	80,711		11,211				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 01 RENTED SPACE	94,252						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	527,842	15,137	126,332	164,641	27,247	44,204	408,502

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PRGM 24	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	195,300						
018 MEDICAL RECORDS & LIBRARY		170,599					
024 SOCIAL SERVICE			19,390				
PARAMEDICAL PRGM				1,114			
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,198	9,219	10,123		763,897		763,897
026 INTENSIVE CARE UNIT	328	1,259	3,151		104,035		104,035
031 SUBPROVIDER	60	2,108	5,635		170,836		170,836
033 NURSERY	70	1,486			63,314		63,314
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	139	26,187			1,075,239		1,075,239
039 DELIVERY ROOM & LABOR ROO	70	7,411			500,509		500,509
040 ANESTHESIOLOGY		4,173			21,773		21,773
041 RADIOLOGY-DIAGNOSTIC		38,290			1,987,453		1,987,453
044 LABORATORY		22,304			330,552		330,552
049 RESPIRATORY THERAPY		6,933			196,651		196,651
050 PHYSICAL THERAPY		4,073			132,249		132,249
051 OCCUPATIONAL THERAPY		2,212			58,030		58,030
052 SPEECH PATHOLOGY		570			23,845		23,845
052 01 AUDIOLOGY		200			10,826		10,826
053 ELECTROCARDIOLOGY		4,083			106,945		106,945
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		324			57,927		57,927
053 03 CARDIAC CATH LAB		3,375			111,276		111,276
054 ELECTROENCEPHALOGRAPHY		586			1,849		1,849
055 MEDICAL SUPPLIES CHARGED		11,516			494,746		494,746
056 DRUGS CHARGED TO PATIENTS	193,300	8,967			202,267		202,267
057 RENAL DIALYSIS		349			2,767		2,767
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	135	14,974	481		451,558		451,558
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					44,763		44,763
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	195,300	170,599	19,390		6,913,307		6,913,307
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					23,758		23,758
098 PHYSICIANS' PRIVATE OFFIC					655,166		655,166
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE					752,003		752,003
101 CROSS FOOT ADJUSTMENTS				1,114	1,114		1,114
102 NEGATIVE COST CENTER							
103 TOTAL	195,300	170,599	19,390	1,114	8,345,348		8,345,348

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	345,166					
005 NEW CAP REL COSTS-MVB		2,220,297				
006 EMPLOYEE BENEFITS	752	2,064	40,676,272			
007 ADMINISTRATIVE & GENE	26,769	602,584	5,012,825	-18,391,316	78,437,912	
008 MAINTENANCE & REPAIRS	2,918	42,650	627,244		1,493,946	314,727
009 OPERATION OF PLANT	24,466	146,886	102,665		2,240,023	24,466
010 LAUNDRY & LINEN SERVI	396	940	43,299		544,217	396
011 HOUSEKEEPING	3,677	39,945	940,785		1,470,880	3,677
012 DIETARY	10,520	2,869	221,062		656,347	10,520
014 CAFETERIA		6,510	501,600		1,199,523	
015 NURSING ADMINISTRATIO	1,140	6,880	737,267		1,150,551	1,140
016 CENTRAL SERVICES & SU	9,474	47,018	715,706		1,433,426	9,474
017 PHARMACY	2,490	68,641	886,996		4,522,290	2,490
018 MEDICAL RECORDS & LIB	5,210	41,859	1,613,882		2,514,768	5,210
024 SOCIAL SERVICE	885	297	252,028		340,797	885
025 PARAMEDICAL PRGM			76,818		65,801	
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	23,890	26,978	6,456,447		8,756,490	23,890
031 INTENSIVE CARE UNIT	3,592	7,135	1,132,913		1,562,801	3,592
033 SUBPROVIDER	6,869	2,816	865,842		1,977,666	6,869
034 NURSERY	1,022	14,895	831,063		1,144,013	1,022
037 SKILLED NURSING FACIL						
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	31,238	222,179	4,820,074		8,009,896	31,238
041 DELIVERY ROOM & LABOR	24,204	44,684	2,493,188		3,685,281	24,204
044 ANESTHESIOLOGY		10,401			55,846	
049 RADIOLOGY-DIAGNOSTIC	23,089	569,090	2,687,866		6,818,888	23,089
050 LABORATORY	4,867	116,584	1,219,233		4,014,849	4,867
051 RESPIRATORY THERAPY	6,500	32,403	1,056,763		1,674,071	6,500
052 PHYSICAL THERAPY	6,054	12,318	1,107,370		1,570,430	6,054
053 OCCUPATIONAL THERAPY	2,927	917	565,239		787,042	2,927
055 SPEECH PATHOLOGY	1,110		338,586		462,357	1,110
052 01 AUDIOLOGY	444	1,670	91,617		136,591	444
053 ELECTROCARDIOLOGY		25,828	294,522		489,703	
053 01 EKG AND EEG						
053 02 CARDIOPULMONARY	3,146	2,442	413,167		546,686	3,146
053 03 CARDIAC CATH LAB		77,385	294,212		526,719	
054 ELECTROENCEPHALOGRAPH		191	46,634		63,908	
055 MEDICAL SUPPLIES CHAR					11,108,165	
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS					159,525	
061 OUTPAT SERVICE COST C						
062 EMERGENCY	17,907	41,434	3,520,679		5,047,550	17,907
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	1,848	1,804	708,680		1,020,141	1,848
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	247,404	2,220,297	40,676,272	-18,391,316	77,251,187	216,965
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,549				18,803	1,549
098 PHYSICIANS' PRIVATE O	44,383				538,762	44,383
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 RENTED SPACE	51,830				629,160	51,830
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,189,943	2,839,884	10,997,039		18,391,316	1,844,232
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	12.138922		.270355		.234470	
105 (WRKSHT B, PT I)		1.279056				5.859783
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			11,768		1,188,887	115,702
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000289		.015157	
108 (WRKSHT B, PT III)						.367627

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
		8	9	10	11	12	14	15
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	290,261						
009	LAUNDRY & LINEN SERVICE	396	1,112,692					
010	HOUSEKEEPING	3,677		10,592				
011	DIETARY	10,520			87,211			
012	CAFETERIA					19,167		
014	NURSING ADMINISTRATION	1,140		82		312	23,631	
015	CENTRAL SERVICES & SUPPLY	9,474	19,858	47		1,440		2,864,551
016	PHARMACY	2,490		86		592		8,185
017	MEDICAL RECORDS & LIBRARY	5,210		57		2,223		26
018	SOCIAL SERVICE	885		61		258		
024	PARAMEDICAL PROGRAM		6,957					
	INPATIENT ROUTINE SERVICE CENTER							
025	ADULTS & PEDIATRICS	23,890	278,630	3,289	75,411	2,785	8,636	115,987
026	INTENSIVE CARE UNIT	3,592	64,685	266	1,597	245	1,192	35,445
031	SUBPROVIDER	6,869	51,585	821	10,203			7,375
033	NURSERY	1,022	21,364	325		250	1,016	28,487
034	SKILLED NURSING FACILITY							
	ANCILLARY SERVICE CENTER							
037	OPERATING ROOM	31,238	198,173	130		2,030	5,734	188,907
039	DELIVERY ROOM & LABOR	24,204	146,180	975		749	3,049	85,460
040	ANESTHESIOLOGY					72		23,483
041	RADIOLOGY-DIAGNOSTIC	23,089	107,534	677		2,385		13,873
044	LABORATORY	4,867		116		1,485		23,793
049	RESPIRATORY THERAPY	6,500	6,509	372		811		14,140
050	PHYSICAL THERAPY	6,054	21,632	74		244		353
051	OCCUPATIONAL THERAPY	2,927		36		119		172
052	SPEECH PATHOLOGY	1,110		14		62		90
052 01	AUDIOLOGY	444				21		29
053	ELECTROCARDIOLOGY			246		405		1,301
053 01	EKG AND EEG							
053 02	CARDIOPULMONARY	3,146	3,449			464		2,108
053 03	CARDIAC CATH LAB						303	2,005
054	ELECTROENCEPHALOGRAPHY		2,150					54
055	MEDICAL SUPPLIES CHARACTERIZED							2,207,876
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
	OUTPATIENT SERVICE COST CENTER							
061	EMERGENCY	17,907	183,986	1,878		1,681	3,701	103,189
062	OBSERVATION BEDS (NON-REIMBURSABLE)							
071	HOME HEALTH AGENCY	1,848						2,213
095	SPECIFIC PURPOSE COST CENTER SUBTOTALS	192,499	1,112,692	9,608	87,211	18,633	23,631	2,864,551
	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE	1,549		44		534		
098	PHYSICIANS' PRIVATE OFFICE	44,383		940				
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE							
100 01	RENTED SPACE	51,830						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WORKSHEET B, PART I)	2,908,606	678,108	1,874,149	980,311	1,487,676	1,477,150	2,052,159
104	UNIT COST MULTIPLIER (WORKSHEET B, PART I)	10.020657	.609430	176.940049	11.240681	77.616528	62.508992	.716398
105	COST TO BE ALLOCATED (WORKSHEET B, PART II)							
106	UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107	COST TO BE ALLOCATED (WORKSHEET B, PART III)	527,842	15,137	126,332	164,641	27,247	44,204	408,502
108	UNIT COST MULTIPLIER (WORKSHEET B, PART III)	1.818508	.013604	11.927115	1.887847	1.421558	1.870594	.142606

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMEDICAL PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	16	17	18	24
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS				
007 OPERATION OF PLANT				
008 LAUNDRY & LINEN SERVICE				
009 HOUSEKEEPING				
010 DIETARY				
011 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPORT				
016 PHARMACY	1,204,463			
017 MEDICAL RECORDS & LIBRARY		225,189		
018 SOCIAL SERVICE			155,595	
024 PARAMEDICAL PRGM				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	7,388	12,169	81,234	
026 INTENSIVE CARE UNIT	2,024	1,662	25,286	
031 SUBPROVIDER	367	2,783	45,215	
033 NURSERY	432	1,962		
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	860	34,566		
039 DELIVERY ROOM & LABOR	434	9,783		
040 ANESTHESIOLOGY		5,508		
041 RADIOLOGY-DIAGNOSTIC		50,540		
044 LABORATORY		29,441		
049 RESPIRATORY THERAPY		9,152		
050 PHYSICAL THERAPY		5,376		
051 OCCUPATIONAL THERAPY		2,920		
052 SPEECH PATHOLOGY		752		
052 01 AUDIOLOGY		264		
053 ELECTROCARDIOLOGY		5,390		
053 01 EKG AND EEG				
053 02 CARDIOPULMONARY		428		
053 03 CARDIAC CATH LAB		4,455		
054 ELECTROENCEPHALOGRAPH		774		
055 MEDICAL SUPPLIES CHAR		15,201		
056 DRUGS CHARGED TO PATIENT	1,192,126	11,836		
057 RENAL DIALYSIS		461		
OUTPAT SERVICE COST C				
061 EMERGENCY	832	19,766	3,860	100
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	1,204,463	225,189	155,595	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
100 01 RENTED SPACE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	5,689,203	3,369,790	465,576	85,469
(PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))		14.964274		854.690000
	4.723435		2.992230	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II))				
106				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III))	195,300	170,599	19,390	1,114
108				
	.162147	.757581	.124618	11.140000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,087,589		14,087,589		14,087,589
26	INTENSIVE CARE UNIT	2,319,724		2,319,724		2,319,724
31	SUBPROVIDER	3,025,803		3,025,803		3,025,803
33	NURSERY	1,633,728		1,633,728		1,633,728
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,700,463		11,700,463		11,700,463
39	DELIVERY ROOM & LABOR ROO	5,653,735		5,653,735		5,653,735
40	ANESTHESIOLOGY	173,774		173,774		173,774
41	RADIOLOGY-DIAGNOSTIC	9,921,047		9,921,047	56,185	9,977,232
44	LABORATORY	5,626,896		5,626,896	11,872	5,638,768
49	RESPIRATORY THERAPY	2,449,632		2,449,632	15,628	2,465,260
50	PHYSICAL THERAPY	2,160,705		2,160,705		2,160,705
51	OCCUPATIONAL THERAPY	1,077,487		1,077,487		1,077,487
52	SPEECH PATHOLOGY	606,999		606,999		606,999
52	01 AUDIOLOGY	181,270		181,270		181,270
53	ELECTROCARDIOLOGY	761,075		761,075		761,075
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY	770,858		770,858	16,267	787,125
53	03 CARDIAC CATH LAB	737,261		737,261		737,261
54	ELECTROENCEPHALOGRAPHY	91,824		91,824		91,824
55	MEDICAL SUPPLIES CHARGED	15,521,865		15,521,865		15,521,865
56	DRUGS CHARGED TO PATIENTS	5,808,046		5,808,046		5,808,046
57	RENAL DIALYSIS	203,828		203,828		203,828
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,792,316		7,792,316		7,792,316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	748,346		748,346		748,346
101	SUBTOTAL	93,054,271		93,054,271	99,952	93,154,223
102	LESS OBSERVATION BEDS	748,346		748,346		748,346
103	TOTAL	92,305,925		92,305,925	99,952	92,405,877

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,195,126		15,195,126			
26	INTENSIVE CARE UNIT	2,217,680		2,217,680			
31	SUBPROVIDER	2,616,879		2,616,879			
33	NURSERY	3,712,219		3,712,219			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,306,228	31,812,599	46,118,827	.253703	.253703	.253703
39	DELIVERY ROOM & LABOR ROO	11,205,493	1,846,962	13,052,455	.433155	.433155	.433155
40	ANESTHESIOLOGY	2,687,634	4,660,937	7,348,571	.023647	.023647	.023647
41	RADIOLOGY-DIAGNOSTIC	13,026,044	54,405,306	67,431,350	.147128	.147128	.147961
44	LABORATORY	18,472,373	20,808,684	39,281,057	.143247	.143247	.143549
49	RESPIRATORY THERAPY	8,168,931	4,041,795	12,210,726	.200613	.200613	.201893
50	PHYSICAL THERAPY	3,667,577	3,505,136	7,172,713	.301240	.301240	.301240
51	OCCUPATIONAL THERAPY	2,540,701	1,354,740	3,895,441	.276602	.276602	.276602
52	SPEECH PATHOLOGY	301,292	701,898	1,003,190	.605069	.605069	.605069
52	01 AUDIOLOGY	992	351,783	352,775	.513840	.513840	.513840
53	ELECTROCARDIOLOGY	3,693,236	3,498,419	7,191,655	.105828	.105828	.105828
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	116,194	455,082	571,276	1.349362	1.349362	1.377837
53	03 CARDIAC CATH LAB	2,378,417	3,565,794	5,944,211	.124030	.124030	.124030
54	ELECTROENCEPHALOGRAPHY	82,497	950,093	1,032,590	.088926	.088926	.088926
55	MEDICAL SUPPLIES CHARGED	13,192,396	7,089,493	20,281,889	.765307	.765307	.765307
56	DRUGS CHARGED TO PATIENTS	12,551,735	3,239,961	15,791,696	.367791	.367791	.367791
57	RENAL DIALYSIS	612,549	2,778	615,327	.331252	.331252	.331252
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,565,912	21,806,733	26,372,645	.295470	.295470	.295470
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	20,789	1,020,143	1,040,932	.718919	.718919	.718919
101	SUBTOTAL	135,332,894	165,118,336	300,451,230			
102	LESS OBSERVATION BEDS						
103	TOTAL	135,332,894	165,118,336	300,451,230			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/29/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,087,589		14,087,589		14,087,589
26	INTENSIVE CARE UNIT	2,319,724		2,319,724		2,319,724
31	SUBPROVIDER	3,025,803		3,025,803		3,025,803
33	NURSERY	1,633,728		1,633,728		1,633,728
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,700,463		11,700,463		11,700,463
39	DELIVERY ROOM & LABOR ROO	5,653,735		5,653,735		5,653,735
40	ANESTHESIOLOGY	173,774		173,774		173,774
41	RADIOLOGY-DIAGNOSTIC	9,921,047		9,921,047	56,185	9,977,232
44	LABORATORY	5,626,896		5,626,896	11,872	5,638,768
49	RESPIRATORY THERAPY	2,449,632		2,449,632	15,628	2,465,260
50	PHYSICAL THERAPY	2,160,705		2,160,705		2,160,705
51	OCCUPATIONAL THERAPY	1,077,487		1,077,487		1,077,487
52	SPEECH PATHOLOGY	606,999		606,999		606,999
52	01 AUDIOLOGY	181,270		181,270		181,270
53	ELECTROCARDIOLOGY	761,075		761,075		761,075
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY	770,858		770,858	16,267	787,125
53	03 CARDIAC CATH LAB	737,261		737,261		737,261
54	ELECTROENCEPHALOGRAPHY	91,824		91,824		91,824
55	MEDICAL SUPPLIES CHARGED	15,521,865		15,521,865		15,521,865
56	DRUGS CHARGED TO PATIENTS	5,808,046		5,808,046		5,808,046
57	RENAL DIALYSIS	203,828		203,828		203,828
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,792,316		7,792,316		7,792,316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	748,346		748,346		748,346
101	SUBTOTAL	93,054,271		93,054,271	99,952	93,154,223
102	LESS OBSERVATION BEDS	748,346		748,346		748,346
103	TOTAL	92,305,925		92,305,925	99,952	92,405,877

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,195,126		15,195,126			
26	INTENSIVE CARE UNIT	2,217,680		2,217,680			
31	SUBPROVIDER	2,616,879		2,616,879			
33	NURSERY	3,712,219		3,712,219			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,306,228	31,812,599	46,118,827	.253703	.253703	.253703
39	DELIVERY ROOM & LABOR ROO	11,205,493	1,846,962	13,052,455	.433155	.433155	.433155
40	ANESTHESIOLOGY	2,687,634	4,660,937	7,348,571	.023647	.023647	.023647
41	RADIOLOGY-DIAGNOSTIC	13,026,044	54,405,306	67,431,350	.147128	.147128	.147961
44	LABORATORY	18,472,373	20,808,684	39,281,057	.143247	.143247	.143549
49	RESPIRATORY THERAPY	8,168,931	4,041,795	12,210,726	.200613	.200613	.201893
50	PHYSICAL THERAPY	3,667,577	3,505,136	7,172,713	.301240	.301240	.301240
51	OCCUPATIONAL THERAPY	2,540,701	1,354,740	3,895,441	.276602	.276602	.276602
52	SPEECH PATHOLOGY	301,292	701,898	1,003,190	.605069	.605069	.605069
52	01 AUDIOLOGY	992	351,783	352,775	.513840	.513840	.513840
53	ELECTROCARDIOLOGY	3,693,236	3,498,419	7,191,655	.105828	.105828	.105828
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	116,194	455,082	571,276	1.349362	1.349362	1.377837
53	03 CARDIAC CATH LAB	2,378,417	3,565,794	5,944,211	.124030	.124030	.124030
54	ELECTROENCEPHALOGRAPHY	82,497	950,093	1,032,590	.088926	.088926	.088926
55	MEDICAL SUPPLIES CHARGED	13,192,396	7,089,493	20,281,889	.765307	.765307	.765307
56	DRUGS CHARGED TO PATIENTS	12,551,735	3,239,961	15,791,696	.367791	.367791	.367791
57	RENAL DIALYSIS	612,549	2,778	615,327	.331252	.331252	.331252
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,565,912	21,806,733	26,372,645	.295470	.295470	.295470
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	20,789	1,020,143	1,040,932	.718919	.718919	.718919
101	SUBTOTAL	135,332,894	165,118,336	300,451,230			
102	LESS OBSERVATION BEDS						
103	TOTAL	135,332,894	165,118,336	300,451,230			

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	11,700,463	1,075,239	10,625,224			11,700,463
39	DELIVERY ROOM & LABOR ROO	5,653,735	500,509	5,153,226			5,653,735
40	ANESTHESIOLOGY	173,774	21,773	152,001			173,774
41	RADIOLOGY-DIAGNOSTIC	9,921,047	1,987,453	7,933,594			9,921,047
44	LABORATORY	5,626,896	330,552	5,296,344			5,626,896
49	RESPIRATORY THERAPY	2,449,632	196,651	2,252,981			2,449,632
50	PHYSICAL THERAPY	2,160,705	132,249	2,028,456			2,160,705
51	OCCUPATIONAL THERAPY	1,077,487	58,030	1,019,457			1,077,487
52	SPEECH PATHOLOGY	606,999	23,845	583,154			606,999
52	01 AUDIOLOGY	181,270	10,826	170,444			181,270
53	ELECTROCARDIOLOGY	761,075	106,945	654,130			761,075
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	770,858	57,927	712,931			770,858
53	03 CARDIAC CATH LAB	737,261	111,276	625,985			737,261
54	ELECTROENCEPHALOGRAPHY	91,824	1,849	89,975			91,824
55	MEDICAL SUPPLIES CHARGED	15,521,865	494,746	15,027,119			15,521,865
56	DRUGS CHARGED TO PATIENTS	5,808,046	202,267	5,605,779			5,808,046
57	RENAL DIALYSIS	203,828	2,767	201,061			203,828
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,792,316	451,558	7,340,758			7,792,316
62	OBSERVATION BEDS (NON-DIS	748,346	40,579	707,767			748,346
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	71,987,427	5,807,041	66,180,386			71,987,427
102	LESS OBSERVATION BEDS	748,346	40,579	707,767			748,346
103	TOTAL	71,239,081	5,766,462	65,472,619			71,239,081

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	46,118,827	.253703	.253703
39	DELIVERY ROOM & LABOR ROO	13,052,455	.433155	.433155
40	ANESTHESIOLOGY	7,348,571	.023647	.023647
41	RADIOLOGY-DIAGNOSTIC	67,431,350	.147128	.147128
44	LABORATORY	39,281,057	.143247	.143247
49	RESPIRATORY THERAPY	12,210,726	.200613	.200613
50	PHYSICAL THERAPY	7,172,713	.301240	.301240
51	OCCUPATIONAL THERAPY	3,895,441	.276602	.276602
52	SPEECH PATHOLOGY	1,003,190	.605069	.605069
52	01 AUDIOLOGY	352,775	.513840	.513840
53	ELECTROCARDIOLOGY	7,191,655	.105828	.105828
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	571,276	1.349362	1.349362
53	03 CARDIAC CATH LAB	5,944,211	.124030	.124030
54	ELECTROENCEPHALOGRAPHY	1,032,590	.088926	.088926
55	MEDICAL SUPPLIES CHARGED	20,281,889	.765307	.765307
56	DRUGS CHARGED TO PATIENTS	15,791,696	.367791	.367791
57	RENAL DIALYSIS	615,327	.331252	.331252
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	26,372,645	.295470	.295470
62	OBSERVATION BEDS (NON-DIS	1,040,932	.718919	.718919
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	276,709,326		
102	LESS OBSERVATION BEDS	1,040,932		
103	TOTAL	275,668,394		

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	11,700,463	1,075,239	10,625,224	107,524	616,263	10,976,676
39	DELIVERY ROOM & LABOR ROO	5,653,735	500,509	5,153,226	50,051	298,887	5,304,797
40	ANESTHESIOLOGY	173,774	21,773	152,001	2,177	8,816	162,781
41	RADIOLOGY-DIAGNOSTIC	9,921,047	1,987,453	7,933,594	198,745	460,148	9,262,154
44	LABORATORY	5,626,896	330,552	5,296,344	33,055	307,188	5,286,653
49	RESPIRATORY THERAPY	2,449,632	196,651	2,252,981	19,665	130,673	2,299,294
50	PHYSICAL THERAPY	2,160,705	132,249	2,028,456	13,225	117,650	2,029,830
51	OCCUPATIONAL THERAPY	1,077,487	58,030	1,019,457	5,803	59,129	1,012,555
52	SPEECH PATHOLOGY	606,999	23,845	583,154	2,385	33,823	570,791
52	01 AUDIOLOGY	181,270	10,826	170,444	1,083	9,886	170,301
53	ELECTROCARDIOLOGY	761,075	106,945	654,130	10,695	37,940	712,440
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	770,858	57,927	712,931	5,793	41,350	723,715
53	03 CARDIAC CATH LAB	737,261	111,276	625,985	11,128	36,307	689,826
54	ELECTROENCEPHALOGRAPHY	91,824	1,849	89,975	185	5,219	86,420
55	MEDICAL SUPPLIES CHARGED	15,521,865	494,746	15,027,119	49,475	871,573	14,600,817
56	DRUGS CHARGED TO PATIENTS	5,808,046	202,267	5,605,779	20,227	325,135	5,462,684
57	RENAL DIALYSIS	203,828	2,767	201,061	277	11,662	191,889
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,792,316	451,558	7,340,758	45,156	425,764	7,321,396
62	OBSERVATION BEDS (NON-DIS	748,346	40,579	707,767	4,058	41,050	703,238
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	71,987,427	5,807,041	66,180,386	580,707	3,838,463	67,568,257
102	LESS OBSERVATION BEDS	748,346	40,579	707,767	4,058	41,050	703,238
103	TOTAL	71,239,081	5,766,462	65,472,619	576,649	3,797,413	66,865,019

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	46,118,827	.238009	.251371
39	DELIVERY ROOM & LABOR ROO	13,052,455	.406421	.429320
40	ANESTHESIOLOGY	7,348,571	.022151	.023351
41	RADIOLOGY-DIAGNOSTIC	67,431,350	.137357	.144181
44	LABORATORY	39,281,057	.134585	.142406
49	RESPIRATORY THERAPY	12,210,726	.188301	.199003
50	PHYSICAL THERAPY	7,172,713	.282993	.299396
51	OCCUPATIONAL THERAPY	3,895,441	.259933	.275112
52	SPEECH PATHOLOGY	1,003,190	.568976	.602691
52	01 AUDIOLOGY	352,775	.482747	.510770
53	ELECTROCARDIOLOGY	7,191,655	.099065	.104340
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	571,276	1.266839	1.339221
53	03 CARDIAC CATH LAB	5,944,211	.116050	.122158
54	ELECTROENCEPHALOGRAPHY	1,032,590	.083692	.088747
55	MEDICAL SUPPLIES CHARGED	20,281,889	.719894	.762867
56	DRUGS CHARGED TO PATIENTS	15,791,696	.345921	.366510
57	RENAL DIALYSIS	615,327	.311849	.330801
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	26,372,645	.277613	.293757
62	OBSERVATION BEDS (NON-DIS	1,040,932	.675585	.715021
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	276,709,326		
102	LESS OBSERVATION BEDS	1,040,932		
103	TOTAL	275,668,394		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/29/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				763,897		763,897
26	INTENSIVE CARE UNIT				104,035		104,035
31	SUBPROVIDER				170,836		170,836
33	NURSERY				63,314		63,314
101	TOTAL				1,102,082		1,102,082

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,616	12,409			27.66	343,233
26	INTENSIVE CARE UNIT	1,611	286			64.58	18,470
31	SUBPROVIDER	3,757	2,931			45.47	133,273
33	NURSERY	4,204				15.06	
101	TOTAL	37,188	15,626				494,976

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,075,239	46,118,827	6,583,606		
39	DELIVERY ROOM & LABOR ROO		500,509	13,052,455	5,437		
40	ANESTHESIOLOGY		21,773	7,348,571	1,073,534		
41	RADIOLOGY-DIAGNOSTIC		1,987,453	67,431,350	7,577,480		
44	LABORATORY		330,552	39,281,057	10,142,527		
49	RESPIRATORY THERAPY		196,651	12,210,726	3,783,860		
50	PHYSICAL THERAPY		132,249	7,172,713	1,247,474		
51	OCCUPATIONAL THERAPY		58,030	3,895,441	546,911		
52	SPEECH PATHOLOGY		23,845	1,003,190	96,725		
52	01 AUDIOLOGY		10,826	352,775	294		
53	ELECTROCARDIOLOGY		106,945	7,191,655	1,894,715		
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY		57,927	571,276			
53	03 CARDIAC CATH LAB		111,276	5,944,211	326,512		
54	ELECTROENCEPHALOGRAPHY		1,849	1,032,590	48,075		
55	MEDICAL SUPPLIES CHARGED		494,746	20,281,889	7,342,848		
56	DRUGS CHARGED TO PATIENTS		202,267	15,791,696	5,863,088		
57	RENAL DIALYSIS		2,767	615,327	334,749		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		451,558	26,372,645	1,837,644		
62	OBSERVATION BEDS (NON-DIS		40,579	1,040,932	20,789		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,807,041	276,709,326	48,726,268		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 14-0289
 PREPARED 5/29/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023315	153,497
39	DELIVERY ROOM & LABOR ROO	.038346	208
40	ANESTHESIOLOGY	.002963	3,181
41	RADIOLOGY-DIAGNOSTIC	.029474	223,339
44	LABORATORY	.008415	85,349
49	RESPIRATORY THERAPY	.016105	60,939
50	PHYSICAL THERAPY	.018438	23,001
51	OCCUPATIONAL THERAPY	.014897	8,147
52	SPEECH PATHOLOGY	.023769	2,299
52 01	AUDIOLOGY	.030688	9
53	ELECTROCARDIOLOGY	.014871	28,176
53 01	EKG AND EEG		
53 02	CARDIOPULMONARY	.101399	
53 03	CARDIAC CATH LAB	.018720	6,112
54	ELECTROENCEPHALOGRAPHY	.001791	86
55	MEDICAL SUPPLIES CHARGED	.024393	179,114
56	DRUGS CHARGED TO PATIENTS	.012808	75,094
57	RENAL DIALYSIS	.004497	1,505
61	OUTPAT SERVICE COST CNTRS		
	EMERGENCY	.017122	31,464
62	OBSERVATION BEDS (NON-DIS	.038983	810
	OTHER REIMBURS COST CNTRS		
101	TOTAL		882,330

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

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/29/2009
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					27,616	
26	INTENSIVE CARE UNIT					1,611	
31	SUBPROVIDER					3,757	
33	NURSERY					4,204	
34	SKILLED NURSING FACILITY						
101	TOTAL					37,188	

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 I 14-0289 I FROM 1/ 1/2008 I WORKSHEET D
 I TO 12/31/2008 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,409	
26	INTENSIVE CARE UNIT	286	
31	SUBPROVIDER	2,931	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	15,626	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY						
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY						
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			85,469			
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			85,469			

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			46,118,827			6,583,606	
	OPERATING ROOM						5,437	
39	DELIVERY ROOM & LABOR ROO			13,052,455				
40	ANESTHESIOLOGY			7,348,571			1,073,534	
41	RADIOLOGY-DIAGNOSTIC			67,431,350			7,577,480	
44	LABORATORY			39,281,057			10,142,527	
49	RESPIRATORY THERAPY			12,210,726			3,783,860	
50	PHYSICAL THERAPY			7,172,713			1,247,474	
51	OCCUPATIONAL THERAPY			3,895,441			546,911	
52	SPEECH PATHOLOGY			1,003,190			96,725	
52	01 AUDIOLOGY			352,775			294	
53	ELECTROCARDIOLOGY			7,191,655			1,894,715	
53	01 EKG AND EEG							
53	02 CARDIOPULMONARY			571,276				
53	03 CARDIAC CATH LAB			5,944,211			326,512	
54	ELECTROENCEPHALOGRAPHY			1,032,590			48,075	
55	MEDICAL SUPPLIES CHARGED			20,281,889			7,342,848	
56	DRUGS CHARGED TO PATIENTS			15,791,696			5,863,088	
57	RENAL DIALYSIS			615,327			334,749	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	85,469	85,469	26,372,645	.003241	.003241	1,837,644	5,956
62	OBSERVATION BEDS (NON-DIS			1,040,932			20,789	
	OTHER REIMBURS COST CNTRS							
101	TOTAL	85,469	85,469	276,709,326			48,726,268	5,956

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	6,249,646					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,127,521					
41	RADIOLOGY-DIAGNOSTIC	11,730,689					
44	LABORATORY	743,275					
49	RESPIRATORY THERAPY	385,067					
50	PHYSICAL THERAPY	4,380					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY	44,349					
53	ELECTROCARDIOLOGY	1,106,865					
53 01	EKG AND EEG						
53 02	CARDIOPULMONARY	76,650					
53 03	CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY	728,490					
55	MEDICAL SUPPLIES CHARGED	1,960,806					
56	DRUGS CHARGED TO PATIENTS	1,486,093					
57	RENAL DIALYSIS						
61	OUTPAT SERVICE COST CNTRS EMERGENCY	2,786,100			9,030		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	167,614					
101	TOTAL	28,597,545			9,030		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/29/2009
 | 14-0289 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0289 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.253703	.253703			
39 DELIVERY ROOM & LABOR ROOM	.433155	.433155			
40 ANESTHESIOLOGY	.023647	.023647			
41 RADIOLOGY-DIAGNOSTIC	.147128	.147128			
44 LABORATORY	.143247	.143247			
49 RESPIRATORY THERAPY	.200613	.200613			
50 PHYSICAL THERAPY	.301240	.301240			
51 OCCUPATIONAL THERAPY	.276602	.276602			
52 SPEECH PATHOLOGY	.605069	.605069			
52 01 AUDIOLOGY	.513840	.513840			
53 ELECTROCARDIOLOGY	.105828	.105828			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY	1.349362	1.349362			
53 03 CARDIAC CATH LAB	.124030	.124030			
54 ELECTROENCEPHALOGRAPHY	.088926	.088926			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.765307	.765307			
56 DRUGS CHARGED TO PATIENTS	.367791	.367791			
57 RENAL DIALYSIS	.331252	.331252			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.295470	.295470			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.718919	.718919			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,075,239	46,118,827	34,970		
39	DELIVERY ROOM & LABOR ROO		500,509	13,052,455			
40	ANESTHESIOLOGY		21,773	7,348,571			5,893
41	RADIOLOGY-DIAGNOSTIC		1,987,453	67,431,350			157,985
44	LABORATORY		330,552	39,281,057			235,489
49	RESPIRATORY THERAPY		196,651	12,210,726			232,972
50	PHYSICAL THERAPY		132,249	7,172,713			1,306,632
51	OCCUPATIONAL THERAPY		58,030	3,895,441			1,309,577
52	SPEECH PATHOLOGY		23,845	1,003,190			125,159
52	01 AUDIOLOGY		10,826	352,775			698
53	ELECTROCARDIOLOGY		106,945	7,191,655			11,906
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY		57,927	571,276			
53	03 CARDIAC CATH LAB		111,276	5,944,211			
54	ELECTROENCEPHALOGRAPHY		1,849	1,032,590			
55	MEDICAL SUPPLIES CHARGED		494,746	20,281,889			248,883
56	DRUGS CHARGED TO PATIENTS		202,267	15,791,696			416,353
57	RENAL DIALYSIS		2,767	615,327			30,558
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		451,558	26,372,645			2,274
62	OBSERVATION BEDS (NON-DIS		40,579	1,040,932			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,807,041	276,709,326	4,119,349		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 14-T289
 PREPARED 5/29/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023315	815
39	DELIVERY ROOM & LABOR ROO	.038346	
40	ANESTHESIOLOGY	.002963	17
41	RADIOLOGY-DIAGNOSTIC	.029474	4,656
44	LABORATORY	.008415	1,982
49	RESPIRATORY THERAPY	.016105	3,752
50	PHYSICAL THERAPY	.018438	24,092
51	OCCUPATIONAL THERAPY	.014897	19,509
52	SPEECH PATHOLOGY	.023769	2,975
52 01	AUDIOLOGY	.030688	21
53	ELECTROCARDIOLOGY	.014871	177
53 01	EKG AND EEG		
53 02	CARDIOPULMONARY	.101399	
53 03	CARDIAC CATH LAB	.018720	
54	ELECTROENCEPHALOGRAPHY	.001791	
55	MEDICAL SUPPLIES CHARGED	.024393	6,071
56	DRUGS CHARGED TO PATIENTS	.012808	5,333
57	RENAL DIALYSIS	.004497	137
61	OUTPAT SERVICE COST CNTRS		
	EMERGENCY	.017122	39
62	OBSERVATION BEDS (NON-DIS	.038983	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		69,576

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52 01	AUDIOLOGY						
53	ELECTROCARDIOLOGY						
53 01	EKG AND EEG						
53 02	CARDIOPULMONARY						
53 03	CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			85,469			
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			85,469			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			46,118,827			34,970	
39	OPERATING ROOM			13,052,455				
40	DELIVERY ROOM & LABOR ROO			7,348,571			5,893	
41	ANESTHESIOLOGY			67,431,350			157,985	
44	RADIOLOGY-DIAGNOSTIC			39,281,057			235,489	
49	LABORATORY			12,210,726			232,972	
50	RESPIRATORY THERAPY			7,172,713			1,306,632	
51	PHYSICAL THERAPY			3,895,441			1,309,577	
52	OCCUPATIONAL THERAPY			1,003,190			125,159	
52	01 SPEECH PATHOLOGY			352,775			698	
53	AUDIOLOGY			7,191,655			11,906	
53	01 ELECTROCARDIOLOGY							
53	02 EKG AND EEG			571,276				
53	03 CARDIOPULMONARY			5,944,211				
54	CARDIAC CATH LAB			1,032,590				
55	ELECTROENCEPHALOGRAPHY			20,281,889			248,883	
56	MEDICAL SUPPLIES CHARGED			15,791,696			416,353	
57	DRUGS CHARGED TO PATIENTS			615,327			30,558	
61	RENAL DIALYSIS							
62	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY	85,469	85,469	26,372,645	.003241	.003241	2,274	7
	OBSERVATION BEDS (NON-DIS			1,040,932				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	85,469	85,469	276,709,326			4,119,349	7

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,116					
44	LABORATORY	1,475					
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY	324					
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY						
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	3,915					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/29/2009
 | 14-0289 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-T289 | |

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.253703	.253703			
39 DELIVERY ROOM & LABOR ROOM	.433155	.433155			
40 ANESTHESIOLOGY	.023647	.023647			
41 RADIOLOGY-DIAGNOSTIC	.147128	.147128			
44 LABORATORY	.143247	.143247			
49 RESPIRATORY THERAPY	.200613	.200613			
50 PHYSICAL THERAPY	.301240	.301240			
51 OCCUPATIONAL THERAPY	.276602	.276602			
52 SPEECH PATHOLOGY	.605069	.605069			
52 01 AUDIOLOGY	.513840	.513840			
53 ELECTROCARDIOLOGY	.105828	.105828			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY	1.349362	1.349362			
53 03 CARDIAC CATH LAB	.124030	.124030			
54 ELECTROENCEPHALOGRAPHY	.088926	.088926			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.765307	.765307			
56 DRUGS CHARGED TO PATIENTS	.367791	.367791			
57 RENAL DIALYSIS	.331252	.331252			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.295470	.295470			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.718919	.718919			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/29/2009
14-0289	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART I
14-0289		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	27,616
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,616
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,616
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,409
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,087,589
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,087,589

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,776,713
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,776,713
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.750269
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	679.92
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14,087,589

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0289		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	510.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,330,079
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,330,079

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,319,724	1,611	1,439.93	286	411,820
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	361,703
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	888,286
52	TOTAL PROGRAM EXCLUDABLE COST	1,249,989
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	19,806,742

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0289		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,467
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	510.12
85	OBSERVATION BED COST	748,346

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	14,087,589		748,346	
87	NEW CAPITAL-RELATED COST	763,897	.054225	748,346	40,579
88	NON PHYSICIAN ANESTHETIST	14,087,589		748,346	
89	MEDICAL EDUCATION	14,087,589		748,346	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-T289		PART I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,757
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,757
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,757
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,931
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,025,803
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,025,803

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,616,879
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,616,879
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.156264
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	696.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,025,803

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-T289		PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	805.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,360,569
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,360,569

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					1,300,814
					3,661,383

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	133,273
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	69,583
52	TOTAL PROGRAM EXCLUDABLE COST	202,856
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,458,527

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS

63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD

64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD

65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	805.38
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,025,803			
87	NEW CAPITAL-RELATED COST	170,836	.056460		
88	NON PHYSICIAN ANESTHETIST	3,025,803			
89	MEDICAL EDUCATION	3,025,803			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/29/2009
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COMPONENT NO:	TO 12/31/2008	PART I
14-0289		

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	27,616
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,616
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,616
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,001
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	4,204
16	NURSERY DAYS (TITLE V OR XIX ONLY)	870

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,087,589
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,087,589

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,776,713
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,776,713
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.750269
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	679.92
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14,087,589

COMPUTATION OF INPATIENT OPERATING COST

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14-0289		PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	510.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,530,870
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,530,870

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,633,728	4,204	388.61	870	338,091
43	INTENSIVE CARE UNIT	2,319,724	1,611	1,439.93	75	107,995
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	3,739,174
49	TOTAL PROGRAM INPATIENT COSTS	5,716,130

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,467
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	510.12
85	OBSERVATION BED COST	748,346

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

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14-T289		PART I

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,757
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,757
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,757
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	196
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,025,803
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,025,803

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,616,879
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,616,879
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.156264
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	696.53
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,025,803

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	805.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	157,854
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	157,854

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					157,854

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-T289		PART III

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	805.38
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		7,781,720	
26	INTENSIVE CARE UNIT		1,222,012	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.253703	6,583,606	1,670,281
39	DELIVERY ROOM & LABOR ROOM	.433155	5,437	2,355
40	ANESTHESIOLOGY	.023647	1,073,534	25,386
41	RADIOLOGY-DIAGNOSTIC	.147961	7,577,480	1,121,172
44	LABORATORY	.143549	10,142,527	1,455,950
49	RESPIRATORY THERAPY	.201893	3,783,860	763,935
50	PHYSICAL THERAPY	.301240	1,247,474	375,789
51	OCCUPATIONAL THERAPY	.276602	546,911	151,277
52	SPEECH PATHOLOGY	.605069	96,725	58,525
52	01 AUDIOLOGY	.513840	294	151
53	ELECTROCARDIOLOGY	.105828	1,894,715	200,514
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	1.377837		
53	03 CARDIAC CATH LAB	.124030	326,512	40,497
54	ELECTROENCEPHALOGRAPHY	.088926	48,075	4,275
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765307	7,342,848	5,619,533
56	DRUGS CHARGED TO PATIENTS	.367791	5,863,088	2,156,391
57	RENAL DIALYSIS	.331252	334,749	110,886
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.295470	1,837,644	542,969
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.718919	20,789	14,946
101	TOTAL		48,726,268	14,314,832
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		48,726,268	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,038,224	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.253703	34,970	8,872
39	DELIVERY ROOM & LABOR ROOM	.433155		
40	ANESTHESIOLOGY	.023647	5,893	139
41	RADIOLOGY-DIAGNOSTIC	.147961	157,985	23,376
44	LABORATORY	.143549	235,489	33,804
49	RESPIRATORY THERAPY	.201893	232,972	47,035
50	PHYSICAL THERAPY	.301240	1,306,632	393,610
51	OCCUPATIONAL THERAPY	.276602	1,309,577	362,232
52	SPEECH PATHOLOGY	.605069	125,159	75,730
52	01 AUDIOLOGY	.513840	698	359
53	ELECTROCARDIOLOGY	.105828	11,906	1,260
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	1.377837		
53	03 CARDIAC CATH LAB	.124030		
54	ELECTROENCEPHALOGRAPHY	.088926		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765307	248,883	190,472
56	DRUGS CHARGED TO PATIENTS	.367791	416,353	153,131
57	RENAL DIALYSIS	.331252	30,558	10,122
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.295470	2,274	672
62	OBSERVATION BEDS (NON-DISTINCT PART)	.718919		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,119,349	1,300,814
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,119,349	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0289
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 PREPARED 5/29/2009
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		806,148	
26	INTENSIVE CARE UNIT		169,244	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.253703	1,100,935	279,311
39	DELIVERY ROOM & LABOR ROOM	.433155	4,952,443	2,145,175
40	ANESTHESIOLOGY	.023647	287,673	6,803
41	RADIOLOGY-DIAGNOSTIC	.147128	808,319	118,926
44	LABORATORY	.143247	1,581,620	226,562
49	RESPIRATORY THERAPY	.200613	671,450	134,702
50	PHYSICAL THERAPY	.301240	54,522	16,424
51	OCCUPATIONAL THERAPY	.276602	23,703	6,556
52	SPEECH PATHOLOGY	.605069	1,810	1,095
52 01	AUDIOLOGY	.513840		
53	ELECTROCARDIOLOGY	.105828	156,918	16,606
53 01	EKG AND EEG			
53 02	CARDIOPULMONARY	1.349362		
53 03	CARDIAC CATH LAB	.124030	87,945	10,908
54	ELECTROENCEPHALOGRAPHY	.088926	3,575	318
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765307	382,428	292,675
56	DRUGS CHARGED TO PATIENTS	.367791	1,066,428	392,223
57	RENAL DIALYSIS	.331252		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.295470	307,612	90,890
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.718919		
101	TOTAL		11,487,381	3,739,174
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,487,381	

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 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,411,426	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13,234,277	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
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)	198,506	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	115.06	
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 (SEE INST)		
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)		2.80
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.47
4.02 SUM OF LINES 4 AND 4.01		19.27
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.28
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		931,693
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, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

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 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
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)	18,775,902	
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)	18,775,902	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,551,236	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		5,956
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		20,333,094
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		53,324
16 TOTAL		20,279,770
17 PRIMARY PAYER PAYMENTS		2,089,280
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		55,040
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		106,977
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		74,884
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		104,164
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	18,210,334	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	18,210,334	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,995,853	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	214,481	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	105,874	
----- 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

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-0289		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,243
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,813,176
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,275,853
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.882
1.04	LINE 1.01 TIMES LINE 1.03.	6,009,221
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.	9,030
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,243
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	11,421
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	11,421
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)	11,421
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,178
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,243
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,284,883
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	36
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,678,280
19	SUBTOTAL (SEE INSTRUCTIONS)	4,610,810
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	4,610,810
24	PRIMARY PAYER PAYMENTS	3,070
25	SUBTOTAL	4,607,740
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	148,237
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	103,766
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	145,962
28	SUBTOTAL	4,711,506
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	4,711,506
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,716,840
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-5,334
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
14-0289	FROM 1/ 1/2008	5/29/2009
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14-T289		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	556
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	432
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	432
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	100
19	SUBTOTAL (SEE INSTRUCTIONS)	332
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	332
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	332
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	332
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	332
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	332
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18,123,962		4,711,980
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			8/ 8/2008	4,860
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/ 8/2008	128,109		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-128,109		4,860
4 TOTAL INTERIM PAYMENTS		17,995,853		4,716,840
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		214,481		5,334
7 TOTAL MEDICARE PROGRAM LIABILITY		18,210,334		4,711,506

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,915,245		332
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
TO BE COMPLETED BY INTERMEDIARY		2,915,245		332
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		51,553		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,966,798		332

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-T289		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,821,043
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0024
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		94,928
1.05	OUTLIER PAYMENTS		129,808
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3,045,779
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		
7	DEDUCTIBLES		
8	SUBTOTAL		
9	COINSURANCE		
10	SUBTOTAL		
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2008	5/29/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-T289		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,966,798
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,915,245
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	51,553
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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	2,691,235			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	14,765,292			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,978,932			
8	PREPAID EXPENSES	1,232,116			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	2,356,420			
11	TOTAL CURRENT ASSETS	23,023,995			
FIXED ASSETS					
12	LAND	673,013			
12.01	LAND IMPROVEMENTS	2,390,568			
13	LESS ACCUMULATED DEPRECIATION	-1,777,470			
14	BUILDINGS	70,101,687			
14.01	LESS ACCUMULATED DEPRECIATION	-28,890,587			
15	LEASEHOLD IMPROVEMENTS	24,000			
15.01	LESS ACCUMULATED DEPRECIATION	-24,000			
16	FIXED EQUIPMENT	4,573,085			
16.01	LESS ACCUMULATED DEPRECIATION	-2,215,271			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	28,509,765			
18.01	LESS ACCUMULATED DEPRECIATION	-20,685,719			
19	MINOR EQUIPMENT DEPRECIABLE	175,235			
19.01	LESS ACCUMULATED DEPRECIATION	-175,235			
20	MINOR EQUIPMENT-NONDEPRECIABLE	2,947,427			
21	TOTAL FIXED ASSETS	55,626,498			
OTHER ASSETS					
22	INVESTMENTS	39,004,455			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	694,796			
26	TOTAL OTHER ASSETS	39,699,251			
27	TOTAL ASSETS	118,349,744			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,267,318			
29 SALARIES, WAGES & FEES PAYABLE	4,174,826			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	815,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,656,541			
35 OTHER CURRENT LIABILITIES	1,429,197			
36 TOTAL CURRENT LIABILITIES	13,342,882			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	35,998,367			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	16,569,000			
42 TOTAL LONG-TERM LIABILITIES	52,567,367			
43 TOTAL LIABILITIES	65,910,249			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	52,439,495			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	52,439,495			
52 TOTAL LIABILITIES AND FUND BALANCES	118,349,744			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		55,158,199		
2	NET INCOME (LOSS)		-659,483		
3	TOTAL		54,498,716		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	TEMPORARILY RESTRICTED NE	1,210,776			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,210,776		
11	SUBTOTAL		55,709,492		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERCOMPANY RECEIVABLES	3,269,997			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		3,269,997		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		52,439,495		

		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	TEMPORARILY RESTRICTED NE				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERCOMPANY RECEIVABLES				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,776,713		18,776,713
2 00 SUBPROVIDER	2,616,879		2,616,879
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,393,592		21,393,592
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,217,680		2,217,680
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,217,680		2,217,680
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,611,272		23,611,272
17 00 ANCILLARY SERVICES	114,670,788	162,169,170	276,839,958
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,092,855	1,092,855
24 00			
25 00 TOTAL PATIENT REVENUES	138,282,060	163,262,025	301,544,085

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		101,170,698	
ADD (SPECIFY)			
27 00 ALLOWANCE FOR BAD DEBTS	8,833,671		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		8,833,671	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		110,004,369	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	301,544,085
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	188,290,727
3	NET PATIENT REVENUES	113,253,358
4	LESS: TOTAL OPERATING EXPENSES	110,004,369
5	NET INCOME FROM SERVICE TO PATIENTS	3,248,989
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	645,310
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	1,909
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	9,300
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	1,254,701
24	MISCELLANEOUS INCOME	462,031
25	TOTAL OTHER INCOME	2,373,251
26	TOTAL	5,622,240
	OTHER EXPENSES	
27	LOSS FROM INVESTMENT	6,281,723
28		
29		
30	TOTAL OTHER EXPENSES	6,281,723
31	NET INCOME (OR LOSS) FOR THE PERIOD	-659,483

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						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
13. 20						
14						
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24						
24						

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
13. 20				
14				
HHA REIMBURSABLE SERVICES				
6				
7				
8				
9				
10				
11				
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24				
24				

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1		4	4				
2							
3							
4							
5	230,442		4			230,446	230,446
HHA REIMBURSABLE SERVICES							
6	389,547					389,547	156,567
7	93,833					93,833	37,714
8	20,169					20,169	8,106
9	4,410					4,410	1,772
10	19					19	8
11	62,586					62,586	25,155
12	2,796					2,796	1,124
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	803,806		4			803,806	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	546,114						
7	131,547						
8	28,275						
9	6,182						
10	27						
11	87,741						
12	3,920						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	803,806						

HHA 1

	CAP-REL COST-BLDG & FIX (FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A)	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	1,848				
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT		1,848			
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	1,848	1,848		-230,446	573,360
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					389,547
7	PHYSICAL THERAPY					93,833
8	OCCUPATIONAL THERAPY					20,169
9	SPEECH PATHOLOGY					4,410
10	MEDICAL SOCIAL SERVICES					19
11	HOME HEALTH AIDE					62,586
12	SUPPLIES					2,796
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)	1,848	1,848		-230,446	573,360
25	COST TO BE ALLOCATED	4				230,446
26	UNIT COST MULTIPLIER	.002165				.401922

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		22,433	2,307	46,571	71,311	16,720
2 SKILLED NURSING CARE	546,114			100,385	646,499	151,586
3 PHYSICAL THERAPY	131,547			22,897	154,444	36,212
4 OCCUPATIONAL THERAPY	28,275			4,804	33,079	7,756
5 SPEECH PATHOLOGY	6,182			1,070	7,252	1,700
6 MEDICAL SOCIAL SERVICES	27			3	30	7
7 HOME HEALTH AIDE	87,741			15,865	103,606	24,292
8 SUPPLIES	3,920				3,920	919
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)	803,806	22,433	2,307	191,595	1,020,141	239,192
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	10,829	18,518				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	10,829	18,518				
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PROGRAM 24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		1,585				
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)		1,585				
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	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	117,378		117,378		
2 SKILLED NURSING CARE	798,085		798,085	79,868	877,953
3 PHYSICAL THERAPY	190,656		190,656	19,080	209,736
4 OCCUPATIONAL THERAPY	40,835		40,835	4,087	44,922
5 SPEECH PATHOLOGY	8,952		8,952	896	9,848
6 MEDICAL SOCIAL SERVICES	37		37	4	41
7 HOME HEALTH AIDE	127,898		127,898	12,800	140,698
8 SUPPLIES	6,424		6,424	643	7,067
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)	1,290,265		1,290,265	117,378	1,290,265
21 UNIT COST MULTIPLIER				0.100076	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1 ADMIN & GENERAL	1,848	1,804	172,258		71,311	1,848
2 SKILLED NURSING CARE			371,311		646,499	
3 PHYSICAL THERAPY			84,693		154,444	
4 OCCUPATIONAL THERAPY			17,768		33,079	
5 SPEECH PATHOLOGY			3,959		7,252	
6 MEDICAL SOCIAL SERVICES			10		30	
7 HOME HEALTH AIDE			58,681		103,606	
8 SUPPLIES					3,920	
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)	1,848	1,804	708,680		1,020,141	1,848
21 COST TO BE ALLOCATED	22,433	2,307	191,595		239,192	10,829
22 UNIT COST MULTIPLIER	12.139069	1.278825	0.270355		0.234470	5.859848

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14
1 ADMIN & GENERAL	1,848					
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)	1,848					
21 COST TO BE ALLOCATED	18,518					
22 UNIT COST MULTIPLIER	10.020563					

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDIC PROGRAM
	(COSTED REQUIS.) 15	(COSTED REQUIS.) 16	(TIME SPENT) 17	(TIME SPENT) 18	(ASSIGNED TIME) 24
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES	2,213				
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)	2,213				
21 COST TO BE ALLOCATED	1,585				
22 UNIT COST MULTIPLIER	0.716222				

[] 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	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM PART I)	(FROM PART II)				PART A
1 SKILLED NURSING	2	2	877,953	2	877,953	3,965	221.43	1,457
2 PHYSICAL THERAPY	3	3	209,736		209,736	1,987	105.55	1,114
3 OCCUPATIONAL THERAPY	4	4	44,922		44,922	522	86.06	333
4 SPEECH PATHOLOGY	5	5	9,848		9,848	98	100.49	40
5 MEDICAL SOCIAL SERVICES	6	6	41		41	2	20.50	
6 HOME HEALTH AIDE SERVICE	7	7	140,698		140,698	849	165.72	318
7 TOTAL			1,283,198		1,283,198	7,423		3,262

PATIENT SERVICES	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	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY	775	294	322,624	171,608	494,232
3 OCCUPATIONAL THERAPY	41	2	117,583	31,032	148,615
4 SPEECH PATHOLOGY	2	2	28,658	3,528	32,186
5 MEDICAL SOCIAL SERVICES	2	2	4,020	201	4,221
6 HOME HEALTH AIDE SERVICES	306	306	52,699	41	41
7 TOTAL	1,420	1,420	525,584	50,710	103,409

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		7040					
8.01 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		7040					
9.01 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		7040					
10.01 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		7040					
11.01 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		7040					
12.01 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		7040					
13.01 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

PATIENT SERVICES	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	
8 SKILLED NURSING	7	8	9	10	11
8.01 SKILLED NURSING	7040	9914	322,624	171,608	494,232
9 PHYSICAL THERAPY	7040	2	117,583	31,032	148,615
9.01 PHYSICAL THERAPY	9914	2	28,658	3,528	32,186
10 OCCUPATIONAL THERAPY	7040	2	4,020	201	4,221
10.01 OCCUPATIONAL THERAPY	9914	2	52,699	41	41
11 SPEECH PATHOLOGY	7040	306	50,710	50,710	103,409
11.01 SPEECH PATHOLOGY	9914	306	257,120	257,120	782,704
12 MEDICAL SOCIAL SERVICES	7040				
12.01 MEDICAL SOCIAL SERVICES	9914				
13 HOME HEALTH AIDE SERVICE	7040				
13.01 HOME HEALTH AIDE SERVICE	9914				
14 TOTAL					

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	7,067		7,067	25,368	.278579	12,783
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		12,585	3,561	3,506
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	7040	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	7040	
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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.301240			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.276602			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.605069			COL 2, LN 4
3.01 AUDIOLOGY	52.01	.513840			
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.765307			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.367791			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	2	105.55	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	86.06					
3 SPEECH PATHOLOGY	4	100.49					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0289 HHA NO: 14-7420
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009 WORKSHEET H-7 PARTS I & II

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	481,773	205,615	687,388
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	481,773	205,615	687,388
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	481,773	205,615	687,388
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	540,607	208,478
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	776	6,800
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES		1,843
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	2,997	2,867
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	544,380	219,988
13 EXCESS REASONABLE COST		
14 SUBTOTAL	544,380	219,988
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	544,380	219,988
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	544,380	219,988
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	544,380	219,988
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	544,380	219,988
25 INTERIM PAYMENTS	544,380	219,988
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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

PROVIDER NO:	14-0289	PERIOD:	FROM 1/ 1/2008	PREPARED	5/29/2009
HHA NO:	14-7420	TO	12/31/2008	WORKSHEET	H-8

TITLE XVII 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		544,380		219,988
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		544,380		219,988
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		544,380		219,988

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

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,483,020
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	9,192
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	75.85
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.80
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.47
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	19.27
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.98
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	59,024
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,551,236
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)	