

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0294	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 17:57

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 CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES UNDER THE FLORIDA MEDICAID PROGRAM, INCLUDING THE LAWS AND REGULATIONS RELATING TO CLAIMS FOR MEDICAID REIMBURSEMENTS AND PAYMENTS, 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	6
1	HOSPITAL	0	243,623	-258,749	0	0
3	SWING BED - SNF	0	1,904	0	0	0
7	HOSPITAL-BASED HHA	0	1	1	0	0
100	TOTAL	0	245,528	-258,748	0	0

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

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

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	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
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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:
 CROSSROADS COMMUNITY HOSPITAL 14-0294

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

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	TITLE V	A	TITLE XVIII	B	TITLE XIX	
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8 DOCTORS PARK RD P.O. BOX:
 1.01 CITY: MT VERNON STATE: IL ZIP CODE: 62864- COUNTY: JEFFERSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	CROSSROADS COMMUNITY HOSPITAL	14-0294	2.01	7/ 1/1966	N	P	N
04.00 SWING BED - SNF	CROSSROADS COMMUNITY HOSPITAL	14-U294		4/12/1989	N	P	N
09.00 HOSPITAL-BASED HHA	VAN OF ILLINOIS	14-7251		4/ 1/1996	N	P	N

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

18 TYPE OF CONTROL 1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 4/12/1989

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.03	0.00	0		

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

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

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

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

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

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

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

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

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

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

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

	V	XVIII	XIX
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
 40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC. FI/CONTRACTOR NAME WISCONSIN PHYSICIANS SERVICES FI/CONTRACTOR # 52280
 40.02 STREET: 4000 MERIDIAN BLVD. P.O. BOX:
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
 53.01 MDH PERIOD: BEGINNING: 1/ 1/2008 ENDING: 12/31/2008

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 184,426
 PAID LOSSES: 56,927
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

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

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

MULTICAMPUS

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

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		42				3,718	522
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						93	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		42				3,811	522
6 INTENSIVE CARE UNIT		7				363	73
12 TOTAL		49				4,174	595
13 RPCH VISITS							
18 HOME HEALTH AGENCY						6,157	485
24 RHC							
24 01 RHC II							
24 02 RHC III							
25 TOTAL		49					
26 OBSERVATION BED DAYS							65
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			5,035				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			93				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,128				
6 INTENSIVE CARE UNIT			564				
12 TOTAL			5,692				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			7,905				
24 RHC							
24 01 RHC II							
24 02 RHC III							
25 TOTAL							
26 OBSERVATION BED DAYS		65	204		204		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					985	228	1,627
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							
12 TOTAL		191.34			985	228	1,627
13 RPCH VISITS							
18 HOME HEALTH AGENCY		8.71					
24 RHC							
24 01 RHC II							
24 02 RHC III							
25 TOTAL		200.05					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	8,568,549		8,568,549	398,055.00	21.53	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	50,095		50,095	580.00	86.37	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	28,908		28,908	294.00	98.33	
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	460,366	81,191	541,557	23,299.00	23.24	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	426,382		426,382	8,665.00	49.21	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	33,595		33,595	401.00	83.78	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	490,107		490,107	9,649.00	50.79	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	1,888,405		1,888,405			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	128,205		128,205			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	11,859		11,859			CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	91,332		91,332	3,439.00	26.56	
22	ADMINISTRATIVE & GENERAL	1,406,545	-81,191	1,325,354	65,759.00	20.15	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	123,200		123,200	6,228.00	19.78	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	202,659		202,659	18,596.00	10.90	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	233,741		233,741	17,447.00	13.40	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	486,353		486,353	16,783.00	28.98	
31	CENTRAL SERVICE AND SUPPLY	91,033		91,033	7,717.00	11.80	
32	PHARMACY	316,485		316,485	8,147.00	38.85	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	255,571		255,571	17,861.00	14.31	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	8,539,641		8,539,641	397,761.00	21.47	
2	EXCLUDED AREA SALARIES	460,366	81,191	541,557	23,299.00	23.24	
3	SUBTOTAL SALARIES	8,079,275	-81,191	7,998,084	374,462.00	21.36	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	950,084		950,084	18,715.00	50.77	
5	SUBTOTAL WAGE-RELATED COSTS	1,900,264		1,900,264		23.76	
6	TOTAL	10,929,623	-81,191	10,848,432	393,177.00	27.59	
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	3,206,919	-81,191	3,125,728	161,977.00	19.30	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	48	0	0
2 UNDUPLICATED CENSUS COUNT		302.00	22.00	84.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	48			
2 UNDUPLICATED CENSUS COUNT	400.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	3.78		3.78
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	4.88		4.88
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.04		.04
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914	

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

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	3,558	0	58	44
22 SKILLED NURSING VISIT CHARGES	542,081	0	8,801	6,934
23 PHYSICAL THERAPY VISITS	1,776	0	4	54
24 PHYSICAL THERAPY VISIT CHARGES	294,483	0	720	9,017
25 OCCUPATIONAL THERAPY VISITS	224	0	0	18
26 OCCUPATIONAL THERAPY VISIT CHARGES	38,137	0	0	2,833
27 SPEECH PATHOLOGY VISITS	30	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,956	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	119	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	10,444	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,707	0	62	116
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	890,101	0	9,521	18,784
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	229	0	14	5
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	11,266	0	314	229

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,660
22 SKILLED NURSING VISIT CHARGES	0	0	557,816
23 PHYSICAL THERAPY VISITS	0	0	1,834
24 PHYSICAL THERAPY VISIT CHARGES	0	0	304,220
25 OCCUPATIONAL THERAPY VISITS	0	0	242
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	40,970
27 SPEECH PATHOLOGY VISITS	0	0	30
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,956
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	119
32 HOME HEALTH AIDE VISIT CHARGES	0	0	10,444
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	5,885
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	918,406
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	248
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	11,809

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	4	4.01	4.03
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 14-0294 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED DAYS	SNF DAYS	TOTAL
			RUGS	DAYS			
	1	2	4.05	4.06			5
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX					8	
6	.02 RVL						
7	RHC						
8	RHB						
9	RHA						
9	.01 RHX						
9	.02 RHL						
10	RMC						
11	RMB						
12	.01 RMX					36	
12	.02 RML					28	
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3					9	
16	SE2					7	
17	SE1					5	
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL					93	

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

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 33,005
17.01	GROSS MEDICAID REVENUES 2,227,563
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 2,260,568
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) .183656
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 18,372,325
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 3,374,188
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS 3,614,565
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30) 663,837

DESCRIPTION

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 3,374,188
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		459,048	459,048	177,444	636,492
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		802,147	802,147	1,138,269	1,940,416
5	0500	EMPLOYEE BENEFITS	91,332	59,978	151,310	1,303,978	1,455,288
6	0600	ADMINISTRATIVE & GENERAL	1,406,545	8,709,480	10,116,025	-1,670,974	8,445,051
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	123,200	946,708	1,069,908	-43,216	1,026,692
9	0900	LAUNDRY & LINEN SERVICE		87,094	87,094		87,094
10	1000	HOUSEKEEPING	202,659	43,469	246,128		246,128
11	1100	DIETARY	233,741	175,636	409,377	-719	408,658
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	486,353	70,929	557,282		557,282
15	1500	CENTRAL SERVICES & SUPPLY	91,033	2,830,589	2,921,622	-2,675,379	246,243
16	1600	PHARMACY	316,485	664,358	980,843	-646,263	334,580
17	1700	MEDICAL RECORDS & LIBRARY	255,571	97,838	353,409	-4,326	349,083
19	1080	INSERVICE EDUCATION					
19.01	1950	QA / UR					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	912,764	850,551	1,763,315	-33,635	1,729,680
26	2600	INTENSIVE CARE UNIT	308,820	95,420	404,240	-1,443	402,797
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	833,644	1,116,358	1,950,002	-694,755	1,255,247
38	3800	RECOVERY ROOM	54,962	5,454	60,416	-60,416	
40	4000	ANESTHESIOLOGY		518,551	518,551		518,551
41	4100	RADIOLOGY-DIAGNOSTIC	454,934	364,309	819,243	-147,856	671,387
41.01	3230	ULTRA-SOUND	109,946	79,850	189,796		189,796
41.02	3430	CAT SCAN	107,072	371,139	478,211	-141,879	336,332
41.03	4101	MRI		139,354	139,354		139,354
43	4300	RADIOISOTOPE	639	117,687	118,326		118,326
44	4400	LABORATORY	617,171	848,472	1,465,643	-132,456	1,333,187
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS				23,987	23,987
48	4800	INTRAVENOUS THERAPY				11,216	11,216
49	4900	RESPIRATORY THERAPY	227,771	49,642	277,413		277,413
49.01	4901	SLEEP LAB	56,774	64,623	121,397	-44,924	76,473
50	5000	PHYSICAL THERAPY	324,875	222,745	547,620	-186,763	360,857
51	5100	OCCUPATIONAL THERAPY	200,763	26,912	227,675	66,054	293,729
52	5200	SPEECH PATHOLOGY	13,741	3,497	17,238	4,571	21,809
53	5300	ELECTROCARDIOLOGY	167,751	58,122	225,873	-20,573	205,300
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,096,016	3,096,016
56	5600	DRUGS CHARGED TO PATIENTS				558,061	558,061
59	3950	SURGIDAY CENTER					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	3,588	271	3,859	-3,859	
61	6100	EMERGENCY	506,049	836,504	1,342,553	-2,222	1,340,331
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC		1,001	1,001	-1,001	
63.51	6311	RHC II					
63.52	6312	RHC III					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	424,052	357,027	781,079		781,079
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	8,532,235	21,074,763	29,606,998	-133,063	29,473,935
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES		222,665	222,665		222,665
98.01	9801	NON-REIMBURSABLE - MARKETING				133,166	133,166
100	7950	SENIOR CIRCLE	36,314	27,152	63,466	-103	63,363
101		TOTAL	8,568,549	21,324,580	29,893,129	-0-	29,893,129

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	239,408	875,900
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	16,943	1,957,359
5	0500	EMPLOYEE BENEFITS	-1,809	1,453,479
6	0600	ADMINISTRATIVE & GENERAL	-4,777,547	3,667,504
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT		1,026,692
9	0900	LAUNDRY & LINEN SERVICE		87,094
10	1000	HOUSEKEEPING		246,128
11	1100	DIETARY	-45,224	363,434
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION	-7,094	550,188
15	1500	CENTRAL SERVICES & SUPPLY		246,243
16	1600	PHARMACY		334,580
17	1700	MEDICAL RECORDS & LIBRARY	-1,541	347,542
19	1080	INSERVICE EDUCATION		
19.01	1950	QA / UR		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-473,358	1,256,322
26	2600	INTENSIVE CARE UNIT		402,797
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-46,000	1,209,247
38	3800	RECOVERY ROOM		
40	4000	ANESTHESIOLOGY	-490,417	28,134
41	4100	RADIOLOGY-DIAGNOSTIC		671,387
41.01	3230	ULTRA-SOUND		189,796
41.02	3430	CAT SCAN		336,332
41.03	4101	MRI		139,354
43	4300	RADIOISOTOPE		118,326
44	4400	LABORATORY	-28,908	1,304,279
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		23,987
48	4800	INTRAVENOUS THERAPY		11,216
49	4900	RESPIRATORY THERAPY	-4,350	273,063
49.01	4901	SLEEP LAB		76,473
50	5000	PHYSICAL THERAPY		360,857
51	5100	OCCUPATIONAL THERAPY		293,729
52	5200	SPEECH PATHOLOGY		21,809
53	5300	ELECTROCARDIOLOGY		205,300
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-14	3,096,002
56	5600	DRUGS CHARGED TO PATIENTS	-118,033	440,028
59	3950	SURGIDAY CENTER		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
61	6100	EMERGENCY	-591,099	749,232
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310	RHC		
63.51	6311	RHC II		
63.52	6312	RHC III		
		OTHER REIMBURS COST CNTRS		
71	7100	HOME HEALTH AGENCY	-36,861	744,218
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-6,365,904	23,108,031
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		222,665
98.01	9801	NON-REIMBURSABLE - MARKETING		133,166
100	7950	SENIOR CIRCLE		63,363
101		TOTAL	-6,365,904	23,527,225

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
19	INSERVICE EDUCATION	1080	INSERVICE EDUCATION
19.01	QA / UR	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA-SOUND	3230	CAT SCAN
41.02	CAT SCAN	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	MRI	4101	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	SURGIDAY CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.51	RHC II	6311	RURAL HEALTH CLINIC #####
63.52	RHC III	6312	RURAL HEALTH CLINIC #####
	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	
98.01	NON-REIMBURSABLE - MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140294

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		1,306,883
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		27,546
3 RENTAL & LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		1,232,496
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		177,444
23		NEW CAP REL COSTS-MVBLE EQUIP	4		3,732
24 MARKETING DEPARTMENT	E	NON-REIMBURSABLE - MARKETING	98.01	81,191	51,975
25 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,068,470
26					
27 COST OF DRUGS/IV SOLUTIONS	G	INTRAVENOUS THERAPY	48		11,216
28		DRUGS CHARGED TO PATIENTS	56		558,061
29 PT, OT, SP COSTS	H	PHYSICAL THERAPY	50	1,600	
30		OCCUPATIONAL THERAPY	51		68,629
31		SPEECH PATHOLOGY	52	975	3,596
32 MISCELLANEOUS DEPARTMENTS	I	OPERATING ROOM	37	54,962	5,454
33 ER COSTS	J	EMERGENCY	61	3,588	1,272
34					
35 LABORATORY	K	WHOLE BLOOD & PACKED RED BLOOD CELLS	46	10,782	13,205
36 TOTAL RECLASSIFICATIONS				153,098	6,529,979

(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:
140294

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			1,306,883	
2 OXYGEN COSTS	B	OPERATION OF PLANT	8			27,546	
3 RENTAL & LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			97,959	10
4		EMPLOYEE BENEFITS	5			2,905	
5		ADMINISTRATIVE & GENERAL	6			49,749	
6		OPERATION OF PLANT	8			15,670	
7		DIETARY	11			719	
8		CENTRAL SERVICES & SUPPLY	15			965	
9		PHARMACY	16			76,986	
10		MEDICAL RECORDS & LIBRARY	17			4,326	
11		ADULTS & PEDIATRICS	25			33,635	
12		INTENSIVE CARE UNIT	26			1,443	
13		OPERATING ROOM	37			361,115	
14		RADIOLOGY-DIAGNOSTIC	41			147,856	
15		CAT SCAN	41.02			141,879	
16		LABORATORY	44			108,469	
17		SLEEP LAB	49.01			44,924	
18		PHYSICAL THERAPY	50			116,138	
19		ELECTROCARDIOLOGY	53			20,573	
20		EMERGENCY	61			7,082	
21		SENIOR CIRCLE	100			103	
22 OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			181,176	13
23							12
24 MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6		81,191	51,975	
25 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15			2,674,414	
26		OPERATING ROOM	37			394,056	
27 COST OF DRUGS/IV SOLUTIONS	G	PHARMACY	16			569,277	
28							
29 PT, OT, SP COSTS	H	PHYSICAL THERAPY	50			72,225	
30		OCCUPATIONAL THERAPY	51		2,575		
31							
32 MISCELLANEOUS DEPARTMENTS	I	RECOVERY ROOM	38		54,962	5,454	
33 ER COSTS	J	CLINIC	60		3,588	271	
34		RHC	63.50			1,001	
35 LABORATORY	K	LABORATORY	44		10,782	13,205	
36 TOTAL RECLASSIFICATIONS					153,098	6,529,979	

(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:
140294

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,306,883
TOTAL RECLASSIFICATIONS FOR CODE A			1,306,883

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,306,883	
			1,306,883

RECLASS CODE: B
EXPLANATION : OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	27,546
TOTAL RECLASSIFICATIONS FOR CODE B			27,546

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	27,546	
			27,546

RECLASS CODE: C
EXPLANATION : RENTAL & LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,232,496
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			1,232,496

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	97,959	
EMPLOYEE BENEFITS	5	2,905	
ADMINISTRATIVE & GENERAL	6	49,749	
OPERATION OF PLANT	8	15,670	
DIETARY	11	719	
CENTRAL SERVICES & SUPPLY	15	965	
PHARMACY	16	76,986	
MEDICAL RECORDS & LIBRARY	17	4,326	
ADULTS & PEDIATRICS	25	33,635	
INTENSIVE CARE UNIT	26	1,443	
OPERATING ROOM	37	361,115	
RADIOLOGY-DIAGNOSTIC	41	147,856	
CAT SCAN	41.00	141,879	
LABORATORY	44	108,469	
SLEEP LAB	49.01	44,924	
PHYSICAL THERAPY	50	116,138	
ELECTROCARDIOLOGY	53	20,573	
EMERGENCY	61	7,082	
SENIOR CIRCLE	100	103	
			1,232,496

RECLASS CODE: D
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	177,444
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,732
TOTAL RECLASSIFICATIONS FOR CODE D			181,176

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	181,176	
			0
			181,176

RECLASS CODE: E
EXPLANATION : MARKETING DEPARTMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON-REIMBURSABLE - MARKETING	98.01	133,166
TOTAL RECLASSIFICATIONS FOR CODE E			133,166

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	133,166	
			133,166

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,068,470
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			3,068,470

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	2,674,414	
OPERATING ROOM	37	394,056	
			3,068,470

RECLASS CODE: G
EXPLANATION : COST OF DRUGS/IV SOLUTIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	11,216
2.00	DRUGS CHARGED TO PATIENTS	56	558,061
TOTAL RECLASSIFICATIONS FOR CODE G			569,277

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	569,277	
			0
			569,277

RECLASS CODE: H
EXPLANATION : PT, OT, SP COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	1,600

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	72,225	

RECLASSIFICATIONS

PROVIDER NO:
140294

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : PT, OT, SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	OCCUPATIONAL THERAPY	51	68,629	OCCUPATIONAL THERAPY	51	2,575	
3.00	SPEECH PATHOLOGY	52	4,571			0	
TOTAL RECLASSIFICATIONS FOR CODE H			74,800	74,800			

RECLASS CODE: I
EXPLANATION : MISCELLANEOUS DEPARTMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	60,416	RECOVERY ROOM	38	60,416	
TOTAL RECLASSIFICATIONS FOR CODE I			60,416	60,416			

RECLASS CODE: J
EXPLANATION : ER COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	4,860	CLINIC	60	3,859	
2.00			0	RHC	63.50	1,001	
TOTAL RECLASSIFICATIONS FOR CODE J			4,860	4,860			

RECLASS CODE: K
EXPLANATION : LABORATORY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WHOLE BLOOD & PACKED RED BLOOD	46	23,987	LABORATORY	44	23,987	
TOTAL RECLASSIFICATIONS FOR CODE K			23,987	23,987			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	546,590					546,590	
2	LAND IMPROVEMENTS	274,313					274,313	
3	BUILDINGS & FIXTURE	7,754,369	1,497,479		1,497,479		9,251,848	
4	BUILDING IMPROVEMEN	3,530,322	122,440		122,440		3,652,762	
5	FIXED EQUIPMENT	652,085	350,320		350,320		1,002,405	
6	MOVABLE EQUIPMENT	7,468,979	1,009,052		1,009,052	145,878	8,332,153	
7	SUBTOTAL	20,226,658	2,979,291		2,979,291	145,878	23,060,071	
8	RECONCILING ITEMS							
9	TOTAL	20,226,658	2,979,291		2,979,291	145,878	23,060,071	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	465,636	-73,110	278,614		177,444	27,316	875,900
4	NEW CAP REL COSTS-MV	697,226	1,232,496	23,905	3,732			1,957,359
5	TOTAL	1,162,862	1,159,386	302,519	3,732	177,444	27,316	2,833,259

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	459,048						459,048
4	NEW CAP REL COSTS-MV	704,188	97,959					802,147
5	TOTAL	1,163,236	97,959					1,261,195

* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	B	-22,751	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	B	-6,127	NEW CAP REL COSTS-MVBLE E		4	9
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,146,251				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-625,634				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-45,224	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES	B	-14	MEDICAL SUPPLIES CHARGED		55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-118,033	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,541	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-7,094	NURSING ADMINISTRATION		14	
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	6,588	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-89	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 MISCELLANEOUS REVENUE	B	-40,914	ADMINISTRATIVE & GENERAL		6	
38 RENTAL INCOME	B	-73,110	NEW CAP REL COSTS-BLDG &		3	10
39 PATIENT TELEPHONE EXPENSE	B	-7,643	ADMINISTRATIVE & GENERAL		6	
40 PATIENT TELEPHONE BENEFIT COSTS	B	-1,809	EMPLOYEE BENEFITS		5	
41 PATIENT TELEPHONE DEPRECIATION COST	A	-746	NEW CAP REL COSTS-MVBLE E		4	9
42 CRNA	A	-490,417	ANESTHESIOLOGY		40	
43 HOSPITAL BAD DEBT	A	-2,718,201	ADMINISTRATIVE & GENERAL		6	
44 HHA BAD DEBT	A	-18,939	HOME HEALTH AGENCY		71	
45 PHYSICIAN RECRUITING	A	-135,681	ADMINISTRATIVE & GENERAL		6	
46 LOBBYING EXPENSES	A	-11,353	ADMINISTRATIVE & GENERAL		6	
47 CHARITABLE CONTRIBUTIONS	A	-3,695	ADMINISTRATIVE & GENERAL		6	
48 COUNTRY CLUB DUES	A	-20,859	ADMINISTRATIVE & GENERAL		6	
48.01 GIFTS TO NON-PATIENTS	A	-80,278	ADMINISTRATIVE & GENERAL		6	
48.02 MEDICAL STAFF RELATIONS	A	-33,900	ADMINISTRATIVE & GENERAL		6	
48.03 ENTERTAINMENT - NON HOSPITAL	A	-3,895	ADMINISTRATIVE & GENERAL		6	
48.04 ILLINOIS PROVIDER TAX	A	-707,413	ADMINISTRATIVE & GENERAL		6	
48.05 GIFT SHOP	A	-26,081	ADMINISTRATIVE & GENERAL		6	
48.06 LEGAL EXPENSES	A	-49,931	ADMINISTRATIVE & GENERAL		6	
48.07 MARKETING EXPENSES	A	-77,258	ADMINISTRATIVE & GENERAL		6	
48.08 PENALTIES	A	-3,695	ADMINISTRATIVE & GENERAL		6	
48.09 HOSPITAL SALARIES - BONUSES	A	106,084	ADMINISTRATIVE & GENERAL		6	
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,365,904				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS - BLDG			11
2	2	OLD CAP REL COSTS-MVBLE E	OLD CAP REL COSTS - MOVE			11
3	3	NEW CAP REL COSTS-BLDG &	NEW CAP REL COST - BLDG	5,860	5,860	11
4	4	NEW CAP REL COSTS-MVBLE E	NEW CAP REL COSTS - MOVE	23,905	23,905	11
4.01	3	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS - BLDG	308,600	35,846	11
4.02	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	388,667	627,492	11
4.03	6	ADMINISTRATIVE & GENERAL	NON CAPITAL A & G	125,942	321,293	11
4.04	71	HOME HEALTH AGENCY	HOME HEALTH AGENCY	5,022	22,944	11
4.05	6	ADMINISTRATIVE & GENERAL	PASI - OPERATING	303,171	304,585	11
4.06	3	NEW CAP REL COSTS-BLDG &	PASI - CAPITAL	27,316	27,316	14
4.07	6	ADMINISTRATIVE & GENERAL	MALPRACTICE	241,353	743,310	11
5		TOTALS		1,429,836	2,055,470	11

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-0294 I
I

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

I PREPARED 5/28/2009 I
I WORKSHEET A-8-2 I
I GROUP 1 I

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	GENERAL & ADMINISTRATION	16,375	1,500	14,875	142,500	202	13,839	692
2 25	ADULTS & PEDIATRICS	473,358	473,358		150,200			
3 37	OPERATING ROOM	46,000	46,000		182,900			
4 44	LABORATORY	28,908	28,908		208,000			
5 49	RESPIRATORY THERAPY	18,720		18,720	150,200	199	14,370	719
6 61	EMERGENCY ROOM	591,099	591,099		182,900			
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,174,460	1,140,865	33,595		401	28,209	1,411

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-0294
I

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

I PREPARED 5/28/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	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
LINE NO.	IDENTIFIER	12	13	14	15	16	17	18
1	6	GENERAL & ADMINISTRATION				13,839	1,036	2,536
2	25	ADULTS & PEDIATRICS						473,358
3	37	OPERATING ROOM						46,000
4	44	LABORATORY						28,908
5	49	RESPIRATORY THERAPY				14,370	4,350	4,350
6	61	EMERGENCY ROOM						591,099
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				28,209	5,386	1,146,251

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0294 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS	OF LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	DEPT	FTE'S	ENTERED
14	NURSING ADMINISTRATION	10	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUISITIO	ENTERED
16	PHARMACY	12	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS	CHARGES	ENTERED
19	INSERVICE EDUCATION	-15	ACCUM.	COST	NOT ENTERED
19.01	QA / UR	-16	ACCUM.	COST	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	875,900			875,900			
005 NEW CAP REL COSTS-MVBLE E	1,957,359				1,957,359		
006 EMPLOYEE BENEFITS	1,453,479			9,124	20,389	1,482,992	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	3,667,504			160,083	357,735	246,057	4,431,379
008 OPERATION OF PLANT	1,026,692			186,473	416,710	21,552	1,651,427
009 LAUNDRY & LINEN SERVICE	87,094			3,812	8,519		99,425
010 HOUSEKEEPING	246,128			10,117	22,607	35,453	314,305
011 DIETARY	363,434			40,782	91,135	40,890	536,241
012 CAFETERIA							
014 NURSING ADMINISTRATION	550,188			10,263	22,935	85,082	668,468
015 CENTRAL SERVICES & SUPPLY	246,243			6,316	14,114	15,925	282,598
016 PHARMACY	334,580			6,316	14,114	55,366	410,376
017 MEDICAL RECORDS & LIBRARY	347,542			15,023	33,571	44,709	440,845
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,256,322			70,150	156,764	159,678	1,642,914
026 INTENSIVE CARE UNIT	402,797			48,609	108,626	54,025	614,057
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,209,247			125,008	279,353	155,452	1,769,060
038 RECOVERY ROOM							
040 ANESTHESIOLOGY	28,134			3,586	8,015		39,735
041 RADIOLOGY-DIAGNOSTIC	671,387			37,421	83,624	79,586	872,018
041 01 ULTRA-SOUND	189,796					19,234	209,030
041 02 CAT SCAN	336,332			6,237	13,937	18,731	375,237
041 03 MRI	139,354						139,354
043 RADIOISOTOPE	118,326					112	118,438
044 LABORATORY	1,304,279			29,414	65,730	107,967	1,507,390
046 WHOLE BLOOD & PACKED RED	23,987						23,987
048 INTRAVENOUS THERAPY	11,216						11,216
049 RESPIRATORY THERAPY	273,063			6,530	14,593	39,846	334,032
049 01 SLEEP LAB	76,473			24,812	55,447	9,932	166,664
050 PHYSICAL THERAPY	360,857			7,218	16,130	56,833	441,038
051 OCCUPATIONAL THERAPY	293,729			2,335	5,217	35,121	336,402
052 SPEECH PATHOLOGY	21,809					2,404	24,213
053 ELECTROCARDIOLOGY	205,300					29,346	234,646
055 MEDICAL SUPPLIES CHARGED	3,096,002						3,096,002
056 DRUGS CHARGED TO PATIENTS	440,028						440,028
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS CLINIC							
061 EMERGENCY	749,232			65,087	145,448	89,155	1,048,922
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
071 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY	744,218					74,183	818,401
095 SPEC PURPOSE COST CENTERS SUBTOTALS	23,108,031			874,716	1,954,713	1,476,639	23,097,848
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	222,665						222,665
098 01 NON-REIMBURSABLE - MARKET	133,166						133,166
100 SENIOR CIRCLE	63,363			1,184	2,646	6,353	73,546
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,527,225			875,900	1,957,359	1,482,992	23,527,225

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	4,431,379						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	383,230		2,034,657				
010 LAUNDRY & LINEN SERVICE	23,073		14,909	137,407			
011 HOUSEKEEPING	72,938		39,567	1,211	428,021		
012 DIETARY	124,440		159,505		36,254	856,440	
014 CAFETERIA						510,249	510,249
015 NURSING ADMINISTRATION	155,125		40,141		9,124		29,888
016 CENTRAL SERVICES & SUPPLY	65,580		24,702		5,615		13,740
017 PHARMACY	95,232		24,702		5,615		14,518
019 MEDICAL RECORDS & LIBRARY	102,302		58,756		13,355		31,814
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	381,255		274,369	57,776	62,362	311,570	77,368
037 INTENSIVE CARE UNIT	142,498		190,118	7,943	43,212	34,621	19,222
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	410,528		488,925	30,636	111,128		61,147
041 RECOVERY ROOM							
041 ANESTHESIOLOGY	9,221		14,027		3,188		
041 RADIOLOGY-DIAGNOSTIC	202,360		146,360	6,136	33,266		36,481
041 01 ULTRA-SOUND	48,508						6,481
041 02 CAT SCAN	87,077		24,393	5,082	5,544		8,778
041 03 MRI	32,338						
043 RADIOISOTOPE	27,485						37
044 LABORATORY	349,805		115,041		26,148		57,258
046 WHOLE BLOOD & PACKED RED	5,566						1,037
048 INTRAVENOUS THERAPY	2,603						
049 RESPIRATORY THERAPY	77,515		25,540		5,805		18,185
049 01 SLEEP LAB	38,676		97,044				4,444
050 PHYSICAL THERAPY	102,347		28,231		6,417		21,963
051 OCCUPATIONAL THERAPY	78,065		9,131		2,075		11,889
052 SPEECH PATHOLOGY	5,619						889
053 ELECTROCARDIOLOGY	54,452						18,963
055 MEDICAL SUPPLIES CHARGED	718,455						
056 DRUGS CHARGED TO PATIENTS	102,113						
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	243,413		254,564	28,623	57,860		34,666
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	189,918						32,222
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,331,737		2,030,025	137,407	426,968	856,440	500,990
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	51,672						
100 01 NON-REIMBURSABLE - MARKET	30,903						5,518
101 SENIOR CIRCLE	17,067		4,632		1,053		3,741
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,431,379		2,034,657	137,407	428,021	856,440	510,249

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	INSERVICE EDUCATION	SUBTOTAL
	14	15	16	17	18a.00	19	19a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
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	902,746						
016 CENTRAL SERVICES & SUPPLY		392,235					
017 PHARMACY			550,443				
019 MEDICAL RECORDS & LIBRARY				647,655			
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	270,706	5,884		21,651	3,105,855		3,105,855
026 INTENSIVE CARE UNIT	91,589	1,296		3,802	1,148,358		1,148,358
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	263,540	60,914		74,175	3,270,053		3,270,053
040 RECOVERY ROOM							
041 ANESTHESIOLOGY		2,016		37,586	105,773		105,773
041 RADIOLOGY-DIAGNOSTIC		4,111		26,945	1,327,677		1,327,677
041 01 ULTRA-SOUND		124		7,515	271,658		271,658
041 02 CAT SCAN		3,142		59,744	568,997		568,997
041 03 MRI		354		7,313	179,359		179,359
043 RADIOISOTOPE		1,669		4,486	152,115		152,115
044 LABORATORY		44,413		108,786	2,208,841		2,208,841
046 WHOLE BLOOD & PACKED RED				1,934	32,524		32,524
048 INTRAVENOUS THERAPY			10,845	14,482	39,146		39,146
049 RESPIRATORY THERAPY		2,343		6,331	469,751		469,751
049 01 SLEEP LAB		256		9,736	316,820		316,820
050 PHYSICAL THERAPY		1,297		11,388	612,681		612,681
051 OCCUPATIONAL THERAPY		538		7,458	445,558		445,558
052 SPEECH PATHOLOGY		160		554	31,435		31,435
053 ELECTROCARDIOLOGY		220		19,862	328,143		328,143
055 MEDICAL SUPPLIES CHARGED		258,074		135,689	4,208,220		4,208,220
056 DRUGS CHARGED TO PATIENTS			539,598	62,964	1,144,703		1,144,703
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	151,147	3,476		25,254	1,847,925		1,847,925
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	125,764	694			1,166,999		1,166,999
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	902,746	391,564	550,443	647,655	22,982,591		22,982,591
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC					274,337		274,337
098 01 NON-REIMBURSABLE - MARKET					169,587		169,587
100 SENIOR CIRCLE		671			100,710		100,710
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	902,746	392,235	550,443	647,655	23,527,225		23,527,225

COST CENTER DESCRIPTION	QA / UR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	19.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
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				
019 MEDICAL RECORDS & LIBRARY				
019 INSERVICE EDUCATION				
019 01 QA / UR				
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS		3,105,855		3,105,855
026 INTENSIVE CARE UNIT		1,148,358		1,148,358
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM		3,270,053		3,270,053
040 RECOVERY ROOM				
041 ANESTHESIOLOGY		105,773		105,773
041 RADIOLOGY-DIAGNOSTIC		1,327,677		1,327,677
041 01 ULTRA-SOUND		271,658		271,658
041 02 CAT SCAN		568,997		568,997
041 03 MRI		179,359		179,359
043 RADIOISOTOPE		152,115		152,115
044 LABORATORY		2,208,841		2,208,841
046 WHOLE BLOOD & PACKED RED		32,524		32,524
048 INTRAVENOUS THERAPY		39,146		39,146
049 RESPIRATORY THERAPY		469,751		469,751
049 01 SLEEP LAB		316,820		316,820
050 PHYSICAL THERAPY		612,681		612,681
051 OCCUPATIONAL THERAPY		445,558		445,558
052 SPEECH PATHOLOGY		31,435		31,435
053 ELECTROCARDIOLOGY		328,143		328,143
055 MEDICAL SUPPLIES CHARGED		4,208,220		4,208,220
056 DRUGS CHARGED TO PATIENTS		1,144,703		1,144,703
059 SURGIDAY CENTER				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
061 EMERGENCY		1,847,925		1,847,925
062 OBSERVATION BEDS (NON-DIS				
063 50 RHC				
063 51 RHC II				
063 52 RHC III				
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		1,166,999		1,166,999
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		22,982,591		22,982,591
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFIC		274,337		274,337
098 01 NON-REIMBURSABLE - MARKET		169,587		169,587
100 SENIOR CIRCLE		100,710		100,710
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		23,527,225		23,527,225

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0294 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				9,124	20,389	29,513	29,513
007 ADMINISTRATIVE & GENERAL				160,083	357,735	517,818	4,899
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				186,473	416,710	603,183	429
010 LAUNDRY & LINEN SERVICE				3,812	8,519	12,331	
011 HOUSEKEEPING				10,117	22,607	32,724	705
012 DIETARY				40,782	91,135	131,917	814
014 CAFETERIA							
015 NURSING ADMINISTRATION				10,263	22,935	33,198	1,693
016 CENTRAL SERVICES & SUPPLY				6,316	14,114	20,430	317
017 PHARMACY				6,316	14,114	20,430	1,102
019 MEDICAL RECORDS & LIBRARY				15,023	33,571	48,594	890
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				70,150	156,764	226,914	3,177
026 INTENSIVE CARE UNIT				48,609	108,626	157,235	1,075
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				125,008	279,353	404,361	3,093
040 RECOVERY ROOM							
041 ANESTHESIOLOGY				3,586	8,015	11,601	
041 RADIOLOGY-DIAGNOSTIC				37,421	83,624	121,045	1,584
041 01 ULTRA-SOUND							383
041 02 CAT SCAN				6,237	13,937	20,174	373
041 03 MRI							
043 RADIOISOTOPE							2
044 LABORATORY				29,414	65,730	95,144	2,148
046 WHOLE BLOOD & PACKED RED							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				6,530	14,593	21,123	793
049 01 SLEEP LAB				24,812	55,447	80,259	198
050 PHYSICAL THERAPY				7,218	16,130	23,348	1,131
051 OCCUPATIONAL THERAPY				2,335	5,217	7,552	699
052 SPEECH PATHOLOGY							48
053 ELECTROCARDIOLOGY							584
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY				65,087	145,448	210,535	1,774
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							1,476
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				874,716	1,954,713	2,829,429	29,387
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON-REIMBURSABLE - MARKET							
100 SENIOR CIRCLE				1,184	2,646	3,830	126
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				875,900	1,957,359	2,833,259	29,513

ALLOCATION OF NEW CAPITAL RELATED COSTS

I 14-0294

I FROM 1/ 1/2008

I WORKSHEET B

I

I TO 12/31/2008

I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	522,717						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	45,205		648,817				
010 LAUNDRY & LINEN SERVICE	2,722		4,754	19,807			
011 HOUSEKEEPING	8,603		12,617	174	54,823		
012 DIETARY	14,679		50,863		4,644	202,917	
014 CAFETERIA						120,894	120,894
015 NURSING ADMINISTRATION	18,298		12,800		1,169		7,081
016 CENTRAL SERVICES & SUPPLY	7,736		7,877		719		3,256
017 PHARMACY	11,233		7,877		719		3,440
019 MEDICAL RECORDS & LIBRARY	12,067		18,736		1,711		7,538
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	44,971		87,492	8,329	7,988	73,820	18,330
026 INTENSIVE CARE UNIT	16,809		60,625	1,145	5,535	8,203	4,554
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	48,424		155,910	4,416	14,232		14,488
040 RECOVERY ROOM							
041 ANESTHESIOLOGY	1,088		4,473		408		
041 RADIOLOGY-DIAGNOSTIC	23,870		46,672	884	4,261		8,643
041 01 ULTRA-SOUND	5,722						1,536
041 02 CAT SCAN	10,271		7,779	733	710		2,080
041 03 MRI	3,815						
043 RADIOISOTOPE	3,242						9
044 LABORATORY	41,262		36,685		3,349		13,566
046 WHOLE BLOOD & PACKED RED	657						246
048 INTRAVENOUS THERAPY	307						
049 RESPIRATORY THERAPY	9,143		8,144		744		4,309
049 01 SLEEP LAB	4,562		30,946				1,053
050 PHYSICAL THERAPY	12,073		9,002		822		5,204
051 OCCUPATIONAL THERAPY	9,208		2,912		266		2,817
052 SPEECH PATHOLOGY	663						211
053 ELECTROCARDIOLOGY	6,423						4,493
055 MEDICAL SUPPLIES CHARGED	84,752						
056 DRUGS CHARGED TO PATIENTS	12,045						
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	28,712		81,176	4,126	7,411		8,213
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	22,402						7,634
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	510,964		647,340	19,807	54,688	202,917	118,701
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	6,095						
100 NON-REIMBURSABLE - MARKET	3,645						1,307
101 SENIOR CIRCLE	2,013		1,477		135		886
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	522,717		648,817	19,807	54,823	202,917	120,894

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INSERVICE EDUCATION	QA / UR	SUBTOTAL
	14	15	16	17	19	19.01	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	74,239						
016 CENTRAL SERVICES & SUPPLY		40,335					
017 PHARMACY			44,801				
019 MEDICAL RECORDS & LIBRARY				89,596			
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	22,261	605		2,994			496,881
026 INTENSIVE CARE UNIT	7,532	133		526			263,372
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	21,673	6,264		10,258			683,119
040 RECOVERY ROOM							
041 ANESTHESIOLOGY		207		5,198			22,975
041 RADIOLOGY-DIAGNOSTIC		423		3,726			211,108
041 01 ULTRA-SOUND		13		1,039			8,693
041 02 CAT SCAN		323		8,262			50,705
041 03 MRI		36		1,011			4,862
043 RADIOISOTOPE		172		620			4,045
044 LABORATORY		4,567		15,045			211,766
046 WHOLE BLOOD & PACKED RED				268			1,171
048 INTRAVENOUS THERAPY			883	2,003			3,193
049 RESPIRATORY THERAPY				876			45,373
049 01 SLEEP LAB		26		1,346			118,390
050 PHYSICAL THERAPY		133		1,575			53,288
051 OCCUPATIONAL THERAPY		55		1,031			24,540
052 SPEECH PATHOLOGY		16		77			1,015
053 ELECTROCARDIOLOGY		23		2,747			14,270
055 MEDICAL SUPPLIES CHARGED		26,541		18,793			130,086
056 DRUGS CHARGED TO PATIENTS			43,918	8,708			64,671
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	12,430	357		3,493			358,227
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	10,343	71					41,926
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	74,239	40,266	44,801	89,596			2,813,676
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							6,095
098 PHYSICIANS' PRIVATE OFFIC							4,952
098 01 NON-REIMBURSABLE - MARKET							8,536
100 SENIOR CIRCLE		69					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	74,239	40,335	44,801	89,596			2,833,259

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
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		
019 MEDICAL RECORDS & LIBRARY		
019 INSERVICE EDUCATION		
019 01 QA / UR		
025 INPAT ROUTINE SRVC CNTRS		
026 ADULTS & PEDIATRICS		496,881
026 INTENSIVE CARE UNIT		263,372
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		683,119
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		22,975
041 RADIOLOGY-DIAGNOSTIC		211,108
041 01 ULTRA-SOUND		8,693
041 02 CAT SCAN		50,705
041 03 MRI		4,862
043 RADIOISOTOPE		4,045
044 LABORATORY		211,766
046 WHOLE BLOOD & PACKED RED		1,171
048 INTRAVENOUS THERAPY		3,193
049 RESPIRATORY THERAPY		45,373
049 01 SLEEP LAB		118,390
050 PHYSICAL THERAPY		53,288
051 OCCUPATIONAL THERAPY		24,540
052 SPEECH PATHOLOGY		1,015
053 ELECTROCARDIOLOGY		14,270
055 MEDICAL SUPPLIES CHARGED		130,086
056 DRUGS CHARGED TO PATIENTS		64,671
059 SURGIDAY CENTER		
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		
061 EMERGENCY		358,227
062 OBSERVATION BEDS (NON-DIS		
063 50 RHC		
063 51 RHC II		
063 52 RHC III		
071 OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		41,926
095 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		2,813,676
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
098 PHYSICIANS' PRIVATE OFFIC		6,095
098 01 NON-REIMBURSABLE - MARKET		4,952
100 SENIOR CIRCLE		8,536
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		2,833,259

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE (SQUARE)FEET	OSTS-BLDG & (SQUARE)FEET	OSTS-MVBLE (SQUARE)FEET	FITS (GROSS)SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	77,663					
002 OLD CAP REL COSTS-MVB		77,663				
003 NEW CAP REL COSTS-BLD			77,663			
004 NEW CAP REL COSTS-MVB				77,663		
005 EMPLOYEE BENEFITS	809	809	809	809	8,477,217	
006 ADMINISTRATIVE & GENE	14,194	14,194	14,194	14,194	1,406,545	-4,431,379
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	16,534	16,534	16,534	16,534	123,200	
009 LAUNDRY & LINEN SERVI	338	338	338	338		
010 HOUSEKEEPING	897	897	897	897	202,659	
011 DIETARY	3,616	3,616	3,616	3,616	233,741	
012 CAFETERIA						
014 NURSING ADMINISTRATIO	910	910	910	910	486,353	
015 CENTRAL SERVICES & SU	560	560	560	560	91,033	
016 PHARMACY	560	560	560	560	316,485	
017 MEDICAL RECORDS & LIB	1,332	1,332	1,332	1,332	255,571	
019 INSERVICE EDUCATION						
019 01 QA / UR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	6,220	6,220	6,220	6,220	912,764	
026 INTENSIVE CARE UNIT	4,310	4,310	4,310	4,310	308,820	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	11,084	11,084	11,084	11,084	888,606	
038 RECOVERY ROOM						
040 ANESTHESIOLOGY	318	318	318	318		
041 RADIOLOGY-DIAGNOSTIC	3,318	3,318	3,318	3,318	454,934	
041 01 ULTRA-SOUND					109,946	
041 02 CAT SCAN	553	553	553	553	107,072	
041 03 MRI						
043 RADIOISOTOPE					639	
044 LABORATORY	2,608	2,608	2,608	2,608	617,171	
046 WHOLE BLOOD & PACKED						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	579	579	579	579	227,771	
049 01 SLEEP LAB	2,200	2,200	2,200	2,200	56,774	
050 PHYSICAL THERAPY	640	640	640	640	324,875	
051 OCCUPATIONAL THERAPY	207	207	207	207	200,763	
052 SPEECH PATHOLOGY					13,741	
053 ELECTROCARDIOLOGY					167,751	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 SURGIDAY CENTER						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY	5,771	5,771	5,771	5,771	509,637	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 51 RHC II						
063 52 RHC III						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY					424,052	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	77,558	77,558	77,558	77,558	8,440,903	-4,431,379
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 NON-REIMBURSABLE - MA						
100 SENIOR CIRCLE	105	105	105	105	36,314	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			875,900	1,957,359	1,482,992	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.278215	25.203237	.174939	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					29,513	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.003481	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS) OF LAUNDRY	(SQUARE FEET)	(MEALS) SERVED	(DEPT) FTE'S
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	19,095,846						
007	MAINTENANCE & REPAIRS		46,126					
008	OPERATION OF PLANT	1,651,427		46,126				
009	LAUNDRY & LINEN SERVI	99,425	338	338	183,770			
010	HOUSEKEEPING	314,305	897	897	1,619	42,691		
011	DIETARY	536,241	3,616	3,616		3,616	44,305	
012	CAFETERIA						26,396	13,777
014	NURSING ADMINISTRATIO	668,468	910	910		910		807
015	CENTRAL SERVICES & SU	282,598	560	560		560		371
016	PHARMACY	410,376	560	560		560		392
017	MEDICAL RECORDS & LIB	440,845	1,332	1,332		1,332		859
019	INSERVICE EDUCATION							
019	01 QA / UR							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,642,914	6,220	6,220	77,271	6,220	16,118	2,089
026	INTENSIVE CARE UNIT	614,057	4,310	4,310	10,623	4,310	1,791	519
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	1,769,060	11,084	11,084	40,973	11,084		1,651
038	RECOVERY ROOM							
040	ANESTHESIOLOGY	39,735	318	318		318		
041	RADIOLOGY-DIAGNOSTIC	872,018	3,318	3,318	8,206	3,318		985
041	01 ULTRA-SOUND	209,030						175
041	02 CAT SCAN	375,237	553	553	6,797	553		237
041	03 MRI	139,354						
043	RADIOISOTOPE	118,438						1
044	LABORATORY	1,507,390	2,608	2,608		2,608		1,546
046	WHOLE BLOOD & PACKED	23,987						28
048	INTRAVENOUS THERAPY	11,216						
049	RESPIRATORY THERAPY	334,032	579	579		579		491
049	01 SLEEP LAB	166,664	2,200	2,200				120
050	PHYSICAL THERAPY	441,038	640	640		640		593
051	OCCUPATIONAL THERAPY	336,402	207	207		207		321
052	SPEECH PATHOLOGY	24,213						24
053	ELECTROCARDIOLOGY	234,646						512
055	MEDICAL SUPPLIES CHAR	3,096,002						
056	DRUGS CHARGED TO PATI	440,028						
059	SURGIDAY CENTER							
	OUTPAT SERVICE COST C							
060	CLINIC							
061	EMERGENCY	1,048,922	5,771	5,771	38,281	5,771		936
062	OBSERVATION BEDS (NON							
063	50 RHC							
063	51 RHC II							
063	52 RHC III							
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	818,401						870
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	18,666,469	46,021	46,021	183,770	42,586	44,305	13,527
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O	222,665						
098	01 NON-REIMBURSABLE - MA	133,166						149
100	SENIOR CIRCLE	73,546	105	105		105		101
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,431,379		2,034,657	137,407	428,021	856,440	510,249
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER			44.110849	.747712	10.026024	19.330550	37.036292
	(WRKSHT B, PT I)	.232060						
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	522,717		648,817	19,807	54,823	202,917	120,894
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER			14.066188	.107781	1.284182	4.580002	8.775060
	(WRKSHT B, PT III)	.027373						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	INSERVICE EDU		
		ISTRATION	CES & SUPPLY		DS & LIBRARY	CATION		
		(NURSING SALARIES	(COSTED)REQUISITIO	(COSTED)REQUISITIO	(GROSS)CHARGES	RECONCIL-) IATION	(ACCUM. COST)	RECONCIL-) IATION
		14	15	16	17	19a.00	19	19a.01
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATIO	3,043,879						
015	CENTRAL SERVICES & SU		4,264,599					
016	PHARMACY			569,277				
017	MEDICAL RECORDS & LIB		6,335		118,785,188			
019	INSERVICE EDUCATION						23,527,225	
019	01 QA / UR							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	912,764	63,973		3,971,190		3,105,855	
026	INTENSIVE CARE UNIT	308,820	14,088		697,393		1,148,358	
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	888,606	662,292		13,605,089		3,270,053	
038	RECOVERY ROOM							
040	ANESTHESIOLOGY		21,923		6,894,005		105,773	
041	RADIOLOGY-DIAGNOSTIC		44,698		4,942,132		1,327,677	
041	01 ULTRA-SOUND		1,347		1,378,418		271,658	
041	02 CAT SCAN		34,166		10,958,193		568,997	
041	03 MRI		3,850		1,341,421		179,359	
043	RADIOISOTOPE		18,144		822,907		152,115	
044	LABORATORY		482,877		19,953,430		2,208,841	
046	WHOLE BLOOD & PACKED				354,798		32,524	
048	INTRAVENOUS THERAPY			11,216	2,656,282		39,146	
049	RESPIRATORY THERAPY		25,470		1,161,281		469,751	
049	01 SLEEP LAB		2,788		1,785,681		316,820	
050	PHYSICAL THERAPY		14,105		2,088,734		612,681	
051	OCCUPATIONAL THERAPY		5,844		1,368,023		445,558	
052	SPEECH PATHOLOGY		1,736		101,574		31,435	
053	ELECTROCARDIOLOGY		2,391		3,643,097		328,143	
055	MEDICAL SUPPLIES CHAR		2,805,946		24,880,857		4,208,220	
056	DRUGS CHARGED TO PATI			558,061	11,548,705		1,144,703	
059	SURGIDAY CENTER							
	OUTPAT SERVICE COST C							
060	CLINIC							
061	EMERGENCY	509,637	37,793		4,631,978		1,847,925	
062	OBSERVATION BEDS (NON							
063	50 RHC							
063	51 RHC II							
063	52 RHC III							
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	424,052	7,541				1,166,999	
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	3,043,879	4,257,307	569,277	118,785,188		22,982,591	
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O						274,337	
098	01 NON-REIMBURSABLE - MA						169,587	
100	SENIOR CIRCLE		7,292				100,710	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	902,746	392,235	550,443	647,655			
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.091975		.005452			
	(WRKSHT B, PT I)	.296577		.966916				
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	74,239	40,335	44,801	89,596			
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.009458		.000754			
	(WRKSHT B, PT III)	.024390		.078698				

COST CENTER DESCRIPTION		QA / UR	(ACCUM. COST)
			19.01
	GENERAL SERVICE COST		
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENE		
007	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
019	INSERVICE EDUCATION		
019	01 QA / UR	23,527,225	
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	3,105,855	
026	INTENSIVE CARE UNIT	1,148,358	
	ANCILLARY SRVC COST C		
037	OPERATING ROOM	3,270,053	
038	RECOVERY ROOM		
040	ANESTHESIOLOGY	105,773	
041	RADIOLOGY-DIAGNOSTIC	1,327,677	
041	01 ULTRA-SOUND	271,658	
041	02 CAT SCAN	568,997	
041	03 MRI	179,359	
043	RADIOISOTOPE	152,115	
044	LABORATORY	2,208,841	
046	WHOLE BLOOD & PACKED	32,524	
048	INTRAVENOUS THERAPY	39,146	
049	RESPIRATORY THERAPY	469,751	
049	01 SLEEP LAB	316,820	
050	PHYSICAL THERAPY	612,681	
051	OCCUPATIONAL THERAPY	445,558	
052	SPEECH PATHOLOGY	31,435	
053	ELECTROCARDIOLOGY	328,143	
055	MEDICAL SUPPLIES CHAR	4,208,220	
056	DRUGS CHARGED TO PATI	1,144,703	
059	SURGIDAY CENTER		
	OUTPAT SERVICE COST C		
060	CLINIC		
061	EMERGENCY	1,847,925	
062	OBSERVATION BEDS (NON		
063	50 RHC		
063	51 RHC II		
063	52 RHC III		
	OTHER REIMBURS COST C		
071	HOME HEALTH AGENCY	1,166,999	
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	22,982,591	
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O	274,337	
098	01 NON-REIMBURSABLE - MA	169,587	
100	SENIOR CIRCLE	100,710	
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		
	(WRKSHT B, PT I)		
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		
	(WRKSHT B, PT III)		

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	3,105,855		3,105,855		3,105,855
26	INTENSIVE CARE UNIT	1,148,358		1,148,358		1,148,358
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,270,053		3,270,053		3,270,053
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	105,773		105,773		105,773
41	RADIOLOGY-DIAGNOSTIC	1,327,677		1,327,677		1,327,677
41 01	ULTRA-SOUND	271,658		271,658		271,658
41 02	CAT SCAN	568,997		568,997		568,997
41 03	MRI	179,359		179,359		179,359
43	RADIOISOTOPE	152,115		152,115		152,115
44	LABORATORY	2,208,841		2,208,841		2,208,841
46	WHOLE BLOOD & PACKED RED	32,524		32,524		32,524
48	INTRAVENOUS THERAPY	39,146		39,146		39,146
49	RESPIRATORY THERAPY	469,751		469,751	4,350	474,101
49 01	SLEEP LAB	316,820		316,820		316,820
50	PHYSICAL THERAPY	612,681		612,681		612,681
51	OCCUPATIONAL THERAPY	445,558		445,558		445,558
52	SPEECH PATHOLOGY	31,435		31,435		31,435
53	ELECTROCARDIOLOGY	328,143		328,143		328,143
55	MEDICAL SUPPLIES CHARGED	4,208,220		4,208,220		4,208,220
56	DRUGS CHARGED TO PATIENTS	1,144,703		1,144,703		1,144,703
59	SURGIDAY CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,847,925		1,847,925		1,847,925
62	OBSERVATION BEDS (NON-DIS	120,305		120,305		120,305
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	21,935,897		21,935,897	4,350	21,940,247
102	LESS OBSERVATION BEDS	120,305		120,305		120,305
103	TOTAL	21,815,592		21,815,592	4,350	21,819,942

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	3,971,190		3,971,190			
26	INTENSIVE CARE UNIT	697,393		697,393			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,149,619	9,455,470	13,605,089	.240355	.240355	.240355
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	2,054,973	4,839,032	6,894,005	.015343	.015343	.015343
41	RADIOLOGY-DIAGNOSTIC	1,298,209	3,643,923	4,942,132	.268645	.268645	.268645
41	01 ULTRA-SOUND	268,323	1,110,095	1,378,418	.197080	.197080	.197080
41	02 CAT SCAN	3,677,793	7,280,400	10,958,193	.051924	.051924	.051924
41	03 MRI	19,063	1,322,358	1,341,421	.133708	.133708	.133708
43	RADIOISOTOPE	222,363	600,544	822,907	.184851	.184851	.184851
44	LABORATORY	5,591,169	14,362,261	19,953,430	.110700	.110700	.110700
46	WHOLE BLOOD & PACKED RED	273,773	81,025	354,798	.091669	.091669	.091669
48	INTRAVENOUS THERAPY	1,877,954	778,328	2,656,282	.014737	.014737	.014737
49	RESPIRATORY THERAPY	1,008,259	153,022	1,161,281	.404511	.404511	.408257
49	01 SLEEP LAB		1,785,681	1,785,681	.177423	.177423	.177423
50	PHYSICAL THERAPY	428,972	1,659,762	2,088,734	.293326	.293326	.293326
51	OCCUPATIONAL THERAPY	242,973	1,125,050	1,368,023	.325695	.325695	.325695
52	SPEECH PATHOLOGY	28,517	73,075	101,592	.309424	.309424	.309424
53	ELECTROCARDIOLOGY	1,369,230	2,273,867	3,643,097	.090073	.090073	.090073
55	MEDICAL SUPPLIES CHARGED	9,742,063	15,138,794	24,880,857	.169135	.169135	.169135
56	DRUGS CHARGED TO PATIENTS	8,073,151	3,475,554	11,548,705	.099120	.099120	.099120
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,218,329	3,262,269	4,480,598	.412428	.412428	.412428
62	OBSERVATION BEDS (NON-DIS		151,380	151,380	.794722	.794722	.794722
63	50 RHC						
63	51 RHC II						
63	52 RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,213,316	72,571,890	118,785,206			
102	LESS OBSERVATION BEDS						
103	TOTAL	46,213,316	72,571,890	118,785,206			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,105,855		3,105,855		3,105,855
26	INTENSIVE CARE UNIT	1,148,358		1,148,358		1,148,358
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,270,053		3,270,053		3,270,053
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	105,773		105,773		105,773
41	RADIOLOGY-DIAGNOSTIC	1,327,677		1,327,677		1,327,677
41 01	ULTRA-SOUND	271,658		271,658		271,658
41 02	CAT SCAN	568,997		568,997		568,997
41 03	MRI	179,359		179,359		179,359
43	RADIOISOTOPE	152,115		152,115		152,115
44	LABORATORY	2,208,841		2,208,841		2,208,841
46	WHOLE BLOOD & PACKED RED	32,524		32,524		32,524
48	INTRAVENOUS THERAPY	39,146		39,146		39,146
49	RESPIRATORY THERAPY	469,751		469,751	4,350	474,101
49 01	SLEEP LAB	316,820		316,820		316,820
50	PHYSICAL THERAPY	612,681		612,681		612,681
51	OCCUPATIONAL THERAPY	445,558		445,558		445,558
52	SPEECH PATHOLOGY	31,435		31,435		31,435
53	ELECTROCARDIOLOGY	328,143		328,143		328,143
55	MEDICAL SUPPLIES CHARGED	4,208,220		4,208,220		4,208,220
56	DRUGS CHARGED TO PATIENTS	1,144,703		1,144,703		1,144,703
59	SURGIDAY CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,847,925		1,847,925		1,847,925
62	OBSERVATION BEDS (NON-DIS	120,305		120,305		120,305
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	21,935,897		21,935,897	4,350	21,940,247
102	LESS OBSERVATION BEDS	120,305		120,305		120,305
103	TOTAL	21,815,592		21,815,592	4,350	21,819,942

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	3,971,190		3,971,190			
26	INTENSIVE CARE UNIT	697,393		697,393			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,149,619	9,455,470	13,605,089	.240355	.240355	.240355
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	2,054,973	4,839,032	6,894,005	.015343	.015343	.015343
41	RADIOLOGY-DIAGNOSTIC	1,298,209	3,643,923	4,942,132	.268645	.268645	.268645
41 01	ULTRA-SOUND	268,323	1,110,095	1,378,418	.197080	.197080	.197080
41 02	CAT SCAN	3,677,793	7,280,400	10,958,193	.051924	.051924	.051924
41 03	MRI	19,063	1,322,358	1,341,421	.133708	.133708	.133708
43	RADIOISOTOPE	222,363	600,544	822,907	.184851	.184851	.184851
44	LABORATORY	5,591,169	14,362,261	19,953,430	.110700	.110700	.110700
46	WHOLE BLOOD & PACKED RED	273,773	81,025	354,798	.091669	.091669	.091669
48	INTRAVENOUS THERAPY	1,877,954	778,328	2,656,282	.014737	.014737	.014737
49	RESPIRATORY THERAPY	1,008,259	153,022	1,161,281	.404511	.404511	.408257
49 01	SLEEP LAB		1,785,681	1,785,681	.177423	.177423	.177423
50	PHYSICAL THERAPY	428,972	1,659,762	2,088,734	.293326	.293326	.293326
51	OCCUPATIONAL THERAPY	242,973	1,125,050	1,368,023	.325695	.325695	.325695
52	SPEECH PATHOLOGY	28,517	73,075	101,592	.309424	.309424	.309424
53	ELECTROCARDIOLOGY	1,369,230	2,273,867	3,643,097	.090073	.090073	.090073
55	MEDICAL SUPPLIES CHARGED	9,742,063	15,138,794	24,880,857	.169135	.169135	.169135
56	DRUGS CHARGED TO PATIENTS	8,073,151	3,475,554	11,548,705	.099120	.099120	.099120
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,218,329	3,262,269	4,480,598	.412428	.412428	.412428
62	OBSERVATION BEDS (NON-DIS		151,380	151,380	.794722	.794722	.794722
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,213,316	72,571,890	118,785,206			
102	LESS OBSERVATION BEDS						
103	TOTAL	46,213,316	72,571,890	118,785,206			

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	3,270,053	683,119	2,586,934			3,270,053
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	105,773	22,975	82,798			105,773
41	RADIOLOGY-DIAGNOSTIC	1,327,677	211,108	1,116,569			1,327,677
41	01 ULTRA-SOUND	271,658	8,693	262,965			271,658
41	02 CAT SCAN	568,997	50,705	518,292			568,997
41	03 MRI	179,359	4,862	174,497			179,359
43	RADIOISOTOPE	152,115	4,045	148,070			152,115
44	LABORATORY	2,208,841	211,766	1,997,075			2,208,841
46	WHOLE BLOOD & PACKED RED	32,524	1,171	31,353			32,524
48	INTRAVENOUS THERAPY	39,146	3,193	35,953			39,146
49	RESPIRATORY THERAPY	469,751	45,373	424,378			469,751
49	01 SLEEP LAB	316,820	118,390	198,430			316,820
50	PHYSICAL THERAPY	612,681	53,288	559,393			612,681
51	OCCUPATIONAL THERAPY	445,558	24,540	421,018			445,558
52	SPEECH PATHOLOGY	31,435	1,015	30,420			31,435
53	ELECTROCARDIOLOGY	328,143	14,270	313,873			328,143
55	MEDICAL SUPPLIES CHARGED	4,208,220	130,086	4,078,134			4,208,220
56	DRUGS CHARGED TO PATIENTS	1,144,703	64,671	1,080,032			1,144,703
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,847,925	358,227	1,489,698			1,847,925
62	OBSERVATION BEDS (NON-DIS	120,305	19,348	100,957			120,305
63	50 RHC						
63	51 RHC II						
63	52 RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,681,684	2,030,845	15,650,839			17,681,684
102	LESS OBSERVATION BEDS	120,305	19,348	100,957			120,305
103	TOTAL	17,561,379	2,011,497	15,549,882			17,561,379

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	13,605,089	.240355	.240355
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	6,894,005	.015343	.015343
41	RADIOLOGY-DIAGNOSTIC	4,942,132	.268645	.268645
41 01	ULTRA-SOUND	1,378,418	.197080	.197080
41 02	CAT SCAN	10,958,193	.051924	.051924
41 03	MRI	1,341,421	.133708	.133708
43	RADIOISOTOPE	822,907	.184851	.184851
44	LABORATORY	19,953,430	.110700	.110700
46	WHOLE BLOOD & PACKED RED	354,798	.091669	.091669
48	INTRAVENOUS THERAPY	2,656,282	.014737	.014737
49	RESPIRATORY THERAPY	1,161,281	.404511	.404511
49 01	SLEEP LAB	1,785,681	.177423	.177423
50	PHYSICAL THERAPY	2,088,734	.293326	.293326
51	OCCUPATIONAL THERAPY	1,368,023	.325695	.325695
52	SPEECH PATHOLOGY	101,592	.309424	.309424
53	ELECTROCARDIOLOGY	3,643,097	.090073	.090073
55	MEDICAL SUPPLIES CHARGED	24,880,857	.169135	.169135
56	DRUGS CHARGED TO PATIENTS	11,548,705	.099120	.099120
59	SURGIDAY CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,480,598	.412428	.412428
62	OBSERVATION BEDS (NON-DIS	151,380	.794722	.794722
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	114,116,623		
102	LESS OBSERVATION BEDS	151,380		
103	TOTAL	113,965,243		

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	3,270,053	683,119	2,586,934	68,312	150,042	3,051,699
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	105,773	22,975	82,798	2,298	4,802	98,673
41	RADIOLOGY-DIAGNOSTIC	1,327,677	211,108	1,116,569	21,111	64,761	1,241,805
41 01	ULTRA-SOUND	271,658	8,693	262,965	869	15,252	255,537
41 02	CAT SCAN	568,997	50,705	518,292	5,071	30,061	533,865
41 03	MRI	179,359	4,862	174,497	486	10,121	168,752
43	RADIOISOTOPE	152,115	4,045	148,070	405	8,588	143,122
44	LABORATORY	2,208,841	211,766	1,997,075	21,177	115,830	2,071,834
46	WHOLE BLOOD & PACKED RED	32,524	1,171	31,353	117	1,818	30,589
48	INTRAVENOUS THERAPY	39,146	3,193	35,953	319	2,085	36,742
49	RESPIRATORY THERAPY	469,751	45,373	424,378	4,537	24,614	440,600
49 01	SLEEP LAB	316,820	118,390	198,430	11,839	11,509	293,472
50	PHYSICAL THERAPY	612,681	53,288	559,393	5,329	32,445	574,907
51	OCCUPATIONAL THERAPY	445,558	24,540	421,018	2,454	24,419	418,685
52	SPEECH PATHOLOGY	31,435	1,015	30,420	102	1,764	29,569
53	ELECTROCARDIOLOGY	328,143	14,270	313,873	1,427	18,205	308,511
55	MEDICAL SUPPLIES CHARGED	4,208,220	130,086	4,078,134	13,009	236,532	3,958,679
56	DRUGS CHARGED TO PATIENTS	1,144,703	64,671	1,080,032	6,467	62,642	1,075,594
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,847,925	358,227	1,489,698	35,823	86,402	1,725,700
62	OBSERVATION BEDS (NON-DIS	120,305	19,348	100,957	1,935	5,856	112,514
63	50 RHC						
63	51 RHC II						
63	52 RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,681,684	2,030,845	15,650,839	203,087	907,748	16,570,849
102	LESS OBSERVATION BEDS	120,305	19,348	100,957	1,935	5,856	112,514
103	TOTAL	17,561,379	2,011,497	15,549,882	201,152	901,892	16,458,335

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	13,605,089	.224306	.235334
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	6,894,005	.014313	.015009
41	RADIOLOGY-DIAGNOSTIC	4,942,132	.251269	.264373
41 01	ULTRA-SOUND	1,378,418	.185384	.196449
41 02	CAT SCAN	10,958,193	.048718	.051462
41 03	MRI	1,341,421	.125801	.133346
43	RADIOISOTOPE	822,907	.173922	.184359
44	LABORATORY	19,953,430	.103833	.109638
46	WHOLE BLOOD & PACKED RED	354,798	.086215	.091339
48	INTRAVENOUS THERAPY	2,656,282	.013832	.014617
49	RESPIRATORY THERAPY	1,161,281	.379409	.400604
49 01	SLEEP LAB	1,785,681	.164347	.170793
50	PHYSICAL THERAPY	2,088,734	.275242	.290775
51	OCCUPATIONAL THERAPY	1,368,023	.306051	.323901
52	SPEECH PATHOLOGY	101,592	.291056	.308420
53	ELECTROCARDIOLOGY	3,643,097	.084684	.089681
55	MEDICAL SUPPLIES CHARGED	24,880,857	.159105	.168612
56	DRUGS CHARGED TO PATIENTS	11,548,705	.093135	.098560
59	SURGIDAY CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,480,598	.385149	.404433
62	OBSERVATION BEDS (NON-DIS	151,380	.743255	.781939
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	114,116,623		
102	LESS OBSERVATION BEDS	151,380		
103	TOTAL	113,965,243		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,239	3,718			94.35	350,793
26	INTENSIVE CARE UNIT	564	363			466.97	169,510
101	TOTAL	5,803	4,081				520,303

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		683,119	13,605,089	2,189,733		
38	RECOVERY ROOM						
40	ANESTHESIOLOGY		22,975	6,894,005	1,047,983		
41	RADIOLOGY-DIAGNOSTIC		211,108	4,942,132	928,859		
41 01	ULTRA-SOUND		8,693	1,378,418	174,896		
41 02	CAT SCAN		50,705	10,958,193	2,224,876		
41 03	MRI		4,862	1,341,421	7,172		
43	RADIOISOTOPE		4,045	822,907	141,680		
44	LABORATORY		211,766	19,953,430	3,840,707		
46	WHOLE BLOOD & PACKED RED		1,171	354,798	204,509		
48	INTRAVENOUS THERAPY		3,193	2,656,282	1,270,380		
49	RESPIRATORY THERAPY		45,373	1,161,281	787,610		
49 01	SLEEP LAB		118,390	1,785,681			
50	PHYSICAL THERAPY		53,288	2,088,734	322,557		
51	OCCUPATIONAL THERAPY		24,540	1,368,023	174,050		
52	SPEECH PATHOLOGY		1,015	101,592	25,824		
53	ELECTROCARDIOLOGY		14,270	3,643,097	956,973		
55	MEDICAL SUPPLIES CHARGED		130,086	24,880,857	6,251,181		
56	DRUGS CHARGED TO PATIENTS		64,671	11,548,705	5,817,964		
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		358,227	4,480,598	718,687		
62	OBSERVATION BEDS (NON-DIS		19,348	151,380			
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,030,845	114,116,623	27,085,641		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.050211		109,949
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.003333		3,493
41	RADIOLOGY-DIAGNOSTIC	.042716		39,677
41 01	ULTRA-SOUND	.006307		1,103
41 02	CAT SCAN	.004627		10,295
41 03	MRI	.003625		26
43	RADIOISOTOPE	.004916		696
44	LABORATORY	.010613		40,761
46	WHOLE BLOOD & PACKED RED	.003300		675
48	INTRAVENOUS THERAPY	.001202		1,527
49	RESPIRATORY THERAPY	.039072		30,773
49 01	SLEEP LAB	.066300		
50	PHYSICAL THERAPY	.025512		8,229
51	OCCUPATIONAL THERAPY	.017938		3,122
52	SPEECH PATHOLOGY	.009991		258
53	ELECTROCARDIOLOGY	.003917		3,748
55	MEDICAL SUPPLIES CHARGED	.005228		32,681
56	DRUGS CHARGED TO PATIENTS	.005600		32,581
59	SURGIDAY CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.079951		57,460
62	OBSERVATION BEDS (NON-DIS	.127811		
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			377,054

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					5,239	
26	INTENSIVE CARE UNIT					564	
101	TOTAL					5,803	

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	3,718	
26	INTENSIVE CARE UNIT	363	
101	TOTAL	4,081	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CAT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	51 RHC II						
63	52 RHC III						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			13,605,089			2,189,733	
38	RECOVERY ROOM							
40	ANESTHESIOLOGY			6,894,005			1,047,983	
41	RADIOLOGY-DIAGNOSTIC			4,942,132			928,859	
41 01	ULTRA-SOUND			1,378,418			174,896	
41 02	CAT SCAN			10,958,193			2,224,876	
41 03	MRI			1,341,421			7,172	
43	RADIOISOTOPE			822,907			141,680	
44	LABORATORY			19,953,430			3,840,707	
46	WHOLE BLOOD & PACKED RED			354,798			204,509	
48	INTRAVENOUS THERAPY			2,656,282			1,270,380	
49	RESPIRATORY THERAPY			1,161,281			787,610	
49 01	SLEEP LAB			1,785,681				
50	PHYSICAL THERAPY			2,088,734			322,557	
51	OCCUPATIONAL THERAPY			1,368,023			174,050	
52	SPEECH PATHOLOGY			101,592			25,824	
53	ELECTROCARDIOLOGY			3,643,097			956,973	
55	MEDICAL SUPPLIES CHARGED			24,880,857			6,251,181	
56	DRUGS CHARGED TO PATIENTS			11,548,705			5,817,964	
59	SURGIDAY CENTER							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			4,480,598			718,687	
62	OBSERVATION BEDS (NON-DIS			151,380				
63 50	RHC							
63 51	RHC II							
63 52	RHC III							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			114,116,623			27,085,641	

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	3,442,667					
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	1,656,794					
41	RADIOLOGY-DIAGNOSTIC	1,136,329					
41 01	ULTRA-SOUND	405,356					
41 02	CAT SCAN	2,187,010					
41 03	MRI	403,677					
43	RADIOISOTOPE	252,676					
44	LABORATORY	35,649					
46	WHOLE BLOOD & PACKED RED	59,345					
48	INTRAVENOUS THERAPY	267,094					
49	RESPIRATORY THERAPY	52,943					
49 01	SLEEP LAB	754,956					
50	PHYSICAL THERAPY	352					
51	OCCUPATIONAL THERAPY	2,987					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,036,188					
55	MEDICAL SUPPLIES CHARGED	7,131,501					
56	DRUGS CHARGED TO PATIENTS	1,296,880					
59	SURGIDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	619,215					
62	OBSERVATION BEDS (NON-DIS	588					
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	20,742,207					

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	.240355	.240355			
38 RECOVERY ROOM					
40 ANESTHESIOLOGY	.015343	.015343			
41 RADIOLOGY-DIAGNOSTIC	.268645	.268645			
41 01 ULTRA-SOUND	.197080	.197080			
41 02 CAT SCAN	.051924	.051924			
41 03 MRI	.133708	.133708			
43 RADIOISOTOPE	.184851	.184851			
44 LABORATORY	.110700	.110700			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.091669	.091669			
48 INTRAVENOUS THERAPY	.014737	.014737			
49 RESPIRATORY THERAPY	.404511	.404511			
49 01 SLEEP LAB	.177423	.177423			
50 PHYSICAL THERAPY	.293326	.293326			
51 OCCUPATIONAL THERAPY	.325695	.325695			
52 SPEECH PATHOLOGY	.309424	.309424			
53 ELECTROCARDIOLOGY	.090073	.090073			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.169135	.169135			
56 DRUGS CHARGED TO PATIENTS	.099120	.099120			
59 SURGIDAY CENTER					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.412428	.412428			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.794722	.794722			
63 50 RHC					
63 51 RHC II					
63 52 RHC III					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,442,667			
38 RECOVERY ROOM					
40 ANESTHESIOLOGY		1,656,794			
41 RADIOLOGY-DIAGNOSTIC		1,136,329			
41 01 ULTRA-SOUND		405,356			
41 02 CAT SCAN		2,187,010			
41 03 MRI		403,677			
43 RADIOISOTOPE		252,676			
44 LABORATORY		35,649			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		59,345			
48 INTRAVENOUS THERAPY		267,094			
49 RESPIRATORY THERAPY		52,943			
49 01 SLEEP LAB		754,956			
50 PHYSICAL THERAPY		352			
51 OCCUPATIONAL THERAPY		2,987			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,036,188			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,131,501			
56 DRUGS CHARGED TO PATIENTS		1,296,880			
59 SURGIDAY CENTER					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		619,215			
62 OBSERVATION BEDS (NON-DISTINCT PART)		588			
63 50 RHC					
63 51 RHC II					
63 52 RHC III					
101 SUBTOTAL		20,742,207			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		20,742,207			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All Other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				827,462	
38 RECOVERY ROOM					
40 ANESTHESIOLOGY				25,420	
41 RADIOLOGY-DIAGNOSTIC				305,269	
41 01 ULTRA-SOUND				79,888	
41 02 CAT SCAN				113,558	
41 03 MRI				53,975	
43 RADIOISOTOPE				46,707	
44 LABORATORY				3,946	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				5,440	
48 INTRAVENOUS THERAPY				3,936	
49 RESPIRATORY THERAPY				21,416	
49 01 SLEEP LAB				133,947	
50 PHYSICAL THERAPY				103	
51 OCCUPATIONAL THERAPY				973	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				93,333	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,206,186	
56 DRUGS CHARGED TO PATIENTS				128,547	
59 SURGIDAY CENTER					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				255,382	
62 OBSERVATION BEDS (NON-DISTINCT PART)				467	
63 50 RHC					
63 51 RHC II					
63 52 RHC III					
101 SUBTOTAL				3,305,955	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				3,305,955	

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRA-SOUND
- 41 02 CAT SCAN
- 41 03 MRI
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 49 01 SLEEP LAB
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 SURGIDAY CENTER
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 51 RHC II
- 63 52 RHC III
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
PROGRAM ONLY CHARGES
- 104 NET CHARGES

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)	5,332
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,239
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	710
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,529
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	93
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)	3,718
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	93
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	174.94
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	3,105,855
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	16,269
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)	16,269
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,089,586

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,324,232
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	538,241
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,234,292
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.929413
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	758.09
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	493.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	264.76
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	246.07
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	174,710
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,914,876

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					589.73
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,192,616
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,192,616

	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	1,148,358	564	2,036.10	363	739,104
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					3,929,115
49	TOTAL PROGRAM INPATIENT COSTS					6,860,835

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					520,303
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					377,054
52	TOTAL PROGRAM EXCLUDABLE COST					897,357
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					5,963,478

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)					16,269
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					16,269
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	204
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	589.73
85	OBSERVATION BED COST	120,305

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	3,089,586		120,305	
87	NEW CAPITAL-RELATED COST	496,881	.160824	120,305	19,348
88	NON PHYSICIAN ANESTHETIST	3,089,586		120,305	
89	MEDICAL EDUCATION	3,089,586		120,305	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,846,257	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		477,975	
37	OPERATING ROOM	.240355	2,189,733	526,313
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.015343	1,047,983	16,079
41	RADIOLOGY-DIAGNOSTIC	.268645	928,859	249,533
41 01	ULTRA-SOUND	.197080	174,896	34,469
41 02	CAT SCAN	.051924	2,224,876	115,524
41 03	MRI	.133708	7,172	959
43	RADIOISOTOPE	.184851	141,680	26,190
44	LABORATORY	.110700	3,840,707	425,166
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.091669	204,509	18,747
48	INTRAVENOUS THERAPY	.014737	1,270,380	18,722
49	RESPIRATORY THERAPY	.408257	787,610	321,547
49 01	SLEEP LAB	.177423		
50	PHYSICAL THERAPY	.293326	322,557	94,614
51	OCCUPATIONAL THERAPY	.325695	174,050	56,687
52	SPEECH PATHOLOGY	.309424	25,824	7,991
53	ELECTROCARDIOLOGY	.090073	956,973	86,197
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.169135	6,251,181	1,057,293
56	DRUGS CHARGED TO PATIENTS	.099120	5,817,964	576,677
59	SURGIDAY CENTER OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.412428	718,687	296,407
62	OBSERVATION BEDS (NON-DISTINCT PART)	.794722		
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
101	OTHER REIMBURS COST CNTRS TOTAL		27,085,641	3,929,115
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		27,085,641	

TITLE XVIII, PART A SWING BED SNF 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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.240355		
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.015343		
41	RADIOLOGY-DIAGNOSTIC	.268645	2,703	726
41 01	ULTRA-SOUND	.197080	2,118	417
41 02	CAT SCAN	.051924		
41 03	MRI	.133708		
43	RADIOISOTOPE	.184851		
44	LABORATORY	.110700	13,828	1,531
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.091669		
48	INTRAVENOUS THERAPY	.014737		
49	RESPIRATORY THERAPY	.404511	17,306	7,000
49 01	SLEEP LAB	.177423		
50	PHYSICAL THERAPY	.293326	28,827	8,456
51	OCCUPATIONAL THERAPY	.325695	21,796	7,099
52	SPEECH PATHOLOGY	.309424		
53	ELECTROCARDIOLOGY	.090073	315	28
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.169135	29,927	5,062
56	DRUGS CHARGED TO PATIENTS	.099120	160,021	15,861
59	SURGIDAY CENTER OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.412428		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.794722		
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		276,841	46,180
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		276,841	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,845,014	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,255,221	
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)	38,143	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	48.19	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.96
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		10.63
4.02 SUM OF LINES 4 AND 4.01		17.59
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.18
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		213,190
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	5,351,568	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	7,428,021	
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)	6,908,908	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	433,189	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	7,342,097	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,342,097	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	634,728	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	31,152	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	146,841	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	102,789	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	133,367	
22 SUBTOTAL	6,779,006	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	6,779,006	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,535,383	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	243,623	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	34,610	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 3,305,955
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 2,887,072
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .855
 1.04 LINE 1.01 TIMES LINE 1.03. 2,826,592
 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) 2,887,072

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 1,010
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 713,493
 19 SUBTOTAL (SEE INSTRUCTIONS) 2,172,569
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL 2,172,569
 24 PRIMARY PAYER PAYMENTS
 25 SUBTOTAL 2,172,569

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 108,930
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 76,251
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 10,400
 28 SUBTOTAL 2,248,820
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL 2,248,820
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 2,507,569
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM -258,749
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,499,383		2,490,369
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	8/26/2008	36,000	8/26/2008	17,200
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		36,000		17,200
4 TOTAL INTERIM PAYMENTS		6,535,383		2,507,569
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		32,812		
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
			32,812	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	33,580	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	93	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	33,580	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	33,580	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	33,580	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	768	
14	80% OF PART B COSTS		
15	SUBTOTAL	32,812	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS	1,904	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,904	
18	TOTAL	34,716	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	32,812	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	1,904	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	149,753			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	1,873,516			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-509,960			
7	INVENTORY	1,229,854			
8	PREPAID EXPENSES	351,155			
9	OTHER CURRENT ASSETS	54,641			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,148,959			
FIXED ASSETS					
12	LAND	546,590			
12.01					
13	LAND IMPROVEMENTS	274,313			
13.01	LESS ACCUMULATED DEPRECIATION	-144,946			
14	BUILDINGS	8,943,324			
14.01	LESS ACCUMULATED DEPRECIATION	-5,124,204			
15	LEASEHOLD IMPROVEMENTS	3,700,257			
15.01	LESS ACCUMULATED DEPRECIATION	-838,914			
16	FIXED EQUIPMENT	799,032			
16.01	LESS ACCUMULATED DEPRECIATION	-479,858			
17	AUTOMOBILES AND TRUCKS	19,941			
17.01	LESS ACCUMULATED DEPRECIATION	-19,941			
18	MAJOR MOVABLE EQUIPMENT	7,005,100			
18.01	LESS ACCUMULATED DEPRECIATION	-4,977,009			
19	MINOR EQUIPMENT DEPRECIABLE	1,363,521			
19.01	LESS ACCUMULATED DEPRECIATION	-915,716			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	10,151,490			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	50,595			
26	TOTAL OTHER ASSETS	50,595			
27	TOTAL ASSETS	13,351,044			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	930,062			
29 SALARIES, WAGES & FEES PAYABLE	871,087			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-40,209,542			
35 OTHER CURRENT LIABILITIES	149,647			
36 TOTAL CURRENT LIABILITIES	-38,258,746			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	-38,258,746			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	51,609,790			
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	51,609,790			
52 TOTAL LIABILITIES AND FUND BALANCES	13,351,044			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		44,698,116		
2 OF PERIOD				
2 NET INCOME (LOSS)		7,056,078		
3 TOTAL		51,754,194		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		51,754,194		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		51,754,194		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,971,190		3,971,190
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,971,190		3,971,190
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	697,393		697,393
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	697,393		697,393
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,668,583		4,668,583
17 00 ANCILLARY SERVICES	41,544,731		41,544,731
18 00 OUTPATIENT SERVICES		72,571,873	72,571,873
18 50 RHC			
18 51 RHC II			
18 52 RHC III			
19 00 HOME HEALTH AGENCY		1,379,540	1,379,540
24 00			
25 00 TOTAL PATIENT REVENUES	46,213,314	73,951,413	120,164,727

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		29,893,129	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		29,893,129	

DESCRIPTION

1	TOTAL PATIENT REVENUES	120,164,727
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	83,501,450
3	NET PATIENT REVENUES	36,663,277
4	LESS: TOTAL OPERATING EXPENSES	29,893,129
5	NET INCOME FROM SERVICE TO PATIENTS	6,770,148
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	8,950
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	45,224
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	14
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	118,033
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,541
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	7,094
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	73,110
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS REVENUE	31,964
25	TOTAL OTHER INCOME	285,930
26	TOTAL	7,056,078
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,056,078

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	146,283	12,367	51,827		269,356	479,833
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11	1,045	87				1,132
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	424,052	35,844	51,827		269,356	781,079

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		479,833	-36,861	442,972
HHA REIMBURSABLE SERVICES				
6		300,114		300,114
7				
8				
9				
10				
11		1,132		1,132
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		781,079	-36,861	744,218

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-442,972	301,246
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					300,114
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					1,132
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-442,972	301,246
25	COST TO BE ALLOCATED					442,972
26	UNIT COST MULTIPLIER					1.470466

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL						74,183
2 SKILLED NURSING CARE	741,421					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	2,797					
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)	744,218					74,183
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 5A	ADMINISTRATI VE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	74,183	17,215				
2 SKILLED NURSING CARE	741,421	172,054				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	2,797	649				
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)	818,401	189,918				
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	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
1 ADMIN & GENERAL		32,222	125,764	694		
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)		32,222	125,764	694		
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 17A	INSERVICE EDUCATION 19	SUBTOTAL 19A	QA / UR 19.01	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL	250,078		250,078		250,078	
2 SKILLED NURSING CARE	913,475		913,475		913,475	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	3,446		3,446		3,446	
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)	1,166,999		1,166,999		1,166,999	
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	27	28	29
	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
1 ADMIN & GENERAL	250,078		
2 SKILLED NURSING CARE	913,475	249,138	1,162,613
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE	3,446	940	4,386
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)	1,166,999	250,078	1,166,999
21 UNIT COST MULTIPLIER		0.272737	

(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	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (SQUARE FEET	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (SQUARE FEET	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION
	1	2	3	4	5	6A
1 ADMIN & GENERAL					424,052	
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)					424,052	
21 COST TO BE ALLOCATED					74,183	
22 UNIT COST MULTIPLIER					0.174938	

HHA COST CENTER	ADMINISTRATIVE & GENERAL ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS SERVED
	6	7	8	9	10	11
1 ADMIN & GENERAL	74,183					
2 SKILLED NURSING CARE	741,421					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	2,797					
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)	818,401					
21 COST TO BE ALLOCATED	189,918					
22 UNIT COST MULTIPLIER	0.232060					

HHA 1

HHA COST CENTER	CAFETERIA (DEPT FTE'S	NURSING ADMINISTRATION (NURSING SALARIES	CENTRAL SERVICES & SUPPLIES (COSTED REQUISITION	PHARMACY (COSTED REQUISITION	MEDICAL RECORDS & LIBRARY (GROSS CHARGES	RECONCILIATION 19A
	12	14	15	16	17	
1 ADMIN & GENERAL	870	424,052	7,541			
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)	870	424,052	7,541			
21 COST TO BE ALLOCATED	32,222	125,764	694			
22 UNIT COST MULTIPLIER	37.036782	0.296577	0.092030			

HHA COST CENTER	INSERVICE EDUCATION (ACCUM. COST)	RECONCILIATION 19A.01	QA / UR (ACCUM. COST)
	19		19.01
1 ADMIN & GENERAL	250,078		250,078
2 SKILLED NURSING CARE	913,475		913,475
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE	3,446		3,446
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)	1,166,999		1,166,999
21 COST TO BE ALLOCATED			
22 UNIT COST MULTIPLIER			

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

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

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	1,162,613		1,162,613	5,219	222.77	1,725
2	PHYSICAL THERAPY	3				2,201		732
3	OCCUPATIONAL THERAPY	4				297		115
4	SPEECH PATHOLOGY	5				64		28
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7	4,386		4,386	124	35.37	76
7	TOTAL		1,166,999		1,166,999	7,905		2,676

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	1,935		384,278	431,060		815,338
2	PHYSICAL THERAPY	1,102					
3	OCCUPATIONAL THERAPY	127					
4	SPEECH PATHOLOGY	2					
5	MEDICAL SOCIAL SERVICES						
6	HOME HEALTH AIDE SERVICES	43		2,688	1,521		4,209
7	TOTAL	3,209		386,966	432,581		819,547

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0294 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 14-7251 I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

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

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

PER BENEFICIARY COST
LIMITATION:

MSA
NUMBER
1 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	PER BENE COST LIMITATION (FRM FI)
18	PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C 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	.293326		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.325695		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.309424		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.169135		COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.099120		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 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3		
1	PHYSICAL THERAPY		2.01			
2	OCCUPATIONAL THERAPY					
3	SPEECH PATHOLOGY					
4	TOTAL (SUM OF LINES 1-3)					

TITLE XVIII HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	610,785	404,865
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,286	4,244
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	2,498	13,411
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
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	616,569	422,520
13	EXCESS REASONABLE COST		
14	SUBTOTAL	616,569	422,520
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	616,569	422,520
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	616,569	422,520
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	616,569	422,520
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	616,569	422,520
25	INTERIM PAYMENTS	616,568	422,519
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	1	1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII 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		616,568		422,519
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 616,568	NONE 422,519
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	425,490
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	7,699
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	15.30
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	433,189
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)	

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).

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0294	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 17:57

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 CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES UNDER THE FLORIDA MEDICAID PROGRAM, INCLUDING THE LAWS AND REGULATIONS RELATING TO CLAIMS FOR MEDICAID REIMBURSEMENTS AND PAYMENTS, 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	6
1	HOSPITAL	0	243,623	-258,749	0	0
3	SWING BED - SNF	0	1,904	0	0	0
7	HOSPITAL-BASED HHA	0	1	1	0	0
100	TOTAL	0	245,528	-258,748	0	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.

