

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	14-1347	I	FROM 8/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 7/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 12/23/2008 TIME 10:04

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 CARLINVILLE AREA HOSPITAL 14-1347
 FOR THE COST REPORTING PERIOD BEGINNING 8/ 1/2007 AND ENDING 7/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		A		B		TITLE XVIII		TITLE XIX	
1	2	3	4	5	6	7	8	9	10
1	HOSPITAL	0	81,566	-258,855					0
3	SWING BED - SNF	0	19,351	0					0
100	TOTAL	0	100,917	-258,855					0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1001 EAST MORGAN STREET P.O. BOX:
 1.01 CITY: CARLINVILLE STATE: IL ZIP CODE: 62626- COUNTY: MACOUPIN

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	14-1347	2.01	7/ 1/2005	4	5	6
04.00	SWING BED - SNF	14-2347		7/ 1/2005	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 8/ 1/2007 TO: 7/31/2008 1 2
 18 TYPE OF CONTROL 2

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?

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND 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.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	2/ 1/2000		
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
			0	0.0000	0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
	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)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
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).	Y			
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	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)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	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 N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? 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 NHC MQ 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	Y	Y	Y	Y	Y

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. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 161,537
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
 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 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.

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 HOURS 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH TITLE XVIII 4	TRIPS TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,150	53,412.00		1,905	93
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF					1,530	
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	25	9,150	53,412.00		3,435	93
12 TOTAL	25	9,150	53,412.00		3,435	93
13 RPCH VISITS						
18 HOME HEALTH AGENCY						
21 HOSPICE						
25 TOTAL	25					
26 OBSERVATION BED DAYS						13
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX OBSERVATION BEDS 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	O/P VISITS TOTAL ALL PATS 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,232				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,530				
4 ADULTS & PED-SB NF			7				
5 TOTAL ADULTS AND PEDS			3,769				
12 TOTAL			3,769				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS		13	86	16	70		
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					486	32	605
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		106.98			486	32	605
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		106.98					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1347
II PERIOD:
I FROM 8/ 1/2007
I TO 7/31/2008I PREPARED 12/23/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		57,580	57,580	22,967	80,547
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		322,380	322,380	-6,880	315,500
5	0500 EMPLOYEE BENEFITS		1,000,628	1,000,628		1,000,628
6	0600 ADMINISTRATIVE & GENERAL	904,320	1,494,963	2,399,283	62,673	2,461,956
7	0700 MAINTENANCE & REPAIRS	156,335	17,638	173,973	1,626	175,599
8	0800 OPERATION OF PLANT		218,568	218,568		218,568
9	0900 LAUNDRY & LINEN SERVICE		47,958	47,958		47,958
10	1000 HOUSEKEEPING	141,434	16,425	157,859	-1,021	156,838
11	1100 DIETARY	101,600	90,622	192,222	-1,784	190,438
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	166,752	4,638	171,390	745	172,135
17	1700 MEDICAL RECORDS & LIBRARY	187,800	56,557	244,357	-2,756	241,601
20	2000 NONPHYSICIAN ANESTHETISTS	175,293		175,293	2,696	177,989
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	661,374	356,096	1,017,470	-2,129	1,015,341
37	3700 OPERATING ROOM	137,170	206,096	343,266	-1,017	342,249
40	4000 ANESTHESIOLOGY		28,666	28,666		28,666
41	4100 RADIOLOGY-DIAGNOSTIC	304,276	497,959	802,235	6,483	808,718
44	4400 LABORATORY	411,903	450,382	862,285	-415	861,870
49	4900 RESPIRATORY THERAPY	146,205	62,634	208,839	759	209,598
50	5000 PHYSICAL THERAPY	307,398	38,289	345,687	-4,581	341,106
51	5100 OCCUPATIONAL THERAPY	79,883	46	79,929		79,929
53	5300 ELECTROCARDIOLOGY	19,959	7,970	27,929		27,929
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	53,604	141,633	195,237	-620	194,617
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	149,428	540,349	689,777	-1,327	688,450
60	6000 CLINIC	94,630	8,215	102,845	-1,375	101,470
61	6100 EMERGENCY	430,374	928,926	1,359,300	-21,419	1,337,881
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	677	534	1,211		1,211
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		94,590	94,590	-94,590	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE					
95	9500 SUBTOTALS	4,630,415	6,690,342	11,320,757	-41,965	11,278,792
98	9800 NONREIMBURS COST CENTERS					
100	9800 PHYSICIANS' PRIVATE OFFICES				41,965	41,965
100.01	7950 NONREIMBURSABLE COSTS CENTERS					
100.01	7951 FUND DEVELOPMENT	25,372	4,288	29,660		29,660
101	TOTAL	4,655,787	6,694,630	11,350,417	-0-	11,350,417

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1347
II PERIOD:
I FROM 8/ 1/2007
I TO 7/31/2008I PREPARED 12/23/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-29,514	51,033
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		315,500
5	0500 EMPLOYEE BENEFITS	-284,505	716,123
6	0600 ADMINISTRATIVE & GENERAL	-242,522	2,219,434
7	0700 MAINTENANCE & REPAIRS	-1,298	174,301
8	0800 OPERATION OF PLANT	-15	218,553
9	0900 LAUNDRY & LINEN SERVICE		47,958
10	1000 HOUSEKEEPING		156,838
11	1100 DIETARY	-17,545	172,893
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		172,135
17	1700 MEDICAL RECORDS & LIBRARY	-6,420	235,181
20	2000 NONPHYSICIAN ANESTHETISTS	-177,989	
25	2500 INPAT ROUTINE SRVC CNTRS		1,015,341
	ADULTS & PEDIATRICS		
37	3700 OPERATING ROOM	-5,301	336,948
40	4000 ANESTHESIOLOGY		28,666
41	4100 RADIOLOGY-DIAGNOSTIC	-12,743	795,975
44	4400 LABORATORY	-3,409	858,461
49	4900 RESPIRATORY THERAPY		209,598
50	5000 PHYSICAL THERAPY	-9,004	332,102
51	5100 OCCUPATIONAL THERAPY		79,929
53	5300 ELECTROCARDIOLOGY		27,929
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		194,617
56	5600 DRUGS CHARGED TO PATIENTS	-30,419	658,031
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-8,206	93,264
61	6100 EMERGENCY	-562,489	775,392
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		1,211
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		
95	9500 SUBTOTALS	-1,391,379	9,887,413
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 NONREIMBURSABLE COSTS CENTERS		41,965
100.01	7951 FUND DEVELOPMENT		29,660
101	TOTAL	-1,391,379	9,959,038

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-1347 I FROM 8/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 7/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	NONREIMBURSABLE COSTS CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUND DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141347	FROM 8/ 1/2007	12/23/2008
	TO 7/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 ACCRUED VACATION	A	ADMINISTRATIVE & GENERAL	6	37,437	
2		MAINTENANCE & REPAIRS	7	1,626	
3		NONPHYSICIAN ANESTHETISTS	20	2,696	
4		RESPIRATORY THERAPY	49	759	
5		NURSING ADMINISTRATION	14	745	
6					
7					
8					
9					
10					
11					
12					
13					
14 RECLASS NONREIMBURSABLE COSTS	B	NONREIMBURSABLE COSTS CENTERS	100		41,965
15					
16 INSURANCE EXPENSE	C	OTHER CAPITAL RELATED COSTS	90		41,188
17 RECLASS ANESTHETIST SALARY	E	NONPHYSICIAN ANESTHETISTS	20		177,989
18 EXPENSE RECLASS	F	ADMINISTRATIVE & GENERAL	6		83,288
19		RADIOLOGY-DIAGNOSTIC	41		9,548
20		LABORATORY	44		1,754
21 RECLASS SALARIES FOR B-1 EMP BEN	G	EMERGENCY	61		111,832
22		ADMINISTRATIVE & GENERAL	6		15,478
36 TOTAL RECLASSIFICATIONS				43,263	483,042

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 12/23/2008
141347	FROM 8/ 1/2007	WORKSHEET A-6
	TO 7/31/2008	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 1	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			6	LINE NO 7			
1 ACCRUED VACATION	A			10	1,021		
2				61	20,631		
3				56	1,327		
4				41	3,065		
5				44	2,169		
6				50	4,581		
7				25	2,129		
8				61	788		
9				60	1,375		
10				11	1,784		
11				37	1,017		
12				17	2,756		
13				55	620		
14 RECLASS NONREIMBURSABLE COSTS	B			4		25,101	9
15				6		16,864	
16 INSURANCE EXPENSE	C			6		41,188	
17 RECLASS ANESTHETIST SALARY	E			20	177,989		
18 EXPENSE RECLASS	F			88		94,590	
19							
20							
21 RECLASS SALARIES FOR B-1 EMP BEN	G			61	111,832		
22				6	15,478		
36 TOTAL RECLASSIFICATIONS					348,562	177,743	

(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: 141347
 PERIOD: FROM 8/ 1/2007 TO 7/31/2008
 PREPARED 12/23/2008
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : ACCRUED VACATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	37,437	HOUSEKEEPING	10	1,021	
2.00	MAINTENANCE & REPAIRS	7	1,626	EMERGENCY	61	20,631	
3.00	NONPHYSICIAN ANESTHETISTS	20	2,696	DRUGS CHARGED TO PATIENTS	56	1,327	
4.00	RESPIRATORY THERAPY	49	759	RADIOLOGY-DIAGNOSTIC	41	3,065	
5.00	NURSING ADMINISTRATION	14	745	LABORATORY	44	2,169	
6.00			0	PHYSICAL THERAPY	50	4,581	
7.00			0	ADULTS & PEDIATRICS	25	2,129	
8.00			0	EMERGENCY	61	788	
9.00			0	CLINIC	60	1,375	
10.00			0	DIETARY	11	1,784	
11.00			0	OPERATING ROOM	37	1,017	
12.00			0	MEDICAL RECORDS & LIBRARY	17	2,756	
13.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	620	
TOTAL RECLASSIFICATIONS FOR CODE A			43,263				43,263

RECLASS CODE: B
 EXPLANATION : RECLASS NONREIMBURSABLE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONREIMBURSABLE COSTS CENTERS	100	41,965	NEW CAP REL COSTS-MVBLE EQUIP	4	25,101	
2.00			0	ADMINISTRATIVE & GENERAL	6	16,864	
TOTAL RECLASSIFICATIONS FOR CODE B			41,965				41,965

RECLASS CODE: C
 EXPLANATION : INSURANCE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	41,188	ADMINISTRATIVE & GENERAL	6	41,188	
TOTAL RECLASSIFICATIONS FOR CODE C			41,188				41,188

RECLASS CODE: E
 EXPLANATION : RECLASS ANESTHETIST SALARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	177,989	NONPHYSICIAN ANESTHETISTS	20	177,989	
TOTAL RECLASSIFICATIONS FOR CODE E			177,989				177,989

RECLASS CODE: F
 EXPLANATION : EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	83,288	INTEREST EXPENSE	88	94,590	
2.00	RADIOLOGY-DIAGNOSTIC	41	9,548			0	
3.00	LABORATORY	44	1,754			0	
TOTAL RECLASSIFICATIONS FOR CODE F			94,590				94,590

RECLASS CODE: G
 EXPLANATION : RECLASS SALARIES FOR B-1 EMP BEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	111,832	EMERGENCY	61	111,832	
2.00	ADMINISTRATIVE & GENERAL	6	15,478	ADMINISTRATIVE & GENERAL	6	15,478	
TOTAL RECLASSIFICATIONS FOR CODE G			127,310				127,310

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		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		BALANCE
		1	2	3	4	5	6	7
1	LAND	120,150					120,150	
2	LAND IMPROVEMENTS	373,103					373,103	
3	BUILDINGS & FIXTURE	3,990,216	1,119,933		1,119,933		5,110,149	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	4,197,284	154,909		154,909	1,927	4,350,266	
7	SUBTOTAL	8,680,753	1,274,842		1,274,842	1,927	9,953,668	
8	RECONCILING ITEMS							
9	TOTAL	8,680,753	1,274,842		1,274,842	1,927	9,953,668	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	5,483,252		5,483,252	.557608	22,967			22,967
4	NEW CAP REL COSTS-MV	4,350,266		4,350,266	.442392	18,221			18,221
5	TOTAL	9,833,518		9,833,518	1.000000	41,188			41,188

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	28,066			22,967			51,033
4	NEW CAP REL COSTS-MV	297,279			18,221			315,500
5	TOTAL	325,345			41,188			366,533

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	57,580						57,580
4	NEW CAP REL COSTS-MV	322,380						322,380
5	TOTAL	379,960						379,960

* 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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-28,824	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-727	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-4,182	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-442,220			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-16,369	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-30,419	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,420	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DIETARY DISCOUNTS	B	-1,176	DIETARY	11	
37.01 RADIOLOGY DISCOUNTS	B	-12,743	RADIOLOGY-DIAGNOSTIC	41	
37.02 OP OF PLANT DISCOUNTS	B	-15	OPERATION OF PLANT	8	
37.04 CONTRACT LAB	B	-3,409	LABORATORY	44	
37.05 PT PROF FEES	B	-9,004	PHYSICAL THERAPY	50	
37.06 NON PHYSICIAN ANESTHESIA WAGES	A	-177,989	NONPHYSICIAN ANESTHETISTS	20	
37.07 NON PHYSICIAN ANESTHESIA BENEFITS	A	-38,254	EMPLOYEE BENEFITS	5	
37.08 DOMESTIC CHARGES OFFSET	A	-246,251	EMPLOYEE BENEFITS	5	
37.09 SUPPLIES	B	-4,789	OPERATING ROOM	37	
38 NONALLOWABLE INTEREST EXPENSE	A	-49,426	ADMINISTRATIVE & GENERAL	6	
39 SURGERY OTHER REVENUE	B	-512	OPERATING ROOM	37	
40 HUMAN RESOURCE DISCOUNT	B	-33	ADMINISTRATIVE & GENERAL	6	
41 LOBBYING COSTS	A	-7,996	ADMINISTRATIVE & GENERAL	6	
42 PHYSICIAN SURGEON EXPENSES	A	-120,269	EMERGENCY	61	
43 MED STAFF RELATIONS	A	-4,090	ADMINISTRATIVE & GENERAL	6	
44 EMPLOYEE CHRISTMAS	A	-4,569	ADMINISTRATIVE & GENERAL	6	
45 BOARD RELATIONS	A	-4,602	ADMINISTRATIVE & GENERAL	6	
46 ADVERTISING	A	-21,710	ADMINISTRATIVE & GENERAL	6	
47					
48 TELEPHONE DEPRECIATION	A	-690	NEW CAP REL COSTS-BLDG &	3	9
48.01 TELEPHONE TRUNKLINE CHARGES	A	-5,817	ADMINISTRATIVE & GENERAL	6	
48.02 SPRINGFIELD CLINIC RENT	B	-8,206	CLINIC	60	
48.03 PATIENT TELEVISION OFFSET	A	-1,539	ADMINISTRATIVE & GENERAL	6	
48.04 VEHICLE EXPENSE	A	-1,298	MAINTENANCE & REPAIRS	7	
48.05 PROJECT PRIDE EXPENSE	A	-3,623	ADMINISTRATIVE & GENERAL	6	
48.06 LATE CHARGES	A	-6,410	ADMINISTRATIVE & GENERAL	6	
48.07 PROP TAXES-POGUE BLDG	A	-1,297	ADMINISTRATIVE & GENERAL	6	
48.09 RECORD REVIEW COSTS	A	-101,375	ADMINISTRATIVE & GENERAL	6	
49 PHYSICIAN RECRUITMENT	A	-25,126	ADMINISTRATIVE & GENERAL	6	
49.01					
49.02					
49.03					
49.04					
49.05					
49.06					
49.07					
49.08					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,391,379			

(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

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-1347 I FROM 8/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 7/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF	SERVICE	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTE'S		ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	REVENUE	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-1347 I FROM 8/ 1/2007 I WORKSHEET B
 I I TO 7/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST-S-BLDG &	NEW CAP REL C OST-S-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	51,033	51,033					
005 NEW CAP REL COSTS-MVBLE E	315,500		315,500				
006 EMPLOYEE BENEFITS	716,123			716,123			
007 ADMINISTRATIVE & GENERAL	2,219,434	13,171	54,888	152,471	2,439,964	2,439,964	
008 MAINTENANCE & REPAIRS	174,301	3,219		26,002	203,522	66,043	269,565
009 OPERATION OF PLANT	218,553	2,179	9,739		230,471	74,789	16,954
010 LAUNDRY & LINEN SERVICE	47,958				47,958	15,563	
011 HOUSEKEEPING	156,838	405	630	23,113	180,986	58,730	3,149
012 DIETARY	172,893	1,524		16,431	190,848	61,931	11,861
014 CAFETERIA		1,657			1,657	538	12,896
017 NURSING ADMINISTRATION	172,135	133	123	27,571	199,962	64,888	1,035
020 MEDICAL RECORDS & LIBRARY	235,181	842	4,090	30,460	270,573	87,802	6,548
025 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,015,341	7,180	21,905	108,517	1,152,943	374,135	55,869
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	336,948	2,262	22,892	22,412	384,514	124,776	17,601
040 ANESTHESIOLOGY	28,666				28,666	9,302	
041 RADIOLOGY-DIAGNOSTIC	795,975	3,607	164,850	49,582	1,014,014	329,051	28,063
044 LABORATORY	858,461	1,335	16,631	67,445	943,872	306,289	10,387
049 RESPIRATORY THERAPY	209,598	1,194	859	24,191	235,842	76,531	9,290
050 PHYSICAL THERAPY	332,102	1,941	7,962	49,846	391,851	127,157	15,104
051 OCCUPATIONAL THERAPY	79,929			13,149	93,078	30,204	
053 ELECTROCARDIOLOGY	27,929		699	3,285	31,913	10,356	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	194,617	3,591	214	8,722	207,144	67,219	27,944
056 DRUGS CHARGED TO PATIENTS	658,031	782	1,729	24,379	684,921	222,259	6,084
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	93,264	3,245	2,129	15,351	113,989	36,990	25,253
061 EMERGENCY	775,392	2,419	6,160	48,909	832,880	270,272	18,824
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,211			111	1,322	429	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	9,887,413	50,686	315,500	711,947	9,882,890	2,415,254	266,862
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		260			260	84	2,026
100 NONREIMBURSABLE COSTS CEN	41,965				41,965	13,618	
100 01 FUND DEVELOPMENT	29,660	87		4,176	33,923	11,008	677
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	9,959,038	51,033	315,500	716,123	9,959,038	2,439,964	269,565

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	322,214						
010 LAUNDRY & LINEN SERVICE		63,521					
011 HOUSEKEEPING	4,016		246,881				
012 DIETARY	15,129			279,769			
014 CAFETERIA	16,450		4,992	85,202	121,735		
017 NURSING ADMINISTRATION	1,320		1,127		4,233	272,565	
020 MEDICAL RECORDS & LIBRARY	8,353		3,865		10,814		387,955
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS	71,264	35,368	52,180	193,482	26,908	131,348	31,964
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	22,450	4,089	20,453		4,867	23,759	16,021
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	35,795	5,033	25,284		10,797		104,292
051 LABORATORY	13,249		15,621		16,007		69,419
053 RESPIRATORY THERAPY	11,849		8,857		5,776		13,360
055 PHYSICAL THERAPY	19,266	2,264	18,037		10,934		25,059
056 OCCUPATIONAL THERAPY							5,898
060 ELECTROCARDIOLOGY					583		11,187
061 ELECTROENCEPHALOGRAPHY							187
062 MEDICAL SUPPLIES CHARGED	35,643		31,887		2,674		18,919
065 DRUGS CHARGED TO PATIENTS	7,761		6,764		4,850	23,674	31,164
071 OUTPAT SERVICE COST CNTRS							
093 CLINIC	32,211	2,802	15,460	1,085	5,399	26,353	5,145
095 EMERGENCY	24,010	13,965	34,302		13,814	67,431	28,228
098 OBSERVATION BEDS (NON-DIS							
100 OTHER REIMBURS COST CNTRS							
101 AMBULANCE SERVICES							
102 HOME HEALTH AGENCY							
103 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	318,766	63,521	238,829	279,769	117,656	272,565	360,843
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	2,584		8,052		2,794		27,112
101 NONREIMBURSABLE COSTS CEN							
102 01 FUND DEVELOPMENT	864				1,285		
103 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	322,214	63,521	246,881	279,769	121,735	272,565	387,955

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS		2,125,461	-1,043	2,124,418
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		618,530		618,530
040 ANESTHESIOLOGY		37,968		37,968
041 RADIOLOGY-DIAGNOSTIC		1,552,329		1,552,329
044 LABORATORY		1,374,844	1,043	1,375,887
049 RESPIRATORY THERAPY		361,505		361,505
050 PHYSICAL THERAPY		609,672		609,672
051 OCCUPATIONAL THERAPY		129,180		129,180
053 ELECTROCARDIOLOGY		54,039		54,039
054 ELECTROENCEPHALOGRAPHY		187		187
055 MEDICAL SUPPLIES CHARGED		391,430		391,430
056 DRUGS CHARGED TO PATIENTS		987,477		987,477
OUTPAT SERVICE COST CNTRS				
060 CLINIC		264,687		264,687
061 EMERGENCY		1,303,726		1,303,726
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		1,751		1,751
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
093 HOSPICE				
095 SUBTOTALS		9,812,786		9,812,786
NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		42,912		42,912
100 NONREIMBURSABLE COSTS CEN		55,583		55,583
100 01 FUND DEVELOPMENT		47,757		47,757
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		9,959,038		9,959,038

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	C NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE E & GENERAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL	21,254	13,171	54,888	89,313		89,313		
007 MAINTENANCE & REPAIRS	924	3,219		4,143		2,417	6,560	
008 OPERATION OF PLANT	302	2,179	9,739	12,220		2,738	413	
009 LAUNDRY & LINEN SERVICE						570		
010 HOUSEKEEPING		405	630	1,035		2,150	77	
011 DIETARY	699	1,524		2,223		2,267	289	
012 CAFETERIA		1,657		1,657		20	314	
014 NURSING ADMINISTRATION	396	133	123	652		2,375	25	
017 MEDICAL RECORDS & LIBRARY	12,549	842	4,090	17,481		3,214	159	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	52,590	7,180	21,905	81,675		13,698	1,359	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	144,258	2,262	22,892	169,412		4,567	428	
040 ANESTHESIOLOGY						340		
041 RADIOLOGY-DIAGNOSTIC	31,325	3,607	164,850	199,782		12,044	683	
044 LABORATORY	36,287	1,335	16,631	54,253		11,211	253	
049 RESPIRATORY THERAPY	17,096	1,194	859	19,149		2,801	226	
050 PHYSICAL THERAPY	2,490	1,941	7,962	12,393		4,654	368	
051 OCCUPATIONAL THERAPY						1,106		
053 ELECTROCARDIOLOGY			699	699		379		
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED	52	3,591	214	3,857		2,460	680	
056 DRUGS CHARGED TO PATIENTS	143	782	1,729	2,654		8,135	148	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	864	3,245	2,129	6,238		1,354	615	
061 EMERGENCY	110	2,419	6,160	8,689		9,893	458	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES						16		
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE								
095 SUBTOTALS	321,339	50,686	315,500	687,525		88,409	6,495	
095 NONREIMBURS COST CENTERS								
098 PHYSICIANS' PRIVATE OFFIC		260		260		3	49	
100 NONREIMBURSABLE COSTS CEN						498		
100 01 FUND DEVELOPMENT		87		87		403	16	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	321,339	51,033	315,500	687,872		89,313	6,560	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	15,371						
009 LAUNDRY & LINEN SERVICE		570					
010 HOUSEKEEPING	192		3,454				
011 DIETARY	722			5,501			
012 CAFETERIA	785		70	1,675	4,521		
014 NURSING ADMINISTRATION	63		16		157	3,288	
017 MEDICAL RECORDS & LIBRARY	398		54		402		21,708
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,400	318	729	3,805	1,000	1,584	1,788
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,071	37	286		181	287	896
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,708	45	354		401		5,841
044 LABORATORY	632		219		594		3,883
049 RESPIRATORY THERAPY	565		124		214		747
050 PHYSICAL THERAPY	919	20	252		406		1,402
051 OCCUPATIONAL THERAPY							330
053 ELECTROCARDIOLOGY					22		626
054 ELECTROENCEPHALOGRAPHY							10
055 MEDICAL SUPPLIES CHARGED	1,700		446		99		1,058
056 DRUGS CHARGED TO PATIENTS	370		95		180	286	1,743
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,537	25	216	21	200	318	288
061 EMERGENCY	1,145	125	480		513	813	1,579
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	15,207	570	3,341	5,501	4,369	3,288	20,191
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	123		113		104		1,517
100 NONREIMBURSABLE COSTS CEN							
100 01 FUND DEVELOPMENT	41				48		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,371	570	3,454	5,501	4,521	3,288	21,708

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		109,356		109,356
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		177,165		177,165
040 ANESTHESIOLOGY		340		340
041 RADIOLOGY-DIAGNOSTIC		220,858		220,858
044 LABORATORY		71,045		71,045
049 RESPIRATORY THERAPY		23,826		23,826
050 PHYSICAL THERAPY		20,414		20,414
051 OCCUPATIONAL THERAPY		1,436		1,436
053 ELECTROCARDIOLOGY		1,726		1,726
054 ELECTROENCEPHALOGRAPHY		10		10
055 MEDICAL SUPPLIES CHARGED		10,300		10,300
056 DRUGS CHARGED TO PATIENTS		13,611		13,611
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		10,812		10,812
061 EMERGENCY		23,695		23,695
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		16		16
071 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE				
095 SUBTOTALS		684,610		684,610
095 NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		2,169		2,169
100 NONREIMBURSABLE COSTS CEN		498		498
100 01 FUND DEVELOPMENT		595		595
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL		687,872		687,872

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		OSTS-BLDG & EET	OSTS-MVBLE E	FITS		E & GENERAL	REPAIRS	
		(SQUARE EET	F(DOLLAR)VALUE	(GROSS SALARIES)		(ACCUM. COST	(SQUARE)EET	F)
		3	4	5	6a.00	6	7	
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD	63,306						
004	NEW CAP REL COSTS-MVB		316,156					
005	EMPLOYEE BENEFITS			4,350,488				
006	ADMINISTRATIVE & GENE	16,337	55,002	926,279	-2,439,964	7,519,074		
007	MAINTENANCE & REPAIRS	3,993		157,961		203,522	42,976	
008	OPERATION OF PLANT	2,703	9,759			230,471	2,703	
009	LAUNDRY & LINEN SERVI					47,958		
010	HOUSEKEEPING	502	631	140,413		180,986	502	
011	DIETARY	1,891		99,816		190,848	1,891	
012	CAFETERIA	2,056				1,657	2,056	
014	NURSING ADMINISTRATIO	165	123	167,497		199,962	165	
017	MEDICAL RECORDS & LIB	1,044	4,099	185,044		270,573	1,044	
020	NONPHYSICIAN ANESTHET							
025	INPAT ROUTINE SRVC CN							
	ADULTS & PEDIATRICS	8,907	21,951	659,245		1,152,943	8,907	
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	2,806	22,940	136,153		384,514	2,806	
040	ANESTHESIOLOGY					28,666		
041	RADIOLOGY-DIAGNOSTIC	4,474	165,192	301,211		1,014,014	4,474	
044	LABORATORY	1,656	16,666	409,734		943,872	1,656	
049	RESPIRATORY THERAPY	1,481	861	146,964		235,842	1,481	
050	PHYSICAL THERAPY	2,408	7,979	302,817		391,851	2,408	
051	OCCUPATIONAL THERAPY			79,883		93,078		
053	ELECTROCARDIOLOGY		700	19,959		31,913		
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	4,455	214	52,984		207,144	4,455	
056	DRUGS CHARGED TO PATI	970	1,733	148,101		684,921	970	
	OUTPAT SERVICE COST C							
060	CLINIC	4,026	2,133	93,255		113,989	4,026	
061	EMERGENCY	3,001	6,173	297,123		832,880	3,001	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES			677		1,322		
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
093	HOSPICE							
095	SUBTOTALS	62,875	316,156	4,325,116	-2,439,964	7,442,926	42,545	
	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O	323				260	323	
100	NONREIMBURSABLE COSTS					41,965		
100	01 FUND DEVELOPMENT	108		25,372		33,923	108	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	51,033	315,500	716,123		2,439,964	269,565	
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER	.806132		.164608		.324503		
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED		.997925				6.272454	
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED					89,313	6,560	
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER					.011878	.152643	
	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)	(GROSS VENUE)	(RE)
		8	9	10	11	12	14	17	
	GENERAL SERVICE COST								
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	40,273							
009	LAUNDRY & LINEN SERVI		93,705						
010	HOUSEKEEPING	502		1,533					
011	DIETARY	1,891			22,683				
012	CAFETERIA	2,056		31	6,908	7,103			
014	NURSING ADMINISTRATIO	165		7		247	67,766		
017	MEDICAL RECORDS & LIB	1,044		24		631		26,561,342	
020	NONPHYSICIAN ANESTHET								
025	INPAT ROUTINE SRVC CN								
	ADULTS & PEDIATRICS	8,907	52,175	324	15,687	1,570	32,656	2,188,413	
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	2,806	6,032	127		284	5,907	1,096,892	
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	4,474	7,424	157		630		7,140,305	
044	LABORATORY	1,656		97		934		4,752,747	
049	RESPIRATORY THERAPY	1,481		55		337		914,685	
050	PHYSICAL THERAPY	2,408	3,340	112		638		1,715,681	
051	OCCUPATIONAL THERAPY							403,832	
053	ELECTROCARDIOLOGY					34		765,921	
054	ELECTROENCEPHALOGRAPH							12,828	
055	MEDICAL SUPPLIES CHAR	4,455		198		156		1,295,278	
056	DRUGS CHARGED TO PATI	970		42		283	5,886	2,133,664	
	OUTPAT SERVICE COST C								
060	CLINIC	4,026	4,133	96	88	315	6,552	352,240	
061	EMERGENCY	3,001	20,601	213		806	16,765	1,932,660	
062	OBSERVATION BEDS (NON								
	OTHER REIMBURS COST C								
065	AMBULANCE SERVICES								
071	HOME HEALTH AGENCY								
	SPEC PURPOSE COST CEN								
093	HOSPICE								
095	SUBTOTALS	39,842	93,705	1,483	22,683	6,865	67,766	24,705,146	
	NONREIMBURS COST CENT								
098	PHYSICIANS' PRIVATE O	323		50		163		1,856,196	
100	NONREIMBURSABLE COSTS								
100	01 FUND DEVELOPMENT	108				75			
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED	322,214	63,521	246,881	279,769	121,735	272,565	387,955	
	(WRKSHT B, PART I)								
104	UNIT COST MULTIPLIER		.677883		12.333862		4.022150		
	(WRKSHT B, PT I)								
105	COST TO BE ALLOCATED	8.000745		161.044357		17.138533		.014606	
	(WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER								
	(WRKSHT B, PT II)								
107	COST TO BE ALLOCATED	15,371	570	3,454	5,501	4,521	3,288	21,708	
	(WRKSHT B, PART III)								
108	UNIT COST MULTIPLIER		.006083		.242516		.048520		
	(WRKSHT B, PT III)								
		.381670		2.253098		.636492		.000817	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	20
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
017 NURSING ADMINISTRATIO	
020 MEDICAL RECORDS & LIB	100
025 NONPHYSICIAN ANESTHET	
037 INPAT ROUTINE SRVC CN	
040 ADULTS & PEDIATRICS	
041 ANCILLARY SRVC COST C	
044 OPERATING ROOM	100
049 ANESTHESIOLOGY	
050 RADIOLOGY-DIAGNOSTIC	
051 LABORATORY	
053 RESPIRATORY THERAPY	
054 PHYSICAL THERAPY	
055 OCCUPATIONAL THERAPY	
056 ELECTROCARDIOLOGY	
060 ELECTROENCEPHALOGRAPH	
061 MEDICAL SUPPLIES CHAR	
062 DRUGS CHARGED TO PATI	
065 OUTPAT SERVICE COST C	
071 CLINIC	
093 EMERGENCY	
095 OBSERVATION BEDS (NON	
098 OTHER REIMBURS COST C	
100 AMBULANCE SERVICES	
101 HOME HEALTH AGENCY	
102 SPEC PURPOSE COST CEN	
103 HOSPICE	
104 SUBTOTALS	100
105 NONREIMBURS COST CENT	
106 PHYSICIANS' PRIVATE O	
107 NONREIMBURSABLE COSTS	
108 01 FUND DEVELOPMENT	
109 CROSS FOOT ADJUSTMENT	
110 NEGATIVE COST CENTER	
111 COST TO BE ALLOCATED	
112 (PER WRKSHT B, PART	
113 UNIT COST MULTIPLIER	
114 (WRKSHT B, PT I)	
115 COST TO BE ALLOCATED	
116 (PER WRKSHT B, PART	
117 UNIT COST MULTIPLIER	
118 (WRKSHT B, PT II)	
119 COST TO BE ALLOCATED	
120 (PER WRKSHT B, PART	
121 UNIT COST MULTIPLIER	
122 (WRKSHT B, PT III)	

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:
I 14-1347
I

I PERIOD:
I FROM 8/ 1/2007 I
I TO 7/31/2008 I PREPARED 12/23/2008
I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	
5	LABORATORY	1	44	1,043
6	ADULTS AND PEDIATRICS	1	25	-1,043

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,124,418		2,124,418		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	618,530		618,530		
40	ANESTHESIOLOGY	37,968		37,968		
41	RADIOLOGY-DIAGNOSTIC	1,552,329		1,552,329		
44	LABORATORY	1,375,887		1,375,887		
49	RESPIRATORY THERAPY	361,505		361,505		
50	PHYSICAL THERAPY	609,672		609,672		
51	OCCUPATIONAL THERAPY	129,180		129,180		
53	ELECTROCARDIOLOGY	54,039		54,039		
54	ELECTROENCEPHALOGRAPHY	187		187		
55	MEDICAL SUPPLIES CHARGED	391,430		391,430		
56	DRUGS CHARGED TO PATIENTS	987,477		987,477		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	264,687		264,687		
61	EMERGENCY	1,303,726		1,303,726		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	47,463		47,463		
65	AMBULANCE SERVICES	1,751		1,751		
101	SUBTOTAL	9,860,249		9,860,249		
102	LESS OBSERVATION BEDS	47,463		47,463		
103	TOTAL	9,812,786		9,812,786		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,115,412		2,115,412			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	133,688	946,593	1,080,281	.572564	.572564	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	854,128	6,186,082	7,040,210	.220495	.220495	
44	LABORATORY	901,698	3,791,017	4,692,715	.293196	.293196	
49	RESPIRATORY THERAPY	351,519	556,643	908,162	.398062	.398062	
50	PHYSICAL THERAPY	372,784	1,320,012	1,692,796	.360157	.360157	
51	OCCUPATIONAL THERAPY	254,292	149,540	403,832	.319885	.319885	
53	ELECTROCARDIOLOGY	196,631	565,846	762,477	.070873	.070873	
54	ELECTROENCEPHALOGRAPHY	4,138	8,053	12,191	.015339	.015339	
55	MEDICAL SUPPLIES CHARGED	712,740	577,345	1,290,085	.303414	.303414	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,349,201	775,758	2,124,959	.464704	.464704	
60	CLINIC	1,631	343,755	345,386	.766351	.766351	
61	EMERGENCY	37,084	1,886,491	1,923,575	.677762	.677762	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,594	64,219	66,813	.710386	.710386	
65	AMBULANCE SERVICES						
101	SUBTOTAL	7,287,540	17,171,354	24,458,894			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,287,540	17,171,354	24,458,894			

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,124,418		2,124,418		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	618,530		618,530		
40	ANESTHESIOLOGY	37,968		37,968		
41	RADIOLOGY-DIAGNOSTIC	1,552,329		1,552,329		
44	LABORATORY	1,375,887		1,375,887		
49	RESPIRATORY THERAPY	361,505		361,505		
50	PHYSICAL THERAPY	609,672		609,672		
51	OCCUPATIONAL THERAPY	129,180		129,180		
53	ELECTROCARDIOLOGY	54,039		54,039		
54	ELECTROENCEPHALOGRAPHY	187		187		
55	MEDICAL SUPPLIES CHARGED	391,430		391,430		
56	DRUGS CHARGED TO PATIENTS	987,477		987,477		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	264,687		264,687		
61	EMERGENCY	1,303,726		1,303,726		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	47,463		47,463		
65	AMBULANCE SERVICES	1,751		1,751		
101	SUBTOTAL	9,860,249		9,860,249		
102	LESS OBSERVATION BEDS	47,463		47,463		
103	TOTAL	9,812,786		9,812,786		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-1347
II PERIOD:
I FROM 8/ 1/2007
I TO 7/31/2008I PREPARED 12/23/2008
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,115,412		2,115,412			
37	OPERATING ROOM	133,688	946,593	1,080,281	.572564	.572564	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	854,128	6,186,082	7,040,210	.220495	.220495	
44	LABORATORY	901,698	3,791,017	4,692,715	.293196	.293196	
49	RESPIRATORY THERAPY	351,519	556,643	908,162	.398062	.398062	
50	PHYSICAL THERAPY	372,784	1,320,012	1,692,796	.360157	.360157	
51	OCCUPATIONAL THERAPY	254,292	149,540	403,832	.319885	.319885	
53	ELECTROCARDIOLOGY	196,631	565,846	762,477	.070873	.070873	
54	ELECTROENCEPHALOGRAPHY	4,138	8,053	12,191	.015339	.015339	
55	MEDICAL SUPPLIES CHARGED	712,740	577,345	1,290,085	.303414	.303414	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,349,201	775,758	2,124,959	.464704	.464704	
60	CLINIC	1,631	343,755	345,386	.766351	.766351	
61	EMERGENCY	37,084	1,886,491	1,923,575	.677762	.677762	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,594	64,219	66,813	.710386	.710386	
65	AMBULANCE SERVICES						
101	SUBTOTAL	7,287,540	17,171,354	24,458,894			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,287,540	17,171,354	24,458,894			

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	618,530	177,165	441,365			618,530
40	ANESTHESIOLOGY	37,968	340	37,628			37,968
41	RADIOLOGY-DIAGNOSTIC	1,552,329	220,858	1,331,471			1,552,329
44	LABORATORY	1,375,887	71,045	1,304,842			1,375,887
49	RESPIRATORY THERAPY	361,505	23,826	337,679			361,505
50	PHYSICAL THERAPY	609,672	20,414	589,258			609,672
51	OCCUPATIONAL THERAPY	129,180	1,436	127,744			129,180
53	ELECTROCARDIOLOGY	54,039	1,726	52,313			54,039
54	ELECTROENCEPHALOGRAPHY	187	10	177			187
55	MEDICAL SUPPLIES CHARGED	391,430	10,300	381,130			391,430
56	DRUGS CHARGED TO PATIENTS	987,477	13,611	973,866			987,477
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	264,687	10,812	253,875			264,687
61	EMERGENCY	1,303,726	23,695	1,280,031			1,303,726
62	OBSERVATION BEDS (NON-DIS	47,463		47,463			47,463
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,751	16	1,735			1,751
101	SUBTOTAL	7,735,831	575,254	7,160,577			7,735,831
102	LESS OBSERVATION BEDS	47,463		47,463			47,463
103	TOTAL	7,688,368	575,254	7,113,114			7,688,368

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,080,281	.572564	.572564
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	7,040,210	.220495	.220495
44	LABORATORY	4,692,715	.293196	.293196
49	RESPIRATORY THERAPY	908,162	.398062	.398062
50	PHYSICAL THERAPY	1,692,796	.360157	.360157
51	OCCUPATIONAL THERAPY	403,832	.319885	.319885
53	ELECTROCARDIOLOGY	762,477	.070873	.070873
54	ELECTROENCEPHALOGRAPHY	12,191	.015339	.015339
55	MEDICAL SUPPLIES CHARGED	1,290,085	.303414	.303414
56	DRUGS CHARGED TO PATIENTS	2,124,959	.464704	.464704
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	345,386	.766351	.766351
61	EMERGENCY	1,923,575	.677762	.677762
62	OBSERVATION BEDS (NON-DIS	66,813	.710386	.710386
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	22,343,482		
102	LESS OBSERVATION BEDS	66,813		
103	TOTAL	22,276,669		

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	618,530	177,165	441,365			618,530
40	ANESTHESIOLOGY	37,968	340	37,628			37,968
41	RADIOLOGY-DIAGNOSTIC	1,552,329	220,858	1,331,471			1,552,329
44	LABORATORY	1,375,887	71,045	1,304,842			1,375,887
49	RESPIRATORY THERAPY	361,505	23,826	337,679			361,505
50	PHYSICAL THERAPY	609,672	20,414	589,258			609,672
51	OCCUPATIONAL THERAPY	129,180	1,436	127,744			129,180
53	ELECTROCARDIOLOGY	54,039	1,726	52,313			54,039
54	ELECTROENCEPHALOGRAPHY	187	10	177			187
55	MEDICAL SUPPLIES CHARGED	391,430	10,300	381,130			391,430
56	DRUGS CHARGED TO PATIENTS	987,477	13,611	973,866			987,477
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	264,687	10,812	253,875			264,687
61	EMERGENCY	1,303,726	23,695	1,280,031			1,303,726
62	OBSERVATION BEDS (NON-DIS	47,463		47,463			47,463
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,751	16	1,735			1,751
101	SUBTOTAL	7,735,831	575,254	7,160,577			7,735,831
102	LESS OBSERVATION BEDS	47,463		47,463			47,463
103	TOTAL	7,688,368	575,254	7,113,114			7,688,368

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,080,281	.572564	.572564
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	7,040,210	.220495	.220495
44	LABORATORY	4,692,715	.293196	.293196
49	RESPIRATORY THERAPY	908,162	.398062	.398062
50	PHYSICAL THERAPY	1,692,796	.360157	.360157
51	OCCUPATIONAL THERAPY	403,832	.319885	.319885
53	ELECTROCARDIOLOGY	762,477	.070873	.070873
54	ELECTROENCEPHALOGRAPHY	12,191	.015339	.015339
55	MEDICAL SUPPLIES CHARGED	1,290,085	.303414	.303414
56	DRUGS CHARGED TO PATIENTS	2,124,959	.464704	.464704
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	345,386	.766351	.766351
61	EMERGENCY	1,923,575	.677762	.677762
62	OBSERVATION BEDS (NON-DIS	66,813	.710386	.710386
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	22,343,482		
102	LESS OBSERVATION BEDS	66,813		
103	TOTAL	22,276,669		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	618,530	1,080,281			
40	ANESTHESIOLOGY	37,968				
41	RADIOLOGY-DIAGNOSTIC	1,552,329	7,040,210			
44	LABORATORY	1,375,887	4,692,715			
49	RESPIRATORY THERAPY	361,505	908,162			
50	PHYSICAL THERAPY	609,672	1,692,796			
51	OCCUPATIONAL THERAPY	129,180	403,832			
53	ELECTROCARDIOLOGY	54,039	762,477			
54	ELECTROENCEPHALOGRAPHY	187	12,191			
55	MEDICAL SUPPLIES CHARGED	391,430	1,290,085			
56	DRUGS CHARGED TO PATIENTS	987,477	2,124,959			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	264,687	345,386			
61	EMERGENCY	1,303,726	1,923,575			
62	OBSERVATION BEDS (NON-DIS	47,463	66,813			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,751				
101	TOTAL	7,735,831	22,343,482			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
I 14-1347 I FROM 8/ 1/2007 I WORKSHEET C
I TO 7/31/2008 I PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	618,530		618,530	1,080,281			
40	ANESTHESIOLOGY	37,968		37,968				
41	RADIOLOGY-DIAGNOSTIC	1,552,329		1,552,329	7,040,210			
44	LABORATORY	1,375,887		1,375,887	4,692,715			
49	RESPIRATORY THERAPY	361,505		361,505	908,162			
50	PHYSICAL THERAPY	609,672		609,672	1,692,796			
51	OCCUPATIONAL THERAPY	129,180		129,180	403,832			
53	ELECTROCARDIOLOGY	54,039		54,039	762,477			
54	ELECTROENCEPHALOGRAPHY	187		187	12,191			
55	MEDICAL SUPPLIES CHARGED	391,430		391,430	1,290,085			
56	DRUGS CHARGED TO PATIENTS	987,477		987,477	2,124,959			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	264,687		264,687	345,386			
61	EMERGENCY	1,303,726	442,220	1,745,946	1,923,575			
62	OBSERVATION BEDS (NON-DIS	47,463		47,463	66,813			
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	1,751		1,751				
101	TOTAL	7,735,831	442,220	8,178,051	22,343,482			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.572564		.572564		
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.220495		.220495		
44 LABORATORY	.293196		.293196		
49 RESPIRATORY THERAPY	.398062		.398062		
50 PHYSICAL THERAPY	.360157		.360157		
51 OCCUPATIONAL THERAPY	.319885		.319885		
53 ELECTROCARDIOLOGY	.070873		.070873		
54 ELECTROENCEPHALOGRAPHY	.015339		.015339		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.303414		.303414		
56 DRUGS CHARGED TO PATIENTS	.464704		.464704		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.766351		.766351		
61 EMERGENCY	.677762		.677762		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.710386		.710386		
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		620,316			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,995,577			
44 LABORATORY		1,533,389			
49 RESPIRATORY THERAPY		175,971			
50 PHYSICAL THERAPY		383,033			
51 OCCUPATIONAL THERAPY		46,279			
53 ELECTROCARDIOLOGY		211,010			
54 ELECTROENCEPHALOGRAPHY		5,098			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		353,877			
56 DRUGS CHARGED TO PATIENTS		425,460			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		151,391			
61 EMERGENCY		661,981			
62 OBSERVATION BEDS (NON-DISTINCT PART)		47,566			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		7,610,948			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		7,610,948			

TITLE XVIII, PART B

HOSPITAL

All Other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	355,171		
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC	660,510		
44 LABORATORY	449,584		
49 RESPIRATORY THERAPY	70,047		
50 PHYSICAL THERAPY	137,952		
51 OCCUPATIONAL THERAPY	14,804		
53 ELECTROCARDIOLOGY	14,955		
54 ELECTROENCEPHALOGRAPHY	78		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	107,371		
56 DRUGS CHARGED TO PATIENTS	197,713		
OUTPAT SERVICE COST CNTRS			
60 CLINIC	116,019		
61 EMERGENCY	448,666		
62 OBSERVATION BEDS (NON-DISTINCT PART)	33,790		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	2,606,660		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	2,606,660		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1 .464704
2	PROGRAM VACCINE CHARGES	234
3	PROGRAM COSTS	109

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,855
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,318
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,318
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	638
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)	892
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2
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)	5
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,905
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	638
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)	892
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	101.23
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	101.23
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,124,418
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	202
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	506
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	845,115
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,279,303

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,593,797
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,593,797
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.802676
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	687.57
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,279,303

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	551.90
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,051,370
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,051,370

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					1,023,864
					2,075,234

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	352,112
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	492,295
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	844,407
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 OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	86
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	551.90
85	OBSERVATION BED COST	47,463

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,260,162	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.572564	92,369	52,887
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.220495	740,593	163,297
44	LABORATORY	.293196	609,039	178,568
49	RESPIRATORY THERAPY	.398062	189,170	75,301
50	PHYSICAL THERAPY	.360157	99,147	35,708
51	OCCUPATIONAL THERAPY	.319885	43,052	13,772
53	ELECTROCARDIOLOGY	.070873	26,513	1,879
54	ELECTROENCEPHALOGRAPHY	.015339	1,069	16
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.303414	441,258	133,884
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.464704	752,228	349,563
60	CLINIC	.766351		
61	EMERGENCY	.677762	28,017	18,989
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.710386		
65	AMBULANCE SERVICES			
101	TOTAL		3,022,455	1,023,864
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,022,455	

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.572564	14,227	8,146
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.220495	113,020	24,920
44	LABORATORY	.293196	161,485	47,347
49	RESPIRATORY THERAPY	.398062	120,423	47,936
50	PHYSICAL THERAPY	.360157	261,355	94,129
51	OCCUPATIONAL THERAPY	.319885	208,171	66,591
53	ELECTROCARDIOLOGY	.070873	2,281	162
54	ELECTROENCEPHALOGRAPHY	.015339	1,069	16
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.303414	231,862	70,350
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.464704	419,723	195,047
60	CLINIC	.766351		
61	EMERGENCY	.677762	6,920	4,690
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.710386		
65	AMBULANCE SERVICES			
101	TOTAL		1,540,536	559,334
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,540,536	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,606,769
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,606,769

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)	2,632,837
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	44,495
18.01	CAH ACTUAL BILLED COINSURANCE	1,211,973
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,376,369
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	1,376,369
24	PRIMARY PAYER PAYMENTS	1,615
25	SUBTOTAL	1,374,754

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	144,025
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	144,025
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,518,779
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	1,518,779
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,777,634
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-258,855
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		1,718,410		1,777,634
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,718,410		1,777,634
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

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,369,311		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,369,311		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-1347 I FROM 8/ 1/2007 I
 I COMPONENT NO: I TO 7/31/2008 I WORKSHEET E-2
 I 14-2347 I I

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)	852,851	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	564,927	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,530	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,417,778	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,417,778	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,417,778	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	29,116	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,388,662	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,388,662	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,369,311	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	19,351	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,225,324			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	3,782,914			
5 OTHER RECEIVABLES	68,323			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,458,000			
7 INVENTORY	167,407			
8 PREPAID EXPENSES	76,017			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	2,861,985			
FIXED ASSETS				
12 LAND	120,150			
12.01 LAND IMPROVEMENTS	373,103			
13.01 LESS ACCUMULATED DEPRECIATION	-347,217			
14 BUILDINGS	3,893,880			
14.01 LESS ACCUMULATED DEPRECIATION	-3,379,320			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	4,350,266			
18.01 LESS ACCUMULATED DEPRECIATION	-3,341,928			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	1,216,268			
21 TOTAL FIXED ASSETS	2,885,202			
OTHER ASSETS				
22 INVESTMENTS	570,417			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	570,417			
27 TOTAL ASSETS	6,317,604			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,359,488			
29 SALARIES, WAGES & FEES PAYABLE	365,595			
30 PAYROLL TAXES PAYABLE	73,833			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	296,132			
32 DEFERRED INCOME	4,515			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	64,724			
36 TOTAL CURRENT LIABILITIES	2,164,287			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	976,026			
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	976,026			
43 TOTAL LIABILITIES	3,140,313			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	3,177,291			
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	3,177,291			
52 TOTAL LIABILITIES AND FUND BALANCES	6,317,604			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		1,022,123		
2 OF PERIOD				
2 NET INCOME (LOSS)		1,448,814		
3 TOTAL		2,470,937		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4 INCREASE IN TEMP RESTRICT				
5 TRANSFER FROM FOUNDATION	635,369			
6 FORGIVENESS OF DEBT - FOU	118,044			
7				
8				
9				
10 TOTAL ADDITIONS		753,413		
11 SUBTOTAL		3,224,350		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12 DECREASE IN TEMP RESTRICT	47,059			
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		47,059		
19 FUND BALANCE AT END OF		3,177,291		
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)				
4 INCREASE IN TEMP RESTRICT				
5 TRANSFER FROM FOUNDATION				
6 FORGIVENESS OF DEBT - FOU				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12 DECREASE IN TEMP RESTRICT				
13				
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	1,593,797		1,593,797
4 00 SWING BED - SNF	529,625		529,625
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,123,422		2,123,422
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,123,422		2,123,422
17 00 ANCILLARY SERVICES	5,168,703	19,277,770	24,446,473
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	7,292,125	19,277,770	26,569,895

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		11,350,417	
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		11,350,417	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-1347 I FROM 8/ 1/2007 I WORKSHEET G-3
 I I TO 7/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	26,569,895
2	LESS: ALLOWANCES AND DISCOUNTS ON	14,320,295
3	NET PATIENT REVENUES	12,249,600
4	LESS: TOTAL OPERATING EXPENSES	11,350,417
5	NET INCOME FROM SERVICE TO PATIENT	899,183
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	295,304
7	INCOME FROM INVESTMENTS	29,583
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	41,673
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	16,090
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	4,736
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	31,074
23	GOVERNMENTAL APPROPRIATIONS	
24	RENT	25,200
24.01	SALES TO NON PATIENTS	14,949
24.02	OTHER	20,418
24.03	PHYSICAL THERAPY - NONPATIENTS	7,191
24.04	GAIN ON SALE OF EQUIPMENT	1,000
24.05	GAIN ON EXTINGUISHMENT OF DEBT	62,413
25	TOTAL OTHER INCOME	549,631
26	TOTAL	1,448,814
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	1,448,814