

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	16-0069	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2008 TIME 11:45

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:
 MERCY MEDICAL CENTER 16-0069
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-51,483	20,013	0	
2	SUBPROVIDER	0	-692	0	0	
2 .01	SUBPROVIDER II	0	35,470	0	0	
5	HOSPITAL-BASED SNF	0	1,020	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-15,685	20,013	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: 250 MERCY DRIVE P.O. BOX:
 1.01 CITY: DUBUQUE STATE: IA ZIP CODE: 52001- COUNTY: DUBUQUE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V XVIII	XIX	
02.00	HOSPITAL	MERCY MEDICAL CENTER	16-0069	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	MERCY MEDICAL CENTER	16-T069	7/ 1/1984	N	P	O
03.01	SUBPROVIDER 2	MERCY MEDICAL CENTER	16-S069	7/ 1/1988	N	T	N
06.00	HOSPITAL-BASED SNF	MERCY MEDICAL CENTER	16-5116	11/29/1983	N	P	O
09.00	HOSPITAL-BASED HHA	MERCY HOME CARE	16-7145	7/ 1/1987	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	5
20.01	SUBPROVIDER II	4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N 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.
- 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?
- 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.
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(C)(3) OR 42 CFR 412.105(F)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

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

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

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

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

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

	1	2	3	4
28.02	100	0.9134	0.9058	
28.02	0.00	1	2200	20220

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

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

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

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

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

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

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

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).

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

	1	2	3
36	N	Y	N
36.01	N	Y	N

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)

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?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 902022

40.01 NAME: TRINITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 34605 12 MILE RD P.O. BOX:
 40.03 CITY: FARMINGTON HILLS STATE: MI ZIP CODE: 48331-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
 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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 174,845

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

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

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
I 16-0069 I FROM 7/ 1/2007 I WORKSHEET S-2
I I TO 6/30/2008 I

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

MULTICAMPUS

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
I 16-0069 I FROM 7/ 1/2007 I WORKSHEET S-3
I TO 6/30/2008 I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH TITLE XVIII 4	N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	156	57,096			15,747		1,305
2	HMO					217		5
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	156	57,096			15,747		1,305
6	INTENSIVE CARE UNIT	16	5,856			1,381		54
11	NURSERY							907
12	TOTAL	172	62,952			17,128		2,266
13	RPCH VISITS							
14	SUBPROVIDER	9	3,294			882		56
14	01 SUBPROVIDER-PSYCH	20	7,320			1,668		1,064
15	SKILLED NURSING FACILITY	22	8,052			5,283		151
16	NURSING FACILITY	40	14,640					6,134
18	HOME HEALTH AGENCY					8,693		6,193
25	TOTAL	263						
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			24,199				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			24,199				
6	INTENSIVE CARE UNIT			2,054				
11	NURSERY			1,786				
12	TOTAL			28,039				
13	RPCH VISITS							
14	SUBPROVIDER			1,403				
14	01 SUBPROVIDER-PSYCH			5,139				
15	SKILLED NURSING FACILITY			6,079				
16	NURSING FACILITY			14,317				
18	HOME HEALTH AGENCY			19,796				
25	TOTAL							
26	OBSERVATION BED DAYS			1,133	240	893		
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS			309				
28	01 EMP DISCOUNT DAYS -IRF			18				

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					4,268	522	8,407
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		873.66			4,268	522	8,407
13	RPCH VISITS							
14	SUBPROVIDER		9.35			68	4	102
14	01 SUBPROVIDER-PSYCH		29.40			235	238	1,063
15	SKILLED NURSING FACILITY		31.07					
16	NURSING FACILITY		27.39					
18	HOME HEALTH AGENCY		50.01					
25	TOTAL		1,020.88					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	46,187,038	3,761	46,190,799	2,116,657.00	21.82	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,255,848	38,857	1,294,705	64,629.00	20.03	
8.01	EXCLUDED AREA SALARIES	8,916,126	264,979	9,181,105	434,406.00	21.13	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	1,849,879		1,849,879	71,130.00	26.01	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	15,100		15,100	160.00	94.38	
10	CONTRACT LABOR: PHYS PART A	224,796		224,796	1,393.00	161.38	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	4,398,071		4,398,071	91,146.00	48.25	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	11,531,383		11,531,383			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	3,382,349		3,382,349			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1,169,110	54,458	1,223,568	81,366.00	15.04	
22	ADMINISTRATIVE & GENERAL	4,191,966	-1,224,240	2,967,726	122,395.00	24.25	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	1,231,220	-51,706	1,179,514	58,218.00	20.26	
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE	569,595	30,116	599,711	46,182.00	12.99	
26	HOUSEKEEPING	1,017,783	60,773	1,078,556	90,622.00	11.90	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,268,492	66,945	1,335,437	102,378.00	13.04	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,046,430	27,459	1,073,889	31,859.00	33.71	
31	CENTRAL SERVICE AND SUPPLY	355,221	17,455	372,676	25,861.00	14.41	
32	PHARMACY	1,442,890	31,766	1,474,656	43,600.00	33.82	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,048,541	70,797	2,119,338	101,215.00	20.94	
34	SOCIAL SERVICE	224,134	9,354	233,488	12,559.00	18.59	
35	OTHER GENERAL SERVICE	224,381	11,711	236,092	16,120.00	14.65	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	46,187,038	3,761	46,190,799	2,116,657.00	21.82	
2	EXCLUDED AREA SALARIES	10,171,974	303,836	10,475,810	499,035.00	20.99	
3	SUBTOTAL SALARIES	36,015,064	-300,075	35,714,989	1,617,622.00	22.08	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	6,487,846		6,487,846	163,829.00	39.60	
5	SUBTOTAL WAGE-RELATED COSTS	11,531,383		11,531,383		32.29	
6	TOTAL	54,034,293	-300,075	53,734,218	1,781,451.00	30.16	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	14,789,763	-895,112	13,894,651	732,375.00	18.97	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
I 16-0069 I FROM 7/ 1/2007 I WORKSHEET S-4
I HHA NO: I TO 6/30/2008 I
I 16-7145 I
COUNTY: DUBUQUE

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	406	2,441	347
2 UNDUPLICATED CENSUS COUNT		818.00	111.00	228.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	3,194			
2 UNDUPLICATED CENSUS COUNT	1,083.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	21.00		21.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	15.00		15.00
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.00		3.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.00		1.00
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.00		3.00
17 HOME HEALTH AIDE SUPERVISOR			
18 DME	1.00		1.00
18.01 RESPIRATORY THERAPY	6.00		6.00
18.02			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 1 0

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 2200

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

	FULL EPISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	5,427	106	85	202
22 SKILLED NURSING VISIT CHARGES	629,532	12,296	9,860	23,432
23 PHYSICAL THERAPY VISITS	1,912	6	10	77
24 PHYSICAL THERAPY VISIT CHARGES	267,680	840	1,400	10,780
25 OCCUPATIONAL THERAPY VISITS	511	0	1	17
26 OCCUPATIONAL THERAPY VISIT CHARGES	71,540	0	140	2,380
27 SPEECH PATHOLOGY VISITS	8	0	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,120	0	420	0
29 MEDICAL SOCIAL SERVICE VISITS	4	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	720	0	180	0
31 HOME HEALTH AIDE VISITS	424	8	1	10
32 HOME HEALTH AIDE VISIT CHARGES	25,864	488	61	610
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	8,286	120	101	306
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	996,456	13,624	12,061	37,202
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	671	0	33	28
37 TOTAL NUMBER OF OUTLIER EPISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	24,854	219	954	179

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 6/30/2008 I
 I 16-7145 I
 COUNTY: DUBUQUE

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	29	5,849
22 SKILLED NURSING VISIT CHARGES	0	3,364	678,484
23 PHYSICAL THERAPY VISITS	0	18	2,023
24 PHYSICAL THERAPY VISIT CHARGES	0	2,520	283,220
25 OCCUPATIONAL THERAPY VISITS	0	3	532
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	420	74,480
27 SPEECH PATHOLOGY VISITS	0	0	11
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,540
29 MEDICAL SOCIAL SERVICE VISITS	0	0	5
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	900
31 HOME HEALTH AIDE VISITS	0	0	443
32 HOME HEALTH AIDE VISIT CHARGES	0	0	27,023
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	50	8,863
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	6,304	1,065,647
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	732
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	83	26,289

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA		4				
3	.01 RUX						
3	.02 RUL						
4	RVC		77				
5	RVB		77				
6	RVA		22				
6	.01 RVX		240				
6	.02 RVL		254				
7	RHC		122				
8	RHB		105				
9	RHA		9				
9	.01 RHX						
9	.02 RHL		38				
10	RMC		16				
11	RMB		15				
12	RMA		28				
12	.01 RMX		1,624				
12	.02 RML		1,693				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		413				
16	SE2		372				
17	SE1						
18	SSC						
19	SSB						
20	SSA		124				
21	CC2						
22	CC1		47				
23	CB2						
24	CB1						
25	CA2						
26	CA1		3				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,283				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9134
 Wage Index Factor (after 10/01) : 0.9058
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 2200
 SNF CBSA Code : 20220

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9134
 Wage Index Factor (after 10/01) : 0.9058
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 2200
 SNF CBSA Code : 20220

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET S-10
 I I TO 6/30/2008 I
 I I I

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

17	REVENUE FROM UNCOMPENSATED CARE	4,923,294
17.01	GROSS MEDICAID REVENUES	4,328,093
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	368,989
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,620,376

UNCOMPENSATED CARE COST

23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,017,510
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.342093
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	348,083
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	15,240,423
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,213,642
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,004,203
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	685,624

HOSPITAL UNCOMPENSATED CARE DATA

		IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I	PROVIDER NO:	I PERIOD:
I	16-0069	I FROM 7/ 1/2007
I		I TO 6/30/2008
I		I

PREPARED 11/26/2008
WORKSHEET S-10

DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,561,725
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RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 16-0069
II PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008I PREPARED 11/26/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		3,138,408	3,138,408	-2,496,233	642,175
3.02	0302 NEW CAP REL COSTS-47 BLDG				638,985	638,985
3.03	0303 NEW CAP REL COSTS-DYERSVILLE				122,000	122,000
3.04	0304 NEW CAP REL COSTS-PROF ARTS PLAZA				211,521	211,521
3.05	0305 NEW CAP REL COSTS-ASBURY SQUARE				7,826	7,826
3.06	0306 NEW CAP REL COSTS-MED ARTS BUILDING				14,903	14,903
3.07	0307 NEW CAP REL COSTS-ENERGY CENTER				60,005	60,005
3.08	0308 NEW CAP REL COSTS-RENTAL PROPERTIES				10,459	10,459
3.09	0309 NEW CAP REL COSTS-PARKING DECK				69,214	69,214
3.10	0310 NEW CAP REL COSTS-97 BUILDING				1,034,271	1,034,271
3.11	0311 NEW CAP REL COSTS-BELLEVUE CLINIC				1,704	1,704
3.12	0312 NEW CAP REL COSTS-CASCADE CLINIC				1,151	1,151
4	0400 NEW CAP REL COSTS-RETAIL PHARMACY				41,255	41,255
5	0500 NEW CAP REL COSTS-MVBLE EQUIP				5,049,792	5,049,792
5.01	0501 EMPLOYEE BENEFITS	503,578	7,387,293	7,890,871	12,050	7,902,921
6.01	0610 CHILD CARE	665,532	128,405	793,937	40,082	834,019
6.02	0611 COMMUNICATIONS	237,070	58,351	295,421	9,306	304,727
6.03	0612 PURCHASING	173,362	268,954	442,316	7,014	449,330
6.04	0613 PFS/COLLECTION	742,823	503,358	1,246,181	30,590	1,276,771
6.06	0660 OTHER A & G	3,038,711	8,832,578	11,871,289	-3,733,181	8,138,108
7	0700 OTHER ADMINISTRATIVE AND GENERAL					
8	0800 MAINTENANCE & REPAIRS	1,231,220	3,746,934	4,978,154	-9,261	4,968,893
9	0900 OPERATION OF PLANT		104,516	104,516	-13,200	91,316
10	1000 LAUNDRY & LINEN SERVICE	569,595	434,053	1,003,648	15,833	1,019,481
11	1100 HOUSEKEEPING	1,017,783	298,115	1,315,898	29,318	1,345,216
12	1200 DIETARY	1,268,492	1,087,362	2,355,854	49,119	2,404,973
14	1400 CAFETERIA					
15	1500 NURSING ADMINISTRATION	1,046,430	166,050	1,212,480	21,407	1,233,887
16	1600 CENTRAL SERVICES & SUPPLY	355,221	69,207	424,428	17,455	441,883
17	1700 PHARMACY	1,442,890	453,776	1,896,666	-33,352	1,863,314
18	1800 MEDICAL RECORDS & LIBRARY	2,048,541	307,895	2,356,436	69,312	2,425,748
19	1900 SOCIAL SERVICE	224,134	19,559	243,693	9,354	253,047
20	2000 CENTRAL STERILIZATION	224,381	157,673	382,054	-20,831	361,223
25	2500 NONPHYSICIAN ANESTHETISTS				401,334	401,334
26	2600 INPAT ROUTINE SRVC CNTRS					
31	3100 ADULTS & PEDIATRICS	7,691,016	1,383,903	9,074,919	-1,229,073	7,845,846
31.01	3101 INTENSIVE CARE UNIT	1,238,560	271,637	1,510,197	-44,644	1,465,553
33	3300 SUBPROVIDER	468,106	105,245	573,351	11,493	584,844
34	3400 SUBPROVIDER-PSYCH	1,460,446	151,051	1,611,497	37,787	1,649,284
35	3500 NURSERY	645,095	107,275	752,370	450,351	1,202,721
37	3700 SKILLED NURSING FACILITY	1,255,848	286,780	1,542,628	-8,983	1,533,645
38	3800 NURSING FACILITY					
39	3900 ANCILLARY SRVC COST CNTRS					
40	4000 OPERATING ROOM	2,735,757	8,404,172	11,139,929	-404,410	10,735,519
41	4100 RECOVERY ROOM	469,186	57,710	526,896	1,548	528,444
41.01	4101 DELIVERY ROOM & LABOR ROOM				699,035	699,035
44	4400 ANESTHESIOLOGY	57,221	765,446	822,667	-643,937	178,730
47	4700 RADIOLOGY-DIAGNOSTIC	1,696,440	1,704,436	3,400,876	-515,077	2,885,799
49	4900 MAGNETIC RES. IMAGING	160,957	85,812	246,769	-9,046	237,723
50	5000 LABORATORY		4,425,425	4,425,425	-247	4,425,178
53	5300 BLOOD STORING, PROCESSING & TRANS.		1,049,284	1,049,284	-1,193	1,048,091
54	5400 RESPIRATORY THERAPY	754,960	312,858	1,067,818	-28,371	1,039,447
55	5500 PHYSICAL THERAPY	1,860,438	340,574	2,201,012	26,805	2,227,817
58	5800 ELECTROCARDIOLOGY	753,820	4,607,736	5,361,556	-704,670	4,656,886
59	5900 ELECTROENCEPHALOGRAPHY	279,013	55,519	334,532	-4,159	330,373
59.01	5901 MEDICAL SUPPLIES CHARGED TO PATIENTS		275,048	275,048	318,766	593,814
59.02	5902 DRUGS CHARGED TO PATIENTS		3,539,359	3,539,359	438,373	3,977,732
61	6100 ASC (NON-DISTINCT PART)	979,350	256,399	1,235,749	-55,423	1,180,326
62	6200 CARDIAC REHAB	283,376	43,836	327,212	3,153	330,365
68	6800 BEHAVIORAL OUTPATIENT	167,632	51,503	219,135	5,807	224,942
71	7100 SHOCK THERAPY	22,844	10,002	32,846	-2,499	30,347
88	8800 OUTPAT SERVICE COST CNTRS					
89	8900 EMERGENCY	1,429,636	1,044,151	2,473,787	-71,379	2,402,408
90	9000 OBSERVATION BEDS (NON-DISTINCT PART)					
95	9500 OTHER REIMBURS COST CNTRS					
96	9600 PURCHASED DIALYSIS SERVICES		210,849	210,849		210,849
96.01	9601 HOME HEALTH AGENCY	2,191,228	1,439,415	3,630,643	29,437	3,660,080
96.02	9602 SPEC PURPOSE COST CENTERS					
96.03	9603 INTEREST EXPENSE		1,276,597	1,276,597		1,276,597
96.04	9604 UTILIZATION REVIEW-SNF				1,020	1,020
96.05	9605 OTHER CAPITAL RELATED COSTS					
96.06	9606 SUBTOTALS	41,390,692	59,424,509	100,815,201	-30,334	100,784,867
96.07	9607 NONREIMBURS COST CENTERS					
96.08	9608 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.09	9609 OAKCREST NH	898,670	165,442	1,064,112	27,519	1,091,631
96.10	9610 SHARED SERVICES	371,497	35,089	406,586	1,500	408,086
96.11	9611 MATERNAL HEALTH SERVICES	84,258	69,324	153,582	-70	153,512
96.12	9612 CAFETERIA VISITORS					
96.13	9613 TV SERVICE				34,549	34,549
96.14	9614 FUND DEVELOPMENT	109,371	29,423	138,794	71,490	210,284
96.15	9615 PHYSICIANS' PRIVATE OFFICES					
96.16	9616 OTHER NONREIMBURSABLE COST CENTERS					
96.17	9617 KENNEDY LIVING CENTER	515,937	43,567	559,504	24,265	583,769
96.18	9618 OCCUPATIONAL HEALTH SERVICES	21,977	26,087	48,064	535	48,599
96.19	9619 RENTAL PROPERTIES		10,238	10,238	13,200	23,438
96.20	9620 AUXILIARY					
96.21	9621 COMMUNITY EDUC/OUTSIDE LAUNDRY	92,306	22,320	114,626		114,626
96.22	9622 RURAL OUTREACH PROGRAM	34,179	14,473	48,652	1,499	50,151
96.23	9623 BAD DEBT EXPENSE		1,910,706	1,910,706		1,910,706

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 16-0069
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008

I PREPARED 11/26/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
NONREIMBURS COST CENTERS						
100.08 7958	LIFELINE	16,936	35,400	52,336	2,290	54,626
100.09 7959	MMC DYERSVILLE	2,382,516	2,023,182	4,405,698	-66,403	4,339,295
100.10 7960	CCH ELKADER	268,501	19,450	287,951	4,498	292,449
100.11 7961	RETAIL PHARMACY	198	22,206,476	22,206,674	-84,538	22,122,136
100.12 7962	IDLE SPACE					
101	TOTAL	46,187,038	86,035,686	132,222,724	-0-	132,222,724

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 16-0069 I
I II PERIOD: I
I FROM 7/ 1/2007 I
I TO 6/30/2008 II PREPARED 11/26/2008 I
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		642,175
3.01	0301 NEW CAP REL COSTS-47 BLDG		638,985
3.02	0302 NEW CAP REL COSTS-DYERSVILLE		122,000
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA		211,521
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE		7,826
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING		14,903
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER		60,005
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES		10,459
3.08	0308 NEW CAP REL COSTS-PARKING DECK		69,214
3.09	0309 NEW CAP REL COSTS-97 BUILDING		1,034,271
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC		1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC		1,151
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY		41,255
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	188,449	5,238,241
5	0500 EMPLOYEE BENEFITS	1,105,249	9,008,170
5.01	0501 CHILD CARE	-738,680	95,339
6.01	0610 COMMUNICATIONS	-57,499	247,228
6.02	0611 PURCHASING		449,330
6.03	0612 PFS/COLLECTION		1,276,771
6.04	0601 OTHER A & G	-970,621	7,167,487
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL		
7	0700 MAINTENANCE & REPAIRS		4,968,893
8	0800 OPERATION OF PLANT		91,316
9	0900 LAUNDRY & LINEN SERVICE		1,019,481
10	1000 HOUSEKEEPING		1,345,216
11	1100 DIETARY	-796,688	1,608,285
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-28,485	1,205,402
15	1500 CENTRAL SERVICES & SUPPLY		441,883
16	1600 PHARMACY		1,863,314
17	1700 MEDICAL RECORDS & LIBRARY	-103,857	2,321,891
18	1800 SOCIAL SERVICE		253,047
19	0000 CENTRAL STERILIZATION		361,223
20	2000 NONPHYSICIAN ANESTHETISTS	-401,334	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		7,845,846
26	2600 INTENSIVE CARE UNIT		1,465,553
31	3100 SUBPROVIDER		584,844
31.01	3101 SUBPROVIDER-PSYCH		1,649,284
33	3300 NURSERY	-949	1,201,772
34	3400 SKILLED NURSING FACILITY		1,533,645
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-4,277	10,731,242
38	3800 RECOVERY ROOM		528,444
39	3900 DELIVERY ROOM & LABOR ROOM		699,035
40	4000 ANESTHESIOLOGY		178,730
41	4100 RADIOLOGY-DIAGNOSTIC	-54,233	2,831,566
41.01	4101 MAGNETIC RES. IMAGING		237,723
44	4400 LABORATORY	-1,080,076	3,345,102
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,048,091
49	4900 RESPIRATORY THERAPY		1,039,447
50	5000 PHYSICAL THERAPY	-1,400	2,226,417
53	5300 ELECTROCARDIOLOGY		4,656,886
54	5400 ELECTROENCEPHALOGRAPHY		330,373
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-58,606	535,208
56	5600 DRUGS CHARGED TO PATIENTS	-72,330	3,905,402
58	5800 ASC (NON-DISTINCT PART)		1,180,326
59	3020 CARDIAC REHAB		330,365
59.01	3021 BEHAVIORAL OUTPATIENT	-11,750	213,192
59.02	3022 SHOCK THERAPY		30,347
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-598,174	1,804,234
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
68	0000 PURCHASED DIALYSIS SERVICES		210,849
71	7100 HOME HEALTH AGENCY		3,660,080
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-1,276,597	-0-
89	8900 UTILIZATION REVIEW-SNF	-1,020	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,962,878	95,821,989
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OAKCREST NH		1,091,631
96.02	9602 SHARED SERVICES		408,086
96.03	9603 MATERNAL HEALTH SERVICES		153,512
96.04	9604 CAFETERIA VISITORS		
96.05	9605 TV SERVICE		34,549
96.06	9606 FUND DEVELOPMENT		210,284
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 KENNEDY LIVING CENTER		583,769
100.02	7952 OCCUPATIONAL HEALTH SERVICES		48,599
100.03	7953 RENTAL PROPERTIES		23,438
100.04	7954 AUXILIARY		
100.05	7955 COMMUNITY EDUC/OUTSIDE LAUNDRY		114,626
100.06	7956 RURAL OUTREACH PROGRAM		50,151
100.07	7957 BAD DEBT EXPENSE	-1,910,706	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
I 16-0069 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	NONREIMBURS COST CENTERS		
100.08 7958	LIFELINE		54,626
100.09 7959	MMC DYERSVILLE		4,339,295
100.10 7960	CCH ELKADER		292,449
100.11 7961	RETAIL PHARMACY	-10,019	22,112,117
100.12 7962	IDLE SPACE		
101	TOTAL	-6,883,603	125,339,121

I PROVIDER NO:
I 16-0069
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008

I PREPARED 11/26/2008
I NOT A CMS WORKSHEET
I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-47 BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-DYERSVILLE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-ASBURY SQUARE	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-ENERGY CENTER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-PARKING DECK	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-97 BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-CASCADE CLINIC	0311	NEW CAP REL COSTS-BLDG & FIXT
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	0312	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE	0501	EMPLOYEE BENEFITS
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	PURCHASING	0611	NONPATIENT TELEPHONES
6.03	PFS/COLLECTION	0612	NONPATIENT TELEPHONES
6.04	OTHER A & G	0601	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL STERILIZATION	0000	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER-PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RES. IMAGING	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIAC REHAB	3020	ACUPUNCTURE
59.01	BEHAVIORAL OUTPATIENT	3021	ACUPUNCTURE
59.02	SHOCK THERAPY	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
68	PURCHASED DIALYSIS SERVICES	0000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OAKCREST NH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	SHARED SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MATERNAL HEALTH SERVICES	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	CAFETERIA VISITORS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	TV SERVICE	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	FUND DEVELOPMENT	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	
100.01	KENNEDY LIVING CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RENTAL PROPERTIES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	AUXILIARY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	RURAL OUTREACH PROGRAM	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	BAD DEBT EXPENSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	LIFELINE	7958	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/26/2008
I 16-0069	I FROM 7/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 6/30/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.09	MMC DYERSVILLE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	CCH ELKADER	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	RETAIL PHARMACY	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	IDLE SPACE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160069	FROM 7/ 1/2007	11/26/2008
	TO 6/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	2	LINE NO	3	SALARY	4	OTHER	5
1	EQUIPMENT DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP		4				5,049,792	
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35										
1	EQUIPMENT DEPRECIATION	A								
2										
3										
4										
5										
6										
7										
8	DEPRECIATION TO INDIVIDUAL BUILDING	B	NEW CAP REL COSTS-47 BLDG		3.01				605,866	
9			NEW CAP REL COSTS-PROF ARTS PLAZA		3.03				200,963	
10			NEW CAP REL COSTS-ASBURY SQUARE		3.04				7,826	
11			NEW CAP REL COSTS-ENERGY CENTER		3.06				57,852	
12			NEW CAP REL COSTS-RENTAL PROPERTIES		3.07				10,459	
13			NEW CAP REL COSTS-PARKING DECK		3.08				69,214	
14			NEW CAP REL COSTS-97 BUILDING		3.09				1,018,620	
15			NEW CAP REL COSTS-BELLEVUE CLINIC		3.10				1,704	
16			NEW CAP REL COSTS-CASCADE CLINIC		3.11				1,151	
17			NEW CAP REL COSTS-RETAIL PHARMACY		3.12				41,255	
18			NEW CAP REL COSTS-DYERSVILLE		3.02				111,393	
19			NEW CAP REL COSTS-MED ARTS BUILDING		3.05				12,360	
20	PROPERTY INS. TO BLDG DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT		3				39,848	
21			NEW CAP REL COSTS-47 BLDG		3.01				33,119	
22			NEW CAP REL COSTS-PROF ARTS PLAZA		3.03				10,558	
23			NEW CAP REL COSTS-ENERGY CENTER		3.06				2,153	
24			NEW CAP REL COSTS-97 BUILDING		3.09				15,651	
25			NEW CAP REL COSTS-DYERSVILLE		3.02				10,607	
26			NEW CAP REL COSTS-MED ARTS BUILDING		3.05				2,543	
27	BLDG DEPRECIATION IN COST CENTER	D	NEW CAP REL COSTS-BLDG & FIXT		3				34,408	
28	MAINTENANCE TO TV SERVICE	E	TV SERVICE		96.05		1,951			
29			TV SERVICE		96.05				27,417	
30			TV SERVICE		96.05				5,181	
31	CRNA FEES TO NON PHYSICIAN	F	NONPHYSICIAN ANESTHETISTS		20				401,334	
32	PAP PROPERTY TAXES	G	RENTAL PROPERTIES		100.03				13,200	
33	NON ALLOWABLE ADVERTISING	H	FUND DEVELOPMENT		96.06		64,648		4,946	
34	SNF UTILIZATION REVIEW COST	I	UTILIZATION REVIEW-SNF		89				1,020	
35	BIRTH CENTER COSTS	J	NURSERY		33		409,767		30,020	
1	BIRTH CENTER COSTS	J	DELIVERY ROOM & LABOR ROOM		39		651,318		47,717	
2	GENERAL INSURANCE TO A AND G	K	OTHER A & G		6.04				431,826	
3	BONUS ALLOCATION	L								
4			EMPLOYEE BENEFITS		5		14,141			
5			COMMUNICATIONS		6.01		10,678			
6			PURCHASING		6.02		7,014			

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/26/2008
160069	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
7		PFS/COLLECTION	6.03	31,418	
8		OTHER A & G	6.04	33,778	
9		MAINTENANCE & REPAIRS	7	41,534	
10		LAUNDRY & LINEN SERVICE	9	30,116	
11		HOUSEKEEPING	10	60,773	
12		DIETARY	11	66,945	
13		NURSING ADMINISTRATION	14	27,459	
14		CENTRAL SERVICES & SUPPLY	15	17,455	
15		PHARMACY	16	31,766	
16		MEDICAL RECORDS & LIBRARY	17	70,797	
17		SOCIAL SERVICE	18	9,354	
18		CENTRAL STERILIZATION	19	11,711	
19		ADULTS & PEDIATRICS	25	199,405	
20		INTENSIVE CARE UNIT	26	29,995	
21		SUBPROVIDER	31	13,338	
22		SUBPROVIDER-PSYCH	31.01	43,095	
23		NURSERY	33	19,732	
24		SKILLED NURSING FACILITY	34	38,857	
25		OPERATING ROOM	37	82,352	
26		RECOVERY ROOM	38	12,859	
27		ANESTHESIOLOGY	40	2,746	
28		RADIOLOGY-DIAGNOSTIC	41	52,130	
29		MAGNETIC RES. IMAGING	41.01	4,466	
30		RESPIRATORY THERAPY	49	25,682	
31		PHYSICAL THERAPY	50	53,520	
32		ELECTROCARDIOLOGY	53	19,253	
33		ELECTROENCEPHALOGRAPHY	54	9,185	
34		ASC (NON-DISTINCT PART)	58	30,628	
35		CARDIAC REHAB	59	7,218	
1	BONUS ALLOCATION	L BEHAVIORAL OUTPATIENT	59.01	5,875	
2		EMERGENCY	61	39,991	
3		HOME HEALTH AGENCY	71	67,965	
4		OAKCREST NH	96.01	37,171	
5		SHARED SERVICES	96.02	1,715	
6		FUND DEVELOPMENT	96.06	1,955	
7		KENNEDY LIVING CENTER	100.01	24,265	
8		RURAL OUTREACH PROGRAM	100.06	1,499	
9		LIFELINE	100.08	2,290	
10		CCH ELKADER	100.10	4,498	
11		CHILD CARE	5.01	40,317	
12		OCCUPATIONAL HEALTH SERVICES	100.02	589	
13	REIM. FROM TRINITY FOR MAINT SALARY	M MAINTENANCE & REPAIRS	7		91,289
14	MEDICAL SUPPLIES TO PATIENTS	N MEDICAL SUPPLIES CHARGED TO PATIENTS	55		354,053
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33	DRUGS TO PATIENTS	O DRUGS CHARGED TO PATIENTS	56		438,373
34					
35					
1	DRUGS TO PATIENTS	O			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160069	7/ 1/2007	11/26/2008
	TO 6/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
13					
14					
15					
16					
17					
18					
19					
20					
36 TOTAL RECLASSIFICATIONS				2,465,214	9,183,718

(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
160069	FROM 7/ 1/2007	11/26/2008
	TO 6/30/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
----- DECREASE -----							
1	EQUIPMENT DEPRECIATION	A	EMPLOYEE BENEFITS	5		2,091	9
2			CHILD CARE	5.01		235	9
3			COMMUNICATIONS	6.01		1,372	9
4			PFS/COLLECTION	6.03		828	9
5			OTHER A & G	6.04		2,677,182	9
6			MAINTENANCE & REPAIRS	7		16,246	9
7			LAUNDRY & LINEN SERVICE	9		14,283	9
8			HOUSEKEEPING	10		31,455	9
9			DIETARY	11		17,826	9
10			NURSING ADMINISTRATION	14		6,052	9
11			PHARMACY	16		65,118	9
12			MEDICAL RECORDS & LIBRARY	17		1,485	9
13			CENTRAL STERILIZATION	19		32,542	9
14			ADULTS & PEDIATRICS	25		109,800	9
15			INTENSIVE CARE UNIT	26		21,598	9
16			SUBPROVIDER	31		795	9
17			SUBPROVIDER-PSYCH	31.01		5,308	9
18			SKILLED NURSING FACILITY	34		21,817	9
19			OPERATING ROOM	37		335,805	9
20			RECOVERY ROOM	38		1,849	9
21			ANESTHESIOLOGY	40		109,485	9
22			RADIOLOGY-DIAGNOSTIC	41		548,939	9
23			MAGNETIC RES. IMAGING	41.01		13,185	9
24			LABORATORY	44		235	9
25			BLOOD STORING, PROCESSING & TRANS.	47		1,193	9
26			RESPIRATORY THERAPY	49		51,804	9
27			PHYSICAL THERAPY	50		10,882	9
28			ELECTROCARDIOLOGY	53		688,547	9
29			ELECTROENCEPHALOGRAPHY	54		13,339	9
30			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		35,287	9
31			ASC (NON-DISTINCT PART)	58		12,271	9
32			CARDIAC REHAB	59		3,957	9
33			BEHAVIORAL OUTPATIENT	59.01		53	9
34			SHOCK THERAPY	59.02		2,182	9
35			EMERGENCY	61		48,013	9
1	EQUIPMENT DEPRECIATION	A	HOME HEALTH AGENCY	71		22,036	9
2			OAKCREST NH	96.01		7,836	9
3			SHARED SERVICES	96.02		215	9
4			FUND DEVELOPMENT	96.06		59	9
5			OCCUPATIONAL HEALTH SERVICES	100.02		54	9
6			MMC DYERSVILLE	100.09		66,403	9
7			RETAIL PHARMACY	100.11		50,130	9
8	DEPRECIATION TO INDIVIDUAL BUILDING	B	NEW CAP REL COSTS-BLDG & FIXT	3		2,138,663	9
9							9
10							9
11							9
12							9
13							9
14							9
15							9
16							9
17							9
18							9
19							9
20	PROPERTY INS. TO BLDG DEPRECIATION	C	OTHER A & G	6.04		114,479	12
21							12
22							12
23							12
24							12
25							12
26							12
27	BLDG DEPRECIATION IN COST CENTER	D	RETAIL PHARMACY	100.11		34,408	9
28	MAINTENANCE TO TV SERVICE	E	MAINTENANCE & REPAIRS	7	1,951		
29			MAINTENANCE & REPAIRS	7		27,417	
30			MAINTENANCE & REPAIRS	7		5,181	
31	CRNA FEES TO NON PHYSICIAN	F	ANESTHESIOLOGY	40		401,334	
32	PAP PROPERTY TAXES	G	OPERATION OF PLANT	8		13,200	
33	NON ALLOWABLE ADVERTISING	H	OTHER A & G	6.04	64,648	4,946	
34	SNF UTILIZATION REVIEW COST	I	SKILLED NURSING FACILITY	34		1,020	
35	BIRTH CENTER COSTS	J	ADULTS & PEDIATRICS	25	1,061,085	77,737	
1	BIRTH CENTER COSTS	J					
2	GENERAL INSURANCE TO A AND G	K	NEW CAP REL COSTS-BLDG & FIXT	3		431,826	9
3	BONUS ALLOCATION	L	OTHER A & G	6.04	1,242,480	95,050	
4							
5							
6							

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160069	FROM 7/ 1/2007	11/26/2008
	TO 6/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			OTHER	A-7 REF 10
			LINE NO	SALARY			
7	1	6	7				
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
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24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
1 BONUS ALLOCATION	L						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13 REIM. FROM TRINITY FOR MAINT SALARY	M	MAINTENANCE & REPAIRS	7	91,289			
14 MEDICAL SUPPLIES TO PATIENTS	N	PHYSICAL THERAPY	50		15,543		
		RESPIRATORY THERAPY	49		1,266		
		ELECTROCARDIOLOGY	53		7,708		
		CARDIAC REHAB	59		95		
		RADIOLOGY-DIAGNOSTIC	41		13,438		
		EMERGENCY	61		24,359		
		OPERATING ROOM	37		102,715		
		ASC (NON-DISTINCT PART)	58		24,749		
		ANESTHESIOLOGY	40		29,580		
		RECOVERY ROOM	38		1,632		
		ADULTS & PEDIATRICS	25		73,861		
		MATERNAL HEALTH SERVICES	96.03		41		
		INTENSIVE CARE UNIT	26		27,469		
		NURSERY	33		4,683		
		SKILLED NURSING FACILITY	34		9,010		
		HOME HEALTH AGENCY	71		15,642		
		SUBPROVIDER	31		549		
		SHOCK THERAPY	59.02		106		
		OAKCREST NH	96.01		1,607		
33 DRUGS TO PATIENTS	O	PHYSICAL THERAPY	50		290		
34		RESPIRATORY THERAPY	49		983		
35		ELECTROENCEPHALOGRAPHY	54		5		
1 DRUGS TO PATIENTS	O	ELECTROCARDIOLOGY	53		27,668		
2		CARDIAC REHAB	59		13		
3		RADIOLOGY-DIAGNOSTIC	41		4,830		
4		MAGNETIC RES. IMAGING	41.01		327		
5		LABORATORY	44		12		
6		EMERGENCY	61		38,998		
7		OPERATING ROOM	37		48,242		
8		ASC (NON-DISTINCT PART)	58		49,031		
9		ANESTHESIOLOGY	40		106,284		
10		RECOVERY ROOM	38		7,830		
11		ADULTS & PEDIATRICS	25		105,995		
12		MATERNAL HEALTH SERVICES	96.03		29		

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/26/2008
160069	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	
13		INTENSIVE CARE UNIT	26		25,572
14		NURSERY	33		4,485
15		SKILLED NURSING FACILITY	34		15,993
16		HOME HEALTH AGENCY	71		850
17		SUBPROVIDER	31		501
18		SHOCK THERAPY	59.02		211
19		BEHAVIORAL OUTPATIENT	59.01		15
20		OAKCREST NH	96.01		209
36 TOTAL RECLASSIFICATIONS				2,461,453	9,187,479

(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 11/26/2008
160069	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : EQUIPMENT DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,049,792	EMPLOYEE BENEFITS	5	2,091	
2.00			0	CHILD CARE	5.01	235	
3.00			0	COMMUNICATIONS	6.01	1,372	
4.00			0	PFS/COLLECTION	6.03	828	
5.00			0	OTHER A & G	6.04	2,677,182	
6.00			0	MAINTENANCE & REPAIRS	7	16,246	
7.00			0	LAUNDRY & LINEN SERVICE	9	14,283	
8.00			0	HOUSEKEEPING	10	31,455	
9.00			0	DIETARY	11	17,826	
10.00			0	NURSING ADMINISTRATION	14	6,052	
12.00			0	PHARMACY	16	65,118	
13.00			0	MEDICAL RECORDS & LIBRARY	17	1,485	
15.00			0	CENTRAL STERILIZATION	19	32,542	
16.00			0	ADULTS & PEDIATRICS	25	109,800	
17.00			0	INTENSIVE CARE UNIT	26	21,598	
18.00			0	SUBPROVIDER	31	795	
19.00			0	SUBPROVIDER-PSYCH	31.01	5,308	
20.00			0	SKILLED NURSING FACILITY	34	21,817	
21.00			0	OPERATING ROOM	37	335,805	
22.00			0	RECOVERY ROOM	38	1,849	
23.00			0	ANESTHESIOLOGY	40	109,485	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	548,939	
25.00			0	MAGNETIC RES. IMAGING	41.01	13,185	
26.00			0	LABORATORY	44	235	
27.00			0	BLOOD STORING, PROCESSING & TR	47	1,193	
28.00			0	RESPIRATORY THERAPY	49	51,804	
29.00			0	PHYSICAL THERAPY	50	10,882	
30.00			0	ELECTROCARDIOLOGY	53	688,547	
31.00			0	ELECTROENCEPHALOGRAPHY	54	13,339	
32.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	35,287	
33.00			0	ASC (NON-DISTINCT PART)	58	12,271	
34.00			0	CARDIAC REHAB	59	3,957	
35.00			0	BEHAVIORAL OUTPATIENT	59.01	53	
36.00			0	SHOCK THERAPY	59.02	2,182	
37.00			0	EMERGENCY	61	48,013	
38.00			0	HOME HEALTH AGENCY	71	22,036	
39.00			0	OAKCREST NH	96.01	7,836	
40.00			0	SHARED SERVICES	96.02	215	
42.00			0	FUND DEVELOPMENT	96.06	59	
43.00			0	OCCUPATIONAL HEALTH SERVICES	100.02	54	
44.00			0	MMC DYERSVILLE	100.09	66,403	
45.00			0	RETAIL PHARMACY	100.11	50,130	
TOTAL RECLASSIFICATIONS FOR CODE A			5,049,792				5,049,792

RECLASS CODE: B
 EXPLANATION : DEPRECIATION TO INDIVIDUAL BUILDING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-47 BLDG	3.01	605,866	NEW CAP REL COSTS-BLDG & FIXT	3	2,138,663	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	200,963			0	
4.00	NEW CAP REL COSTS-ASBURY SQUAR	3.04	7,826			0	
5.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	57,852			0	
6.00	NEW CAP REL COSTS-RENTAL PROPE	3.07	10,459			0	
7.00	NEW CAP REL COSTS-PARKING DECK	3.08	69,214			0	
8.00	NEW CAP REL COSTS-97 BUILDING	3.09	1,018,620			0	
9.00	NEW CAP REL COSTS-BELLEVUE CLI	3.10	1,704			0	
10.00	NEW CAP REL COSTS-CASCADE CLIN	3.11	1,151			0	
11.00	NEW CAP REL COSTS-RETAIL PHARM	3.12	41,255			0	
12.00	NEW CAP REL COSTS-DYERSVILLE	3.02	111,393			0	
13.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	12,360			0	
TOTAL RECLASSIFICATIONS FOR CODE B			2,138,663				2,138,663

RECLASS CODE: C
 EXPLANATION : PROPERTY INS. TO BLDG DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	39,848	OTHER A & G	6.04	114,479	
2.00	NEW CAP REL COSTS-47 BLDG	3.01	33,119			0	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	10,558			0	
4.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	2,153			0	
5.00	NEW CAP REL COSTS-97 BUILDING	3.09	15,651			0	
6.00	NEW CAP REL COSTS-DYERSVILLE	3.02	10,607			0	
7.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	2,543			0	
TOTAL RECLASSIFICATIONS FOR CODE C			114,479				114,479

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/26/2008
160069	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : BLDG DEPRECIATION IN COST CENTER

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	34,408	RETAIL PHARMACY	100.11	34,408	34,408
TOTAL RECLASSIFICATIONS FOR CODE D			34,408				

RECLASS CODE: E
EXPLANATION : MAINTENANCE TO TV SERVICE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	TV SERVICE	96.05	1,951	MAINTENANCE & REPAIRS	7	1,951	
2.00	TV SERVICE	96.05	27,417	MAINTENANCE & REPAIRS	7	27,417	
3.00	TV SERVICE	96.05	5,181	MAINTENANCE & REPAIRS	7	5,181	
TOTAL RECLASSIFICATIONS FOR CODE E			34,549	34,549			

RECLASS CODE: F
EXPLANATION : CRNA FEES TO NON PHYSICIAN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	401,334	ANESTHESIOLOGY	40	401,334	401,334
TOTAL RECLASSIFICATIONS FOR CODE F			401,334				

RECLASS CODE: G
EXPLANATION : PAP PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	RENTAL PROPERTIES	100.03	13,200	OPERATION OF PLANT	8	13,200	13,200
TOTAL RECLASSIFICATIONS FOR CODE G			13,200				

RECLASS CODE: H
EXPLANATION : NON ALLOWABLE ADVERTISING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	FUND DEVELOPMENT	96.06	69,594	OTHER A & G	6.04	69,594	69,594
TOTAL RECLASSIFICATIONS FOR CODE H			69,594				

RECLASS CODE: I
EXPLANATION : SNF UTILIZATION REVIEW COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	UTILIZATION REVIEW-SNF	89	1,020	SKILLED NURSING FACILITY	34	1,020	1,020
TOTAL RECLASSIFICATIONS FOR CODE I			1,020				

RECLASS CODE: J
EXPLANATION : BIRTH CENTER COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NURSERY	33	439,787	ADULTS & PEDIATRICS	25	1,138,822	
2.00	DELIVERY ROOM & LABOR ROOM	39	699,035			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,138,822	1,138,822			

RECLASS CODE: K
EXPLANATION : GENERAL INSURANCE TO A AND G

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER A & G	6.04	431,826	NEW CAP REL COSTS-BLDG & FIXT	3	431,826	431,826
TOTAL RECLASSIFICATIONS FOR CODE K			431,826				

RECLASS CODE: L
EXPLANATION : BONUS ALLOCATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00			0	OTHER A & G	6.04	1,337,530	
2.00	EMPLOYEE BENEFITS	5	14,141			0	
3.00	COMMUNICATIONS	6.01	10,678			0	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/26/2008
160069	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : BONUS ALLOCATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00	PURCHASING	6.02	7,014			0	
5.00	PFS/COLLECTION	6.03	31,418			0	
6.00	OTHER A & G	6.04	33,778			0	
7.00	MAINTENANCE & REPAIRS	7	41,534			0	
8.00	LAUNDRY & LINEN SERVICE	9	30,116			0	
9.00	HOUSEKEEPING	10	60,773			0	
10.00	DIETARY	11	66,945			0	
11.00	NURSING ADMINISTRATION	14	27,459			0	
12.00	CENTRAL SERVICES & SUPPLY	15	17,455			0	
13.00	PHARMACY	16	31,766			0	
14.00	MEDICAL RECORDS & LIBRARY	17	70,797			0	
15.00	SOCIAL SERVICE	18	9,354			0	
16.00	CENTRAL STERILIZATION	19	11,711			0	
18.00	ADULTS & PEDIATRICS	25	199,405			0	
19.00	INTENSIVE CARE UNIT	26	29,995			0	
20.00	SUBPROVIDER	31	13,338			0	
21.00	SUBPROVIDER-PSYCH	31.01	43,095			0	
22.00	NURSERY	33	19,732			0	
23.00	SKILLED NURSING FACILITY	34	38,857			0	
24.00	OPERATING ROOM	37	82,352			0	
25.00	RECOVERY ROOM	38	12,859			0	
26.00	ANESTHESIOLOGY	40	2,746			0	
27.00	RADIOLOGY-DIAGNOSTIC	41	52,130			0	
28.00	MAGNETIC RES. IMAGING	41.01	4,466			0	
29.00	RESPIRATORY THERAPY	49	25,682			0	
30.00	PHYSICAL THERAPY	50	53,520			0	
31.00	ELECTROCARDIOLOGY	53	19,253			0	
32.00	ELECTROENCEPHALOGRAPHY	54	9,185			0	
33.00	ASC (NON-DISTINCT PART)	58	30,628			0	
34.00	CARDIAC REHAB	59	7,218			0	
35.00	BEHAVIORAL OUTPATIENT	59.01	5,875			0	
36.00	EMERGENCY	61	39,991			0	
37.00	HOME HEALTH AGENCY	71	67,965			0	
38.00	OAKCREST NH	96.01	37,171			0	
39.00	SHARED SERVICES	96.02	1,715			0	
40.00	FUND DEVELOPMENT	96.06	1,955			0	
41.00	KENNEDY LIVING CENTER	100.01	24,265			0	
42.00	RURAL OUTREACH PROGRAM	100.06	1,499			0	
43.00	LIFELINE	100.08	2,290			0	
44.00	CCH ELKADER	100.10	4,498			0	
45.00	CHILD CARE	5.01	40,317			0	
46.00	OCCUPATIONAL HEALTH SERVICES	100.02	589			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,337,530				1,337,530

RECLASS CODE: M
EXPLANATION : REIM. FROM TRINITY FOR MAINT SALARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	91,289	MAINTENANCE & REPAIRS	7	91,289	
TOTAL RECLASSIFICATIONS FOR CODE M			91,289				91,289

RECLASS CODE: N
EXPLANATION : MEDICAL SUPPLIES TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	354,053	PHYSICAL THERAPY	50	15,543	
2.00			0	RESPIRATORY THERAPY	49	1,266	
3.00			0	ELECTROCARDIOLOGY	53	7,708	
4.00			0	CARDIAC REHAB	59	95	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	13,438	
6.00			0	EMERGENCY	61	24,359	
7.00			0	OPERATING ROOM	37	102,715	
8.00			0	ASC (NON-DISTINCT PART)	58	24,749	
9.00			0	ANESTHESIOLOGY	40	29,580	
10.00			0	RECOVERY ROOM	38	1,632	
11.00			0	ADULTS & PEDIATRICS	25	73,861	
12.00			0	MATERNAL HEALTH SERVICES	96.03	41	
13.00			0	INTENSIVE CARE UNIT	26	27,469	
14.00			0	NURSERY	33	4,683	
15.00			0	SKILLED NURSING FACILITY	34	9,010	
16.00			0	HOME HEALTH AGENCY	71	15,642	
17.00			0	SUBPROVIDER	31	549	
18.00			0	SHOCK THERAPY	59.02	106	
19.00			0	OAKCREST NH	96.01	1,607	
TOTAL RECLASSIFICATIONS FOR CODE N			354,053				354,053

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/26/2008
160069	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	NOT A CMS WORKSHEET

RECLASS CODE: 0
 EXPLANATION : DRUGS TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	438,373	PHYSICAL THERAPY	50	290	
2.00			0	RESPIRATORY THERAPY	49	983	
3.00			0	ELECTROENCEPHALOGRAPHY	54	5	
4.00			0	ELECTROCARDIOLOGY	53	27,668	
5.00			0	CARDIAC REHAB	59	13	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	4,830	
7.00			0	MAGNETIC RES. IMAGING	41.01	327	
8.00			0	LABORATORY	44	12	
9.00			0	EMERGENCY	61	38,998	
10.00			0	OPERATING ROOM	37	48,242	
11.00			0	ASC (NON-DISTINCT PART)	58	49,031	
12.00			0	ANESTHESIOLOGY	40	106,284	
13.00			0	RECOVERY ROOM	38	7,830	
14.00			0	ADULTS & PEDIATRICS	25	105,995	
15.00			0	MATERNAL HEALTH SERVICES	96.03	29	
16.00			0	INTENSIVE CARE UNIT	26	25,572	
17.00			0	NURSERY	33	4,485	
18.00			0	SKILLED NURSING FACILITY	34	15,993	
19.00			0	HOME HEALTH AGENCY	71	850	
20.00			0	SUBPROVIDER	31	501	
21.00			0	SHOCK THERAPY	59.02	211	
22.00			0	BEHAVIORAL OUTPATIENT	59.01	15	
23.00			0	OAKCREST NH	96.01	209	
TOTAL RECLASSIFICATIONS FOR CODE 0			438,373				438,373

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,878,199					2,878,199	
2	LAND IMPROVEMENTS	3,476,317					3,476,317	2,439,800
3	BUILDINGS & FIXTURE	44,436,092	283,457		283,457		44,719,549	12,526,934
4	BUILDING IMPROVEMEN	32,598,883	754,402		754,402		33,353,285	13,062,353
5	FIXED EQUIPMENT	1,741,960	672,948		672,948	525	2,414,383	1,011,167
6	MOVABLE EQUIPMENT	42,284,833	6,167,585		6,167,585	821,549	47,630,869	27,272,313
7	SUBTOTAL	127,416,284	7,878,392		7,878,392	822,074	134,472,602	56,312,567
8	RECONCILING ITEMS							
9	TOTAL	127,416,284	7,878,392		7,878,392	822,074	134,472,602	56,312,567

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-47								
3 02	NEW CAP REL COSTS-DY								
3 03	NEW CAP REL COSTS-PR								
3 04	NEW CAP REL COSTS-AS								
3 05	NEW CAP REL COSTS-ME								
3 06	NEW CAP REL COSTS-EN								
3 07	NEW CAP REL COSTS-RE								
3 08	NEW CAP REL COSTS-PA								
3 09	NEW CAP REL COSTS-97								
3 10	NEW CAP REL COSTS-BE								
3 11	NEW CAP REL COSTS-CA								
3 12	NEW CAP REL COSTS-RE								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	602,327			39,848		642,175	
3 01	NEW CAP REL COSTS-47	605,866			33,119		638,985	
3 02	NEW CAP REL COSTS-DY	111,393			10,607		122,000	
3 03	NEW CAP REL COSTS-PR	200,963			10,558		211,521	
3 04	NEW CAP REL COSTS-AS	7,826					7,826	
3 05	NEW CAP REL COSTS-ME	12,360			2,543		14,903	
3 06	NEW CAP REL COSTS-EN	57,852			2,153		60,005	
3 07	NEW CAP REL COSTS-RE	10,459					10,459	
3 08	NEW CAP REL COSTS-PA	69,214					69,214	
3 09	NEW CAP REL COSTS-97	1,018,620			15,651		1,034,271	
3 10	NEW CAP REL COSTS-BE	1,704					1,704	
3 11	NEW CAP REL COSTS-CA	1,151					1,151	
3 12	NEW CAP REL COSTS-RE	41,255					41,255	
4	NEW CAP REL COSTS-MV	5,238,241					5,238,241	
5	TOTAL	7,979,231			114,479		8,093,710	

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 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
3	NEW CAP REL COSTS-BL	3,138,408					3,138,408	
3 01	NEW CAP REL COSTS-47							
3 02	NEW CAP REL COSTS-DY							
3 03	NEW CAP REL COSTS-PR							
3 04	NEW CAP REL COSTS-AS							
3 05	NEW CAP REL COSTS-ME							
3 06	NEW CAP REL COSTS-EN							
3 07	NEW CAP REL COSTS-RE							
3 08	NEW CAP REL COSTS-PA							
3 09	NEW CAP REL COSTS-97							
3 10	NEW CAP REL COSTS-BE							
3 11	NEW CAP REL COSTS-CA							
3 12	NEW CAP REL COSTS-RE							
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,138,408					3,138,408	

* All lines numbers except line 5 are to be consistent with workshheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

I PROVIDER NO:
I 16-0069
I

I PERIOD:
I FROM 7/ 1/2007 I PREPARED 11/26/2008
I TO 6/30/2008 I WORKSHEET A-8

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	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,390	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-612,386			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-827,258			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-58,606	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-72,330	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-102,452	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-16,270	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP	A	-1,020	UTILIZATION REVIEW-SNF	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	A	-401,334	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CHILD CARE CENTER	B	-738,680	CHILD CARE	5.01	
37.10 EMPLOYEE ASSISTANCE	B	-23,510	EMPLOYEE BENEFITS	5	
37.11 TELEPHONE REVENUE-DUBUQUE	B	-53,264	COMMUNICATIONS	6.01	
37.12 TELEPHONE REVENUE -DYERSVILLE	B	-845	COMMUNICATIONS	6.01	
37.13 OTHER OPERATING INCOME	B	-146,727	OTHER A & G	6.04	
37.14 HEALTH EDUC BIRTH CENTER	B	-28,485	NURSING ADMINISTRATION	14	
37.15 HEALTH EDUCATION NON PATIENT	B	-1,405	MEDICAL RECORDS & LIBRARY	17	
37.16					
37.17 NEWBORN PHOTOGRAPHY	B	-949	NURSERY	33	
37.18 SURGICAL SUPPLIES/RENTALS	B	-4,277	OPERATING ROOM	37	
37.19 SALE OF X RAY SUPPLIES	B	-31,295	RADIOLOGY-DIAGNOSTIC	41	
37.20 MORGUE FACILITIES	B	-175	LABORATORY	44	
37.21 MISC. PT SERVICES	B	-1,400	PHYSICAL THERAPY	50	
37.22					
37.23 ER SVC DRUG TESTING	B	-20,476	EMERGENCY	61	
37.24					
38 BAD DEBT EXP. HOSP/HOME CARE	A	-1,910,706	BAD DEBT EXPENSE	100.07	
38.10 BAD DEBT EXP RETAIL PHARMACY	A	-10,019	RETAIL PHARMACY	100.11	
38.11 NON-ALLOWABLE ADVERTISING	A	-476,570	OTHER A & G	6.04	
38.12 CAFETERIA EMPLOYEES-DUBUQUE	B	-780,418	DIETARY	11	
38.13					
38.14 ATHLETIC TRAINER-MEDICAL ASSOCIATES	A	-30,000	OTHER A & G	6.04	
38.15 DONATIONS	A	-125,829	OTHER A & G	6.04	
38.16 TUITION ASSIST-PART TIME EMPLOYEES	A	-14,828	EMPLOYEE BENEFITS	5	
38.17 DUES-LOBBYING ALLOCATION	A	-22,959	OTHER A & G	6.04	
38.18 IC INTEREST EXP TO EXTENT OF INTERES	B	-351,925	INTEREST EXPENSE	88	
39 INT EXP TO EXTENT OF INT INCOME - CA	B	-854	INTEREST EXPENSE	88	
40 LOBBY EXPENSES IN CONSULTING EXPENSE	B	-10,000	OTHER A & G	6.04	
41 CONSULTING	A	-2,500	OTHER A & G	6.04	
42					
43 INT EXP TO EXTENT OF INT INCOME CA	B	-461	INTEREST EXPENSE	88	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,883,603			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION	188,449		188,449	9
2	5	EMPLOYEE BENEFITS EMPLOYEE STOPLOSS INS	534,007	127,521	406,486	
3	5	EMPLOYEE BENEFITS WORKMANS COMP	99,403	468,914	-369,511	
4	5	EMPLOYEE BENEFITS PENSION	2,821,612	1,715,000	1,106,612	
4.01	6 4	OTHER A & G PROP LIAB, RISK INS	315,294	431,155	-115,861	
4.02	6 4	OTHER A & G CENTRAL ADMIN/ MAINT	3,302,678	2,821,712	480,966	
4.03	6 4	OTHER A & G INFORMATION SYSTEMS	3,981,003	4,502,144	-521,141	
4.04	44	LABORATORY UNITED CLINICAL LAB SERVI	3,337,509	4,417,410	-1,079,901	
4.05	88	INTEREST EXPENSE INTEREST-CORP BORROWING	351,925	1,275,282	-923,357	
5		TOTALS	14,931,880	15,759,138	-827,258	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
1	B	0.00	TRINITY HEALTH	100.00	HOME OFFICE
2	C	0.00	UNITED CLINICAL LABAROTOR	33.00	CONSOLIDATED LAB SERVICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 16-0069
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008

I PREPARED 11/26/2008
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31	REHAB	29,739		29,739	171,400	384	31,643	1,582
2 59 1	BEHAVORIAL HEALTH MED DIR	26,000		26,000	142,500	208	14,250	713
4 61	TRAUMA COVERAGE	179,340	179,340		171,400			
5 61	TRAUMA-DIRECTOR	19,992		19,992	171,400	235	19,365	968
6 61	EMS ADMINISTRATION	139,200		139,200	171,400	800	65,923	3,296
7 61	ER COVERAGE	141,454	141,454		171,400			
8 61	ORTHO COVERAGE	183,000	183,000		171,400			
9 41	RADIATION	39,604		39,604	231,100	150	16,666	833
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	758,329	503,794	254,535		1,777	147,847	7,392

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 16-0069
I

I PERIOD:
I FROM 7/ 1/2007
I TO 6/30/2008

I PREPARED 11/26/2008
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 31	REHAB					31,643		
2 59	1 BEHAVIORIAL HEALTH MED DIR					14,250	11,750	11,750
4 61	TRAUMA COVERAGE							179,340
5 61	TRAUMA-DIRECTOR					19,365	627	627
6 61	EMS ADMINISTRATION					65,923	73,277	73,277
7 61	ER COVERAGE							141,454
8 61	ORTHO COVERAGE							183,000
9 41	RADIATION					16,666	22,938	22,938
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					147,847	108,592	612,386

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	16	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-47 BLDG	4	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-DYERSVILLE	5	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	3	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-ASBURY SQUARE	7	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	8	SQUARE	FEET	ENTERED
3.06	NEW CAP REL COSTS-ENERGY CENTER	9	SQUARE	FEET	ENTERED
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	10	SQUARE	FEET	ENTERED
3.08	NEW CAP REL COSTS-PARKING DECK	11	SQUARE	FEET	ENTERED
3.09	NEW CAP REL COSTS-97 BUILDING	12	SQUARE	FEET	ENTERED
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	13	SQUARE	FEET	ENTERED
3.11	NEW CAP REL COSTS-CASCADE CLINIC	14	SQUARE	FEET	ENTERED
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	15	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	17	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
5.01	CHILD CARE	19	PAYROLL	DEDUCTIONS	ENTERED
6.01	COMMUNICATIONS	20	DUBUQUE	PHONES	ENTERED
6.02	PURCHASING	22	PURCHASING	REQUISITIONS	ENTERED
6.03	PFS/COLLECTION	23	GROSS	CHARGES	ENTERED
6.04	OTHER A & G	#	ACCUM.	COST	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	24	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	24	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	28	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	29	SQUARE	FEET	ENTERED
11	DIETARY	31	MEALS		ENTERED
12	CAFETERIA	35	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	37	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	PURCHASING	REQUISITIONS	ENTERED
16	PHARMACY	39	PHARMACY	REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	45	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	41	CASES		ENTERED
19	CENTRAL STERILIZATION	42	HOURS		ENTERED
20	NONPHYSICIAN ANESTHETISTS				NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	642,175	642,175					
003 02 NEW CAP REL COSTS-47 BLDG	638,985		638,985				
003 03 NEW CAP REL COSTS-DYERSVI	122,000			122,000			
003 04 NEW CAP REL COSTS-PROF AR	211,521				211,521		
003 05 NEW CAP REL COSTS-ASBURY	7,826					7,826	
003 06 NEW CAP REL COSTS-MED ART	14,903						14,903
003 07 NEW CAP REL COSTS-ENERGY	60,005						
003 08 NEW CAP REL COSTS-RENTAL	10,459						
003 09 NEW CAP REL COSTS-PARKING	69,214						
003 10 NEW CAP REL COSTS-97 BUIL	1,034,271						
003 11 NEW CAP REL COSTS-BELLEVU	1,704						
003 12 NEW CAP REL COSTS-CASCADE	1,151						
004 NEW CAP REL COSTS-RETAIL	41,255						
005 NEW CAP REL COSTS-MVBLE E	5,238,241						
005 EMPLOYEE BENEFITS	9,008,170		10,946				
006 01 CHILD CARE	95,339				45,493		
006 02 COMMUNICATIONS	247,228	2,236	2,316				
006 03 PURCHASING	449,330	3,112					
006 04 PFS/COLLECTION	1,276,771						
006 06 OTHER A & G	7,167,487	88,569	170,753		31,194	5,586	
007 06 OTHER ADMINISTRATIVE AND							
008 MAINTENANCE & REPAIRS	4,968,893	63,607	69,216		1,141		
009 OPERATION OF PLANT	91,316	2,401					
010 LAUNDRY & LINEN SERVICE	1,019,481	1,728	42,049				
011 HOUSEKEEPING	1,345,216	14,200	2,039		1,198		
012 DIETARY	1,608,285	38,273					
014 CAFETERIA							
014 NURSING ADMINISTRATION	1,205,402	711	7,313				
015 CENTRAL SERVICES & SUPPLY	441,883	34,428					
016 PHARMACY	1,863,314	5,607	3,495				
017 MEDICAL RECORDS & LIBRARY	2,321,891	22,432				1,864	
018 SOCIAL SERVICE	253,047	936	936				
019 CENTRAL STERILIZATION	361,223	11,200					
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,845,846	126,887	54,502			376	
031 INTENSIVE CARE UNIT	1,465,553		20,852				
031 SUBPROVIDER	584,844		24,347				
031 01 SUBPROVIDER-PSYCH	1,649,284	55,539					
033 NURSERY	1,201,772		13,858				
034 SKILLED NURSING FACILITY	1,533,645		44,239				
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	10,731,242	60,386	5,526				
039 RECOVERY ROOM	528,444	375	352				
040 DELIVERY ROOM & LABOR ROO	699,035		21,209				
041 ANESTHESIOLOGY	178,730		1,213				
041 01 RADIOLOGY-DIAGNOSTIC	2,831,566	35,084	2,140				
044 MAGNETIC RES. IMAGING	237,723	4,868					
047 LABORATORY	3,345,102	14,975	10,481				
049 BLOOD STORING, PROCESSING	1,048,091						
050 RESPIRATORY THERAPY	1,039,447		8,677		553		
053 PHYSICAL THERAPY	2,226,417		26,630				
054 ELECTROCARDIOLOGY	4,656,886		3,315				
055 ELECTROENCEPHALOGRAPHY	330,373		8,731				
058 MEDICAL SUPPLIES CHARGED	535,208						
059 DRUGS CHARGED TO PATIENTS	3,905,402						
059 ASC (NON-DISTINCT PART)	1,180,326						
059 01 CARDIAC REHAB	330,365				28,724		
059 02 BEHAVIORAL OUTPATIENT	213,192	4,328					
059 03 SHOCK THERAPY	30,347	2,008					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,804,234	34,891					
068 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS	210,849						
071 PURCHASED DIALYSIS SERVIC	3,660,080	4,177			21,888		
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	95,821,989	632,958	555,135		130,191	7,826	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 OAKCREST NH	1,091,631		27,371				
096 03 SHARED SERVICES	408,086						
096 04 MATERNAL HEALTH SERVICES	153,512				2,662		
096 05 CAFETERIA VISITORS							
096 06 TV SERVICE	34,549	701					
098 FUND DEVELOPMENT	210,284						
100 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER	583,769						
100 02 OCCUPATIONAL HEALTH SERVI	48,599				510		
100 03 RENTAL PROPERTIES	23,438	4,265	28,505		78,158		
100 04 AUXILIARY		3,655					
100 05 COMMUNITY EDUC/OUTSIDE LA	114,626		3,587				
100 06 RURAL OUTREACH PROGRAM	50,151						
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE	54,626						
100 09 MMC DYERSVILLE	4,339,295			94,629			12,582

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-47 BLDG 3.01	NEW CAP REL C OSTS-DYERSVI 3.02	NEW CAP REL C OSTS-PROF AR 3.03	NEW CAP REL C OSTS-ASBURY 3.04	NEW CAP REL C OSTS-MED ART 3.05
NONREIMBURS COST CENTERS								
100	10 CCH ELKADER	292,449						
100	11 RETAIL PHARMACY	22,112,117						2,321
100	12 IDLE SPACE		596	51,758				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	125,339,121	642,175	638,985	122,000	211,521	7,826	14,903

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C						
	OSTS-ENERGY	OSTS-RENTAL	OSTS-PARKING	OSTS-97 BUIL	OSTS-BELLEVU	OSTS-CASCADE	OSTS-RETAIL
	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-47 BLDG							
003 03 NEW CAP REL COSTS-DYERSVI							
003 04 NEW CAP REL COSTS-PROF AR							
003 05 NEW CAP REL COSTS-ASBURY							
003 06 NEW CAP REL COSTS-MED ART							
003 07 NEW CAP REL COSTS-ENERGY	60,005						
003 08 NEW CAP REL COSTS-RENTAL		10,459					
003 09 NEW CAP REL COSTS-PARKING			69,214				
003 10 NEW CAP REL COSTS-97 BUIL				1,034,271			
003 11 NEW CAP REL COSTS-BELLEVU					1,704		
003 12 NEW CAP REL COSTS-CASCADE						1,151	
004 NEW CAP REL COSTS-RETAIL							41,255
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					762		
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION					18,797		
006 04 OTHER A & G					223,153		
006 06 OTHER ADMINISTRATIVE AND			69,214				
007 MAINTENANCE & REPAIRS	10,128				140,262		
008 OPERATION OF PLANT	49,877						
009 LAUNDRY & LINEN SERVICE					3,147		
010 HOUSEKEEPING					9,988		
011 DIETARY					11,253		
012 CAFETERIA					89,187		
014 NURSING ADMINISTRATION					575		
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					17,576		
031 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					46,778		
039 RECOVERY ROOM					45,068		
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					5,878		
041 01 RADIOLGY-DIAGNOSTIC					5,130		
044 MAGNETIC RES. IMAGING							
047 LABORATORY							
049 BLOOD STORING, PROCESSING							
050 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY						1,704	410
054 ELECTROCARDIOLOGY					134,355		
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 ASC (NON-DISTINCT PART)					141,598		
059 01 CARDIAC REHAB							
059 02 BEHAVIORAL OUTPATIENT					9,413		
059 02 SHOCK THERAPY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					74,571		
068 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 PURCHASED DIALYSIS SERVIC							
095 HOME HEALTH AGENCY					28,469		
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	60,005		69,214	1,005,960	1,704	410	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 OAKCREST NH							
096 03 SHARED SERVICES							
096 04 MATERNAL HEALTH SERVICES							
096 05 CAFETERIA VISITORS							
096 06 TV SERVICE							
098 FUND DEVELOPMENT							
100 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI							
100 03 RENTAL PROPERTIES		10,459				569	
100 04 AUXILIARY					9,859		
100 05 COMMUNITY EDUC/OUTSIDE LA							
100 06 RURAL OUTREACH PROGRAM							
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE							
100 09 MMC DYERSVILLE							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEUVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
NONREIMBURS COST CENTERS		3.06	3.07	3.08	3.09	3.10	3.11	3.12
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY				18,452		172	41,255
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	60,005	10,459	69,214	1,034,271	1,704	1,151	41,255

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	CHILD CARE	COMMUNICATION	PURCHASING	PFS/COLLECTIO	SUBTOTAL
	OSTS-MVBLE E	FITS	5.01	S	6.02	N	
	4	5		6.01	6.02	6.03	6a.03
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E	5,238,241						
005 EMPLOYEE BENEFITS	2,091	9,021,969					
005 01 CHILD CARE	235	139,429	280,496				
006 01 COMMUNICATIONS	1,372	48,939	7,290	309,381			
006 02 PURCHASING		35,630		3,096	491,168		
006 03 PFS/COLLECTION	828	152,939	143	8,812		1,458,290	
006 04 OTHER A & G	2,865,631	348,719	3,676	35,724			11,009,706
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	16,246	232,994	184	10,718	6,622		5,520,011
008 OPERATION OF PLANT					27		143,621
009 LAUNDRY & LINEN SERVICE	14,283	118,463	3,805	1,667	8,390		1,213,013
010 HOUSEKEEPING	31,455	213,051	4,575	1,667	3,507		1,626,896
011 DIETARY	17,826	263,794	17,525	6,907	22,519		1,986,382
012 CAFETERIA							89,187
014 NURSING ADMINISTRATION	6,052	212,130	7,713	5,478	893		1,446,267
015 CENTRAL SERVICES & SUPPLY		73,616	609	1,429	540		552,505
016 PHARMACY	65,118	291,295	15,082	2,858	1,646		2,248,415
017 MEDICAL RECORDS & LIBRARY	1,485	418,641	11,964	22,626	696		2,801,599
018 SOCIAL SERVICE		46,122	2,359	1,667	12		305,079
019 CENTRAL STERILIZATION	32,542	46,636		715	2,389		454,705
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	40,840	1,349,010	20,946	24,531	12,341	172,880	9,665,735
026 INTENSIVE CARE UNIT	21,598	250,583	13,571	4,287	3,395	26,175	1,806,014
031 SUBPROVIDER	795	95,102		4,287	502	8,098	717,975
031 01 SUBPROVIDER-PSYCH	5,308	297,000	3,788	7,621	644	33,243	2,052,427
033 NURSERY	68,960	212,269	4,984	3,811	1,384	20,608	1,527,646
034 SKILLED NURSING FACILITY	21,817	255,748	5,773	3,573	2,910	16,906	1,884,611
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	335,805	556,672	24,434	16,910	176,204	239,098	12,193,055
038 RECOVERY ROOM	1,849	95,220		2,858	441	20,493	695,100
039 DELIVERY ROOM & LABOR ROO		128,657		3,573	1,300	16,616	870,390
040 ANESTHESIOLOGY	109,485	11,846			5,807	45,082	358,041
041 RADIOLOGY-DIAGNOSTIC	548,939	345,402	27,906	9,289	11,890	155,309	3,972,655
041 01 MAGNETIC RES. IMAGING	13,185	32,677		953	1,399	26,495	317,300
044 LABORATORY	235			9,527	91	132,150	3,512,561
047 BLOOD STORING, PROCESSING	1,193				1	10,442	1,059,727
049 RESPIRATORY THERAPY	51,804	154,203	7,784	1,667	4,419	40,110	1,308,664
050 PHYSICAL THERAPY	10,882	378,072	29,935	9,765	1,706	39,474	2,724,995
053 ELECTROCARDIOLOGY	688,547	152,708		6,192	87,932	156,848	5,886,783
054 ELECTROENCEPHALOGRAPHY	13,339	56,929	7,352	1,667	456	12,873	431,720
055 MEDICAL SUPPLIES CHARGED	35,287				1,616	10,003	582,114
056 DRUGS CHARGED TO PATIENTS					81,993	141,273	4,128,668
058 ASC (NON-DISTINCT PART)	12,271	199,505	17,565	5,954	3,906	3,551	1,564,676
059 CARDIAC REHAB	3,957	57,402	969	1,905	216	5,500	429,038
059 01 BEHAVIORAL OUTPATIENT	53	34,274	4,333	4,049	114	3,612	273,368
059 02 SHOCK THERAPY	2,182	4,512			142	1,822	41,013
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	48,013	290,301	12,728	12,861	4,799	73,009	2,355,407
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC						4,026	214,875
071 HOME HEALTH AGENCY	22,036	446,267	23,503	25,246	23,453		4,255,119
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,113,544	8,046,757	280,496	263,890	476,302	1,415,696	94,227,063
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	7,836	184,860			1,372	11,425	1,324,495
096 02 SHARED SERVICES	215	73,722		1,191	22		483,236
096 03 MATERNAL HEALTH SERVICES		16,644		1,905	211	791	175,725
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE		385					35,635
096 06 FUND DEVELOPMENT	59	34,761		953	212		246,269
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER		106,708				88	690,565
100 02 OCCUPATIONAL HEALTH SERVI	54	4,458				330	53,951
100 03 RENTAL PROPERTIES				21,673		28	167,095
100 04 AUXILIARY				1,429			14,943
100 05 COMMUNITY EDUC/OUTSIDE LA		18,234		953		55	137,455
100 06 RURAL OUTREACH PROGRAM		7,048		476		12	57,687
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		3,798		953		667	60,044
100 09 MMC DYERSVILLE	66,403	470,628		715	11,512	30,378	5,026,142

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		NEW CAP OSTS-MVBLE	REL C E	EMPLOYEE FITS	BENE	CHILD	CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	SUBTOTAL
		4		5			5.01	6.01	6.02	6.03	6a.03
NONREIMBURS COST CENTERS											
100	10 CCH ELKADER				53,927						346,376
100	11 RETAIL PHARMACY	50,130			39			15,243	357		22,240,086
100	12 IDLE SPACE										52,354
101	CROSS FOOT ADJUSTMENT										
102	NEGATIVE COST CENTER										
103	TOTAL	5,238,241		9,021,969			280,496	309,381	491,168	1,458,290	125,339,121

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		OTHER A & G	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.06	7	8	9	10
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-DYERSVI							
003	03 NEW CAP REL COSTS-PROF AR							
003	04 NEW CAP REL COSTS-ASBURY							
003	05 NEW CAP REL COSTS-MED ART							
003	06 NEW CAP REL COSTS-ENERGY							
003	07 NEW CAP REL COSTS-RENTAL							
003	08 NEW CAP REL COSTS-PARKING							
003	09 NEW CAP REL COSTS-97 BUIL							
003	10 NEW CAP REL COSTS-BELLEVU							
003	11 NEW CAP REL COSTS-CASCADE							
003	12 NEW CAP REL COSTS-RETAIL							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005	01 CHILD CARE							
006	01 COMMUNICATIONS							
006	02 PURCHASING							
006	03 PFS/COLLECTION							
006	04 OTHER A & G	11,009,706						
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	531,566	6,051,577		6,051,577			
008	OPERATION OF PLANT	13,830	157,451		171,539	328,990		
009	LAUNDRY & LINEN SERVICE	116,811	1,329,824		206,562	11,557	1,547,943	
010	HOUSEKEEPING	156,667	1,783,563		105,994	5,930	39,360	1,934,847
011	DIETARY	191,285	2,177,667		225,229	12,602	11,803	81,809
012	CAFETERIA	8,589	97,776		119,427	6,682		43,379
014	NURSING ADMINISTRATION	139,273	1,585,540		38,218	2,138		13,882
015	CENTRAL SERVICES & SUPPLY	53,205	605,710		189,050	10,577	576	68,668
016	PHARMACY	216,518	2,464,933		46,820	2,620	1,458	17,006
017	MEDICAL RECORDS & LIBRARY	269,788	3,071,387		123,179	6,892		44,742
018	SOCIAL SERVICE	29,378	334,457		9,429	528		3,425
019	CENTRAL STERILIZATION	43,787	498,492		61,503	3,441		22,340
020	NONPHYSICIAN ANESTHETISTS							
025	ADULTS & PEDIATRICS	930,791	10,596,526		970,270	54,285	289,611	352,428
026	INTENSIVE CARE UNIT	173,916	1,979,930		95,641	5,351	31,809	34,740
031	SUBPROVIDER	69,140	787,115		111,671	6,248	9,544	40,562
031	01 SUBPROVIDER-PSYCH	197,645	2,250,072		304,975	17,063	24,746	110,775
033	NURSERY	147,109	1,674,755		63,562	3,556		23,087
034	SKILLED NURSING FACILITY	181,484	2,066,095		202,906	11,353	62,160	73,701
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,174,167	13,367,222		419,571	23,475	172,395	152,400
038	RECOVERY ROOM	66,937	762,037		64,024	3,582	9,319	23,255
039	DELIVERY ROOM & LABOR ROO	83,817	954,207		97,277	5,443		35,334
040	ANESTHESIOLOGY	34,479	392,520		13,432	752		4,879
041	RADIOLOGY-DIAGNOSTIC	382,559	4,355,214		209,333	11,712	29,631	76,036
041	01 MAGNETIC RES. IMAGING	30,555	347,855		26,730	1,496		9,709
044	LABORATORY	338,253	3,850,814		130,299	7,290	3,902	47,328
047	BLOOD STORING, PROCESSING	102,050	1,161,777					
049	RESPIRATORY THERAPY	126,022	1,434,686		42,240	2,363	437	15,343
050	PHYSICAL THERAPY	262,412	2,987,407		122,140	6,834	7,468	44,365
053	ELECTROCARDIOLOGY	566,885	6,453,668		195,112	10,917	21,254	70,870
054	ELECTROENCEPHALOGRAPHY	41,574	473,294		40,046	2,241	6,421	14,546
055	MEDICAL SUPPLIES CHARGED	56,056	638,170					
056	DRUGS CHARGED TO PATIENTS	397,582	4,526,250					
058	ASC (NON-DISTINCT PART)	150,675	1,715,351		189,609	10,609	35,124	68,871
059	CARDIAC REHAB	41,316	470,354		126,874	7,099		46,084
059	01 BEHAVIORAL OUTPATIENT	26,325	299,693		36,371	2,035		13,211
059	02 SHOCK THERAPY	3,949	44,962		11,027	617		4,005
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	226,821	2,582,228		291,446	16,307	75,930	105,861
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
068	PURCHASED DIALYSIS SERVIC	20,692	235,567					
071	HOME HEALTH AGENCY	409,759	4,664,878		157,741	8,826		57,296
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	8,013,667	91,231,024		5,219,247	282,421	832,948	1,719,937
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OAKCREST NH	127,546	1,452,041				65,081	
096	02 SHARED SERVICES	46,535	529,771					
096	03 MATERNAL HEALTH SERVICES	16,922	192,647		11,758	658	1,090	4,271
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE	3,432	39,067		3,849	215		1,398
096	06 FUND DEVELOPMENT	23,715	269,984					
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 KENNEDY LIVING CENTER	66,500	757,065					
100	02 OCCUPATIONAL HEALTH SERVI	5,195	59,146		2,252	126		818
100	03 RENTAL PROPERTIES	16,091	183,186		499,375	27,940		181,387
100	04 AUXILIARY	1,439	16,382		33,272	1,862		12,085
100	05 COMMUNITY EDUC/OUTSIDE LA	13,237	150,692		16,453	921	593,169	5,976
100	06 RURAL OUTREACH PROGRAM	5,555	63,242					
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE	5,782	65,826					
100	09 MMC DYERSVILLE	484,007	5,510,149				32,034	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION		OTHER A & G	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.06	7	8	9	10
100	NONREIMBURS COST CENTERS							
100	10 CCH ELKADER	33,355	379,731				23,621	
100	11 RETAIL PHARMACY	2,141,686	24,381,772		24,709	1,382		8,975
100	12 IDLE SPACE	5,042	57,396		240,662	13,465		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	11,009,706	125,339,121		6,051,577	328,990	1,547,943	1,934,847

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	2,509,110						
012 CAFETERIA	197,741	465,005					
014 NURSING ADMINISTRATION		10,610	1,650,388				
015 CENTRAL SERVICES & SUPPLY		8,612		883,193			
016 PHARMACY		14,519		3,240	2,550,596		
017 MEDICAL RECORDS & LIBRARY		33,710		1,370	12	3,281,292	
018 SOCIAL SERVICE		4,182		24			352,045
019 CENTRAL STERILIZATION		5,368	25,487	4,703	143		
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	1,449,426	94,644	449,380	24,294	64,054	400,706	250,347
026 INTENSIVE CARE UNIT	97,635	15,789	74,970	6,683	15,122	60,670	6,984
031 SUBPROVIDER	79,048	6,473	30,735	989	10	18,770	4,596
031 01 SUBPROVIDER-PSYCH	301,213	20,362	96,683	1,268	286	77,052	47,898
033 NURSERY		13,286	63,082	2,725	2,652	47,766	15,996
034 SKILLED NURSING FACILITY	332,908	21,521	102,185	5,727	9,457	39,185	22,034
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	120	38,340	182,044	346,833	35,972	554,137	
038 RECOVERY ROOM	279	5,599	26,586	868	4,638	47,500	
039 DELIVERY ROOM & LABOR ROO		8,864	42,089	2,559		38,514	
040 ANESTHESIOLOGY		1,400	6,645	11,432	76,780	104,493	
041 RADIOLOGY-DIAGNOSTIC		24,282		23,405	49,682	359,979	
041 01 MAGNETIC RES. IMAGING		2,016		2,755	14,873	61,411	
044 LABORATORY				179	7	306,301	
047 BLOOD STORING, PROCESSING				2		24,202	
049 RESPIRATORY THERAPY		11,262		8,698	581	92,967	
050 PHYSICAL THERAPY		25,019		3,359	451	91,495	
053 ELECTROCARDIOLOGY		9,801	46,535	173,096	44,103	363,548	
054 ELECTROENCEPHALOGRAPHY		3,979		898	3	29,838	
055 MEDICAL SUPPLIES CHARGED				3,182	4,691	23,186	
056 DRUGS CHARGED TO PATIENTS				161,405	2,082,109	327,447	
058 ASC (NON-DISTINCT PART)	36,616	14,534	69,008	7,688	28,994	8,231	
059 CARDIAC REHAB		3,675	17,449	426	8	12,749	
059 01 BEHAVIORAL OUTPATIENT		2,801	13,299	223	9	8,371	
059 02 SHOCK THERAPY		344	1,632	280	125	4,222	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,359	19,872	94,356	9,447	29,560	169,221	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC						9,331	
071 HOME HEALTH AGENCY		34,639	164,470	46,168	503		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,500,345	455,503	1,506,635	853,926	2,464,825	3,281,292	347,855
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH			90,084	2,700	3,483		901
096 02 SHARED SERVICES		4,322		43	15		
096 03 MATERNAL HEALTH SERVICES		1,292	6,133	416	1,502		
096 04 CAFETERIA VISITORS	8,765						
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT		2,121		418			
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER				173			
100 02 OCCUPATIONAL HEALTH SERVI				650	7,897		
100 03 RENTAL PROPERTIES				56			
100 04 AUXILIARY							
100 05 COMMUNITY EDUC/OUTSIDE LA		1,062		109			
100 06 RURAL OUTREACH PROGRAM		351		24	11		
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		349		1,314			
100 09 MMC DYERSVILLE			47,536	22,661	70,683		3,289

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		11	12	14	15	16	17	18
NONREIMBURS COST CENTERS								
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY			5		703	2,180	
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,509,110	465,005	1,650,388	883,193	2,550,596	3,281,292	352,045

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	19	20	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-DYERSVI					
003 03 NEW CAP REL COSTS-PROF AR					
003 04 NEW CAP REL COSTS-ASBURY					
003 05 NEW CAP REL COSTS-MED ART					
003 06 NEW CAP REL COSTS-ENERGY					
003 07 NEW CAP REL COSTS-RENTAL					
003 08 NEW CAP REL COSTS-PARKING					
003 09 NEW CAP REL COSTS-97 BUIL					
003 10 NEW CAP REL COSTS-BELLEVU					
003 11 NEW CAP REL COSTS-CASCADE					
003 12 NEW CAP REL COSTS-RETAIL					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
005 01 CHILD CARE					
006 01 COMMUNICATIONS					
006 02 PURCHASING					
006 03 PFS/COLLECTION					
006 04 OTHER A & G					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 CENTRAL STERILIZATION	621,477				
020 NONPHYSICIAN ANESTHETISTS					
025 ADULTS & PEDIATRICS			14,995,971	-495,282	14,500,689
026 INTENSIVE CARE UNIT			2,425,324		2,425,324
031 SUBPROVIDER			1,095,761		1,095,761
031 01 SUBPROVIDER-PSYCH			3,252,393		3,252,393
033 NURSERY			1,910,467		1,910,467
034 SKILLED NURSING FACILITY			2,949,232		2,949,232
035 NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	420,550		15,713,059		15,713,059
038 RECOVERY ROOM			947,687		947,687
039 DELIVERY ROOM & LABOR ROO	60,445		1,244,732		1,244,732
040 ANESTHESIOLOGY			612,333		612,333
041 RADIOLOGY-DIAGNOSTIC	94,811		5,234,085		5,234,085
041 01 MAGNETIC RES. IMAGING			466,845		466,845
044 LABORATORY			4,346,120		4,346,120
047 BLOOD STORING, PROCESSING			1,185,981		1,185,981
049 RESPIRATORY THERAPY			1,608,577		1,608,577
050 PHYSICAL THERAPY			3,288,538		3,288,538
053 ELECTROCARDIOLOGY			7,388,904		7,388,904
054 ELECTROENCEPHALOGRAPHY			571,266		571,266
055 MEDICAL SUPPLIES CHARGED			669,229		669,229
056 DRUGS CHARGED TO PATIENTS			7,097,211		7,097,211
058 ASC (NON-DISTINCT PART)			2,184,635		2,184,635
059 CARDIAC REHAB			684,718		684,718
059 01 BEHAVIORAL OUTPATIENT			376,013		376,013
059 02 SHOCK THERAPY			67,214		67,214
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	45,671		3,445,258		3,445,258
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
068 PURCHASED DIALYSIS SERVIC			244,898		244,898
071 HOME HEALTH AGENCY			5,134,521		5,134,521
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	621,477		89,140,972	-495,282	88,645,690
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
096 01 OAKCREST NH			1,614,290		1,614,290
096 02 SHARED SERVICES			534,151		534,151
096 03 MATERNAL HEALTH SERVICES			219,767		219,767
096 04 CAFETERIA VISITORS			8,765		8,765
096 05 TV SERVICE			44,529		44,529
096 06 FUND DEVELOPMENT			272,523		272,523
098 PHYSICIANS' PRIVATE OFFIC					
100 OTHER NONREIMBURSABLE COS					
100 01 KENNEDY LIVING CENTER			757,238		757,238
100 02 OCCUPATIONAL HEALTH SERVI			70,889		70,889
100 03 RENTAL PROPERTIES			891,944		891,944
100 04 AUXILIARY			63,601		63,601
100 05 COMMUNITY EDUC/OUTSIDE LA			768,382		768,382
100 06 RURAL OUTREACH PROGRAM			63,628		63,628
100 07 BAD DEBT EXPENSE					
100 08 LIFELINE			67,489		67,489
100 09 MMC DYERSVILLE			5,686,352		5,686,352

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		CENTRAL STERILIZATION	STERILIZATION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		19		20	25	26	27
NONREIMBURS COST CENTERS							
100	10 CCH ELKADER				403,352		403,352
100	11 RETAIL PHARMACY				24,419,726		24,419,726
100	12 IDLE SPACE				311,523		311,523
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	621,477			125,339,121	-495,282	124,843,839

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-47 BLDG							
003 03 NEW CAP REL COSTS-DYERSVI							
003 04 NEW CAP REL COSTS-PROF AR							
003 05 NEW CAP REL COSTS-ASBURY							
003 06 NEW CAP REL COSTS-MED ART							
003 07 NEW CAP REL COSTS-ENERGY							
003 08 NEW CAP REL COSTS-RENTAL							
003 09 NEW CAP REL COSTS-PARKING							
003 10 NEW CAP REL COSTS-97 BUIL							
003 11 NEW CAP REL COSTS-BELLEVU							
003 12 NEW CAP REL COSTS-CASCADE							
004 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,258		10,946				
005 01 CHILD CARE					45,493		
006 01 COMMUNICATIONS	540	2,236	2,316				
006 02 PURCHASING	18,199	3,112					
006 03 PFS/COLLECTION	4,533						
006 04 OTHER A & G	308,734	88,569	170,753		31,194	5,586	
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	116	63,607	69,216		1,141		
008 OPERATION OF PLANT		2,401					
009 LAUNDRY & LINEN SERVICE		1,728	42,049				
010 HOUSEKEEPING	88	14,200	2,039		1,198		
011 DIETARY		38,273					
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,871	711	7,313				
015 CENTRAL SERVICES & SUPPLY	12,857	34,428					
016 PHARMACY	10,585	5,607	3,495				
017 MEDICAL RECORDS & LIBRARY	9,519	22,432				1,864	
018 SOCIAL SERVICE		936	936				
019 CENTRAL STERILIZATION		11,200					
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,207	126,887	54,502			376	
026 INTENSIVE CARE UNIT	12,324		20,852				
031 SUBPROVIDER	3,560		24,347				
031 01 SUBPROVIDER-PSYCH	3,418	55,539					
033 NURSERY			13,858				
034 SKILLED NURSING FACILITY	30,162		44,239				
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	163,532	60,386	5,526				
038 RECOVERY ROOM		375	352				
039 DELIVERY ROOM & LABOR ROO			21,209				
040 ANESTHESIOLOGY			1,213				
041 RADIOLOGY-DIAGNOSTIC	1,646	35,084	2,140				
041 01 MAGNETIC RES. IMAGING		4,868					
044 LABORATORY		14,975	10,481				
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	1,775		8,677		553		
050 PHYSICAL THERAPY	33,171		26,630				
053 ELECTROCARDIOLOGY	3,213		3,315				
054 ELECTROENCEPHALOGRAPHY	340		8,731				
055 MEDICAL SUPPLIES CHARGED	140,036						
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	1,537						
059 CARDIAC REHAB	33				28,724		
059 01 BEHAVIORAL OUTPATIENT	2,303	4,328					
059 02 SHOCK THERAPY		2,008					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,186	34,891					
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY	35,839	4,177			21,888		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	825,582	632,958	555,135		130,191	7,826	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	366			27,371			
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES	1,222				2,662		
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE		701					
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI					510		
100 03 RENTAL PROPERTIES		4,265	28,505		78,158		
100 04 AUXILIARY		3,655					
100 05 COMMUNITY EDUC/OUTSIDE LA	840		3,587				
100 06 RURAL OUTREACH PROGRAM							
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE							
100 09 MMC DYERSVILLE	10,654			94,629			12,582

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
		0	3	3.01	3.02	3.03	3.04	3.05
NONREIMBURS COST CENTERS								
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY	225,746						2,321
100	12 IDLE SPACE		596	51,758				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,064,410	642,175	638,985	122,000	211,521	7,826	14,903

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL OSTS-ENERGY	NEW CAP REL OSTS-RENTAL	NEW CAP REL OSTS-PARKING	NEW CAP REL OSTS-97 BUIL	NEW CAP REL OSTS-BELLEVU	NEW CAP REL OSTS-CASCADE	NEW CAP REL OSTS-RETAIL
	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-47 BLDG							
003 03 NEW CAP REL COSTS-DYERSVI							
003 04 NEW CAP REL COSTS-PROF AR							
003 05 NEW CAP REL COSTS-ASBURY							
003 06 NEW CAP REL COSTS-MED ART							
003 07 NEW CAP REL COSTS-ENERGY							
003 08 NEW CAP REL COSTS-RENTAL							
003 09 NEW CAP REL COSTS-PARKING							
003 10 NEW CAP REL COSTS-97 BUIL							
003 11 NEW CAP REL COSTS-BELLEVU							
003 12 NEW CAP REL COSTS-CASCADE							
004 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				762			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				18,797			
006 04 OTHER A & G			69,214	223,153			
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	10,128			140,262			
008 OPERATION OF PLANT	49,877						
009 LAUNDRY & LINEN SERVICE				3,147			
010 HOUSEKEEPING				9,988			
011 DIETARY				11,253			
012 CAFETERIA				89,187			
014 NURSING ADMINISTRATION				575			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				17,576			
031 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				46,778			
038 RECOVERY ROOM				45,068			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				5,878			
041 RADIOLOGY-DIAGNOSTIC				5,130			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,704	410	
053 ELECTROCARDIOLOGY				134,355			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)				141,598			
059 CARDIAC REHAB							
059 01 BEHAVIORAL OUTPATIENT				9,413			
059 02 SHOCK THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				74,571			
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY				28,469			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	60,005		69,214	1,005,960	1,704	410	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI							
100 03 RENTAL PROPERTIES		10,459				569	
100 04 AUXILIARY				9,859			
100 05 COMMUNITY EDUC/OUTSIDE LA							
100 06 RURAL OUTREACH PROGRAM							
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE							
100 09 MMC DYERSVILLE							

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
NONREIMBURS COST CENTERS		3.06	3.07	3.08	3.09	3.10	3.11	3.12
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY				18,452		172	41,255
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	60,005	10,459	69,214	1,034,271	1,704	1,151	41,255

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION
	4	4a	5	5.01	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,091	17,057	17,057				
005 01 CHILD CARE	235	45,728	263	45,991			
006 01 COMMUNICATIONS	1,372	6,464	92	1,195	7,751		
006 02 PURCHASING		21,311	67		78	21,456	
006 03 PFS/COLLECTION	828	24,158	289	23	221		24,691
006 04 OTHER A & G	2,865,631	3,762,834	658	603	890		
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	16,246	300,716	440	30	269	289	
008 OPERATION OF PLANT		52,278				1	
009 LAUNDRY & LINEN SERVICE	14,283	61,207	224	624	42	367	
010 HOUSEKEEPING	31,455	58,968	402	750	42	153	
011 DIETARY	17,826	67,352	498	2,874	173	984	
012 CAFETERIA		89,187					
014 NURSING ADMINISTRATION	6,052	17,522	401	1,265	137	39	
015 CENTRAL SERVICES & SUPPLY		47,285	139	100	36	24	
016 PHARMACY	65,118	84,805	550	2,473	72	72	
017 MEDICAL RECORDS & LIBRARY	1,485	35,300	791	1,962	567	30	
018 SOCIAL SERVICE		1,872	87	387	42	1	
019 CENTRAL STERILIZATION	32,542	43,742	88		18	104	
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	40,840	260,388	2,570	3,434	615	539	2,924
026 INTENSIVE CARE UNIT	21,598	54,774	473	2,225	107	148	443
031 SUBPROVIDER	795	28,702	180		107	22	137
031 01 SUBPROVIDER-PSYCH	5,308	64,265	561	621	191	28	562
033 NURSERY	68,960	82,818	401	817	95	60	349
034 SKILLED NURSING FACILITY	21,817	96,218	483	946	90	127	286
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	335,805	612,027	1,051	4,006	424	7,697	4,070
038 RECOVERY ROOM	1,849	47,644	180		72	19	347
039 DELIVERY ROOM & LABOR ROO		21,209	243		90	57	281
040 ANESTHESIOLOGY	109,485	116,576	22			254	762
041 RADIOLOGY-DIAGNOSTIC	548,939	592,939	652	4,576	233	519	2,627
041 01 MAGNETIC RES. IMAGING	13,185	18,053	62		24	61	448
044 LABORATORY	235	25,691			239	4	2,235
047 BLOOD STORING, PROCESSING	1,193	1,193					177
049 RESPIRATORY THERAPY	51,804	62,809	291	1,276	42	193	678
050 PHYSICAL THERAPY	10,882	72,797	714	4,909	245	75	668
053 ELECTROCARDIOLOGY	688,547	829,430	288		155	3,841	2,653
054 ELECTROENCEPHALOGRAPHY	13,339	22,410	107	1,205	42	20	218
055 MEDICAL SUPPLIES CHARGED	35,287	175,323				71	169
056 DRUGS CHARGED TO PATIENTS						3,582	2,389
058 ASC (NON-DISTINCT PART)	12,271	155,406	377	2,880	149	171	60
059 CARDIAC REHAB	3,957	32,714	108	159	48	9	93
059 01 BEHAVIORAL OUTPATIENT	53	16,097	65	710	101	5	61
059 02 SHOCK THERAPY	2,182	4,190	9			6	31
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	48,013	158,661	548	2,087	322	210	1,235
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							68
071 HOME HEALTH AGENCY	22,036	112,409	843	3,854	632	1,025	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,113,544	8,402,529	15,217	45,991	6,610	20,807	23,971
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	7,836	35,573	349			60	193
096 02 SHARED SERVICES	215	215	139		30	1	
096 03 MATERNAL HEALTH SERVICES		3,884	31		48	9	13
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE		701	1				
096 06 FUND DEVELOPMENT	59	59	66		24	9	
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER			201				4
100 02 OCCUPATIONAL HEALTH SERVI		564	8				14
100 03 RENTAL PROPERTIES	54	121,956			543		1
100 04 AUXILIARY		13,514			36		
100 05 COMMUNITY EDUC/OUTSIDE LA		4,427			24		2
100 06 RURAL OUTREACH PROGRAM					13		1
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE			7		24		29
100 09 MMC DYERSVILLE	66,403	184,268	889		18	503	514

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	CHILD CARE	COMMUNICATION S	PURCHASING	PFS/COLLECTIO N
		4	4a	5	5.01	6.01	6.02	6.03
100	10 NONREIMBURS COST CENTERS							
100	10 CCH ELKADER			102				
100	11 RETAIL PHARMACY	50,130	338,076			382	16	
100	12 IDLE SPACE		52,354					
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	5,238,241	9,158,120	17,057	45,991	7,751	21,456	24,691

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER A & G	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.04	6.06	7	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G	3,764,985						
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	181,779		483,523				
008 OPERATION OF PLANT	4,730		13,706	70,715			
009 LAUNDRY & LINEN SERVICE	39,946		16,504	2,484	121,398		
010 HOUSEKEEPING	53,575		8,469	1,275	3,087	126,721	
011 DIETARY	65,414		17,996	2,709	926	5,358	164,284
012 CAFETERIA	2,937		9,542	1,436		2,841	12,947
014 NURSING ADMINISTRATION	47,627		3,054	460		909	
015 CENTRAL SERVICES & SUPPLY	18,195		15,105	2,274	45	4,497	
016 PHARMACY	74,043		3,741	563	114	1,114	
017 MEDICAL RECORDS & LIBRARY	92,259		9,842	1,481		2,930	
018 SOCIAL SERVICE	10,047		753	113		224	
019 CENTRAL STERILIZATION	14,974		4,914	740		1,463	
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	318,302		77,523	11,669	22,713	23,080	94,901
026 INTENSIVE CARE UNIT	59,474		7,642	1,150	2,495	2,275	6,393
031 SUBPROVIDER	23,644		8,923	1,343	748	2,657	5,176
031 01 SUBPROVIDER-PSYCH	67,588		24,368	3,668	1,941	7,255	19,722
033 NURSERY	50,307		5,079	764		1,512	
034 SKILLED NURSING FACILITY	62,062		16,212	2,440	4,875	4,827	21,797
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	401,529		33,524	5,046	13,520	9,981	8
038 RECOVERY ROOM	22,890		5,116	770	731	1,523	18
039 DELIVERY ROOM & LABOR ROO	28,663		7,772	1,170		2,314	
040 ANESTHESIOLOGY	11,791		1,073	162		320	
041 RADIOLOGY-DIAGNOSTIC	130,824		16,726	2,518	2,324	4,980	
041 01 MAGNETIC RES. IMAGING	10,449		2,136	321		636	
044 LABORATORY	115,672		10,411	1,567	306	3,100	
047 BLOOD STORING, PROCESSING	34,898						
049 RESPIRATORY THERAPY	43,096		3,375	508	34	1,005	
050 PHYSICAL THERAPY	89,737		9,759	1,469	586	2,906	
053 ELECTROCARDIOLOGY	193,858		15,590	2,346	1,667	4,642	
054 ELECTROENCEPHALOGRAPHY	14,217		3,200	482	504	953	
055 MEDICAL SUPPLIES CHARGED	19,170						
056 DRUGS CHARGED TO PATIENTS	135,961						
058 ASC (NON-DISTINCT PART)	51,526		15,150	2,280	2,755	4,511	2,397
059 CARDIAC REHAB	14,129		10,137	1,526		3,018	
059 01 BEHAVIORAL OUTPATIENT	9,002		2,906	437		865	
059 02 SHOCK THERAPY	1,351		881	133		262	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	77,566		23,287	3,505	5,955	6,933	351
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC	7,076						
071 HOME HEALTH AGENCY	140,125		12,604	1,897		3,753	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,740,433		417,020	60,706	65,326	112,644	163,710
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	43,617				5,104		
096 02 SHARED SERVICES	15,913						
096 03 MATERNAL HEALTH SERVICES	5,787		939	141	86	280	
096 04 CAFETERIA VISITORS							574
096 05 TV SERVICE	1,173		308	46		92	
096 06 FUND DEVELOPMENT	8,110						
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER	22,741						
100 02 OCCUPATIONAL HEALTH SERVI	1,777		180	27		54	
100 03 RENTAL PROPERTIES	5,503		39,900	6,006		11,880	
100 04 AUXILIARY	492		2,658	400		792	
100 05 COMMUNITY EDUC/OUTSIDE LA	4,527		1,315	198	46,518	391	
100 06 RURAL OUTREACH PROGRAM	1,900						
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE	1,977						
100 09 MMC DYERSVILLE	165,516				2,512		

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

COST CENTER DESCRIPTION		OTHER A & G	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.04	6.06	7	8	9	10	11
NONREIMBURS COST CENTERS								
100	10 CCH ELKADER	11,407				1,852		
100	11 RETAIL PHARMACY	732,388		1,974	297		588	
100	12 IDLE SPACE	1,724		19,229	2,894			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	3,764,985		483,523	70,715	121,398	126,721	164,284

ALLOCATION OF NEW CAPITAL RELATED COSTS

	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	CENTRAL STERI LIZATION
	12	14	15	16	17	18	19
003	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-47 BLDG						
003	02 NEW CAP REL COSTS-DYERSVI						
003	03 NEW CAP REL COSTS-PROF AR						
003	04 NEW CAP REL COSTS-ASBURY						
003	05 NEW CAP REL COSTS-MED ART						
003	06 NEW CAP REL COSTS-ENERGY						
003	07 NEW CAP REL COSTS-RENTAL						
003	08 NEW CAP REL COSTS-PARKING						
003	09 NEW CAP REL COSTS-97 BUIL						
003	10 NEW CAP REL COSTS-BELLEVU						
003	11 NEW CAP REL COSTS-CASCADE						
003	12 NEW CAP REL COSTS-RETAIL						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
005	01 CHILD CARE						
006	01 COMMUNICATIONS						
006	02 PURCHASING						
006	03 PFS/COLLECTION						
006	04 OTHER A & G						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA 118,890						
014	NURSING ADMINISTRATION 2,713 74,127						
015	CENTRAL SERVICES & SUPPLY 2,202 89,902						
016	PHARMACY 3,712 330 171,589						
017	MEDICAL RECORDS & LIBRARY 8,619 139 1 153,921						
018	SOCIAL SERVICE 1,069 2 14,597						
019	CENTRAL STERILIZATION 1,372 1,145 479 10 69,049						
020	NONPHYSICIAN ANESTHETISTS						
025	ADULTS & PEDIATRICS 24,199 20,188 2,473 4,309 18,793 10,380						
026	INTENSIVE CARE UNIT 4,037 3,367 680 1,017 2,845 290						
031	SUBPROVIDER 1,655 1,380 101 1 880 191						
031	01 SUBPROVIDER-PSYCH 5,206 4,342 129 19 3,614 1,986						
033	NURSERY 3,397 2,833 277 178 2,240 663						
034	SKILLED NURSING FACILITY 5,502 4,590 583 636 1,838 914						
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM 9,803 8,176 35,305 2,420 26,020 46,725						
038	RECOVERY ROOM 1,432 1,194 88 312 2,228						
039	DELIVERY ROOM & LABOR ROO 2,266 1,890 260 1,806 6,716						
040	ANESTHESIOLOGY 358 298 1,164 5,165 4,901						
041	RADIOLOGY-DIAGNOSTIC 6,208 2,382 3,342 16,883 10,534						
041	01 MAGNETIC RES. IMAGING 515 280 1,001 2,880						
044	LABORATORY 18 14,365						
047	BLOOD STORING, PROCESSING 1,135						
049	RESPIRATORY THERAPY 2,879 885 39 4,360						
050	PHYSICAL THERAPY 6,397 342 30 4,291						
053	ELECTROCARDIOLOGY 2,506 2,090 17,620 2,967 17,050						
054	ELECTROENCEPHALOGRAPHY 1,017 91 1,399						
055	MEDICAL SUPPLIES CHARGED 324 316 1,087						
056	DRUGS CHARGED TO PATIENTS 16,430 140,072 15,357						
058	ASC (NON-DISTINCT PART) 3,716 3,099 783 1,951 386						
059	CARDIAC REHAB 940 784 43 1 598						
059	01 BEHAVIORAL OUTPATIENT 716 597 23 1 393						
059	02 SHOCK THERAPY 88 73 29 8 198						
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY 5,081 4,238 962 1,989 7,936 5,074						
062	OBSERVATION BEDS (NON-DIS						
068	OTHER REIMBURS COST CNTRS						
068	PURCHASED DIALYSIS SERVIC 438						
071	HOME HEALTH AGENCY 8,856 7,387 4,700 34						
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS 116,461 67,671 86,922 165,819 153,921 14,424 69,049						
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
096	01 OAKCREST NH 4,046 275 234 37						
096	02 SHARED SERVICES 1,105 4 1						
096	03 MATERNAL HEALTH SERVICES 330 275 42 101						
096	04 CAFETERIA VISITORS						
096	05 TV SERVICE						
096	06 FUND DEVELOPMENT 542 43						
098	PHYSICIANS' PRIVATE OFFIC						
100	OTHER NONREIMBURSABLE COS						
100	01 KENNEDY LIVING CENTER 18						
100	02 OCCUPATIONAL HEALTH SERVI 66 531						
100	03 RENTAL PROPERTIES 6						
100	04 AUXILIARY						
100	05 COMMUNITY EDUC/OUTSIDE LA 272 11						
100	06 RURAL OUTREACH PROGRAM 90 2 1						
100	07 BAD DEBT EXPENSE						
100	08 LIFELINE 89 134						
100	09 MMC DYERSVILLE 2,135 2,307 4,755 136						

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	CENTRAL STERI LIZATION
	12	14	15	16	17	18	19
NONREIMBURS COST CENTERS							
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY	1		72	147			
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	118,890	74,127	89,902	171,589	153,921	14,597	69,049

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				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-DYERSVI				
003 03 NEW CAP REL COSTS-PROF AR				
003 04 NEW CAP REL COSTS-ASBURY				
003 05 NEW CAP REL COSTS-MED ART				
003 06 NEW CAP REL COSTS-ENERGY				
003 07 NEW CAP REL COSTS-RENTAL				
003 08 NEW CAP REL COSTS-PARKING				
003 09 NEW CAP REL COSTS-97 BUIL				
003 10 NEW CAP REL COSTS-BELLEVU				
003 11 NEW CAP REL COSTS-CASCADE				
003 12 NEW CAP REL COSTS-RETAIL				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
005 01 CHILD CARE				
006 01 COMMUNICATIONS				
006 02 PURCHASING				
006 03 PFS/COLLECTION				
006 04 OTHER A & G				
006 06 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 CENTRAL STERILIZATION				
020 NONPHYSICIAN ANESTHETISTS				
025 ADULTS & PEDIATRICS		899,000		899,000
026 INTENSIVE CARE UNIT		149,835		149,835
031 SUBPROVIDER		75,847		75,847
031 01 SUBPROVIDER-PSYCH		206,066		206,066
033 NURSERY		151,790		151,790
034 SKILLED NURSING FACILITY		224,426		224,426
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,221,332		1,221,332
038 RECOVERY ROOM		84,564		84,564
039 DELIVERY ROOM & LABOR ROO		74,737		74,737
040 ANESTHESIOLOGY		142,846		142,846
041 RADIOLOGY-DIAGNOSTIC		798,267		798,267
041 01 MAGNETIC RES. IMAGING		36,866		36,866
044 LABORATORY		173,608		173,608
047 BLOOD STORING, PROCESSING		37,403		37,403
049 RESPIRATORY THERAPY		121,470		121,470
050 PHYSICAL THERAPY		194,925		194,925
053 ELECTROCARDIOLOGY		1,096,703		1,096,703
054 ELECTROENCEPHALOGRAPHY		45,865		45,865
055 MEDICAL SUPPLIES CHARGED		196,460		196,460
056 DRUGS CHARGED TO PATIENTS		313,791		313,791
058 ASC (NON-DISTINCT PART)		247,597		247,597
059 CARDIAC REHAB		64,307		64,307
059 01 BEHAVIORAL OUTPATIENT		31,979		31,979
059 02 SHOCK THERAPY		7,259		7,259
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		305,940		305,940
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
068 PURCHASED DIALYSIS SERVIC		7,582		7,582
071 HOME HEALTH AGENCY		298,119		298,119
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		7,208,584		7,208,584
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
096 01 OAKCREST NH		89,488		89,488
096 02 SHARED SERVICES		17,408		17,408
096 03 MATERNAL HEALTH SERVICES		11,966		11,966
096 04 CAFETERIA VISITORS		574		574
096 05 TV SERVICE		2,321		2,321
096 06 FUND DEVELOPMENT		8,853		8,853
098 PHYSICIANS' PRIVATE OFFIC				
100 OTHER NONREIMBURSABLE COS				
100 01 KENNEDY LIVING CENTER		22,964		22,964
100 02 OCCUPATIONAL HEALTH SERVI		3,221		3,221
100 03 RENTAL PROPERTIES		185,795		185,795
100 04 AUXILIARY		17,892		17,892
100 05 COMMUNITY EDUC/OUTSIDE LA		57,719		57,719
100 06 RURAL OUTREACH PROGRAM		2,019		2,019
100 07 BAD DEBT EXPENSE				
100 08 LIFELINE		2,260		2,260
100 09 MMC DYERSVILLE		363,553		363,553

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B
 I I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		20	25	26	27
	NONREIMBURS COST CENTERS				
100	10 CCH ELKADER		13,361		13,361
100	11 RETAIL PHARMACY		1,073,941		1,073,941
100	12 IDLE SPACE		76,201		76,201
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL		9,158,120		9,158,120

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE EET	OSTS-47 BLDG F(SQUARE)EET	OSTS-DYERSVI F(SQUARE)EET	OSTS-PROF AR F(SQUARE)EET	OSTS-ASBURY F(SQUARE)EET	OSTS-MED ART F(SQUARE)EET
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD	183,243					
003 01 NEW CAP REL COSTS-47		152,297				
003 02 NEW CAP REL COSTS-DYE			48,776			
003 03 NEW CAP REL COSTS-PRO				48,550		
003 04 NEW CAP REL COSTS-ASB					10,715	
003 05 NEW CAP REL COSTS-MED						11,750
003 06 NEW CAP REL COSTS-ENE						
003 07 NEW CAP REL COSTS-REN						
003 08 NEW CAP REL COSTS-PAR						
003 09 NEW CAP REL COSTS-97						
003 10 NEW CAP REL COSTS-BEL						
003 11 NEW CAP REL COSTS-CAS						
003 12 NEW CAP REL COSTS-RET						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS		2,609				
005 01 CHILD CARE				10,442		
006 01 COMMUNICATIONS	638	552				
006 02 PURCHASING	888					
006 03 PFS/COLLECTION						
006 04 OTHER A & G	25,273	40,698		7,160	7,648	
006 06 OTHER ADMINISTRATIVE						
007 MAINTENANCE & REPAIRS	18,150	16,497		262		
008 OPERATION OF PLANT	685					
009 LAUNDRY & LINEN SERVI	493	10,022				
010 HOUSEKEEPING	4,052	486		275		
011 DIETARY	10,921					
012 CAFETERIA						
014 NURSING ADMINISTRATIO	203	1,743				
015 CENTRAL SERVICES & SU	9,824					
016 PHARMACY	1,600	833				
017 MEDICAL RECORDS & LIB	6,401				2,552	
018 SOCIAL SERVICE	267	223				
019 CENTRAL STERILIZATION	3,196					
020 NONPHYSICIAN ANESTHET						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	36,207	12,990			515	
026 INTENSIVE CARE UNIT		4,970				
031 SUBPROVIDER		5,803				
031 01 SUBPROVIDER-PSYCH	15,848					
033 NURSERY		3,303				
034 SKILLED NURSING FACIL		10,544				
035 NURSING FACILITY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	17,231	1,317				
038 RECOVERY ROOM	107	84				
039 DELIVERY ROOM & LABOR		5,055				
040 ANESTHESIOLOGY		289				
041 RADIOLOGY-DIAGNOSTIC	10,011	510				
041 01 MAGNETIC RES. IMAGING	1,389					
044 LABORATORY	4,273	2,498				
047 BLOOD STORING, PROCES						
049 RESPIRATORY THERAPY		2,068		127		
050 PHYSICAL THERAPY		6,347				
053 ELECTROCARDIOLOGY		790				
054 ELECTROENCEPHALOGRAPH		2,081				
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
059 CARDIAC REHAB				6,593		
059 01 BEHAVIORAL OUTPATIENT	1,235					
059 02 SHOCK THERAPY	573					
061 OUTPAT SERVICE COST C						
062 EMERGENCY	9,956					
068 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 PURCHASED DIALYSIS SE	1,192			5,024		
HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	180,613	132,312		29,883	10,715	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 OAKCREST NH			10,943			
096 02 SHARED SERVICES						
096 03 MATERNAL HEALTH SERVI				611		
096 04 CAFETERIA VISITORS						
096 05 TV SERVICE	200					
096 06 FUND DEVELOPMENT						
098 PHYSICIANS' PRIVATE O						
100 OTHER NONREIMBURSABLE						
100 01 KENNEDY LIVING CENTER						
100 02 OCCUPATIONAL HEALTH S				117		
100 03 RENTAL PROPERTIES	1,217	6,794		17,939		
100 04 AUXILIARY	1,043					
100 05 COMMUNITY EDUC/OUTSID		855				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE EET	OSTS-47 BLDG F(SQUARE)EET	OSTS-DYERSVI F(SQUARE)EET	OSTS-PROF AR F(SQUARE)EET	OSTS-ASBURY F(SQUARE)EET	OSTS-MED ART F(SQUARE)EET
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05
100 06 RURAL OUTREACH PROGRA						
100 07 BAD DEBT EXPENSE						
100 08 LIFELINE						
100 09 MMC DYERSVILLE			37,833			9,920
100 10 CCH ELKADER						
100 11 RETAIL PHARMACY						1,830
100 12 IDLE SPACE	170	12,336				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	642,175	638,985	122,000	211,521	7,826	14,903
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.504499	4.195651	2.501230	4.356766	.730378	1.268340
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST CENTER DESCRIPTION	NEW CAP REL OSTS-ENERGY (SQUARE FEET)	NEW CAP REL OSTS-RENTAL (SQUARE FEET)	NEW CAP REL OSTS-PARKING (SQUARE FEET)	NEW CAP REL OSTS-97 BUIL (SQUARE FEET)	NEW CAP REL OSTS-BELLEVU (SQUARE FEET)	NEW CAP REL OSTS-CASCADE (SQUARE FEET)	NEW CAP REL OSTS-RETAIL (SQUARE FEET)
GENERAL SERVICE COST	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-47							
003 03 NEW CAP REL COSTS-DYE							
003 04 NEW CAP REL COSTS-PRO							
003 05 NEW CAP REL COSTS-ASB							
003 06 NEW CAP REL COSTS-MED	9,900						
003 07 NEW CAP REL COSTS-ENE		1,000					
003 08 NEW CAP REL COSTS-REN			1,000				
003 09 NEW CAP REL COSTS-PAR				71,969			
003 10 NEW CAP REL COSTS-97					1,087		
003 11 NEW CAP REL COSTS-BEL						5,475	
003 12 NEW CAP REL COSTS-CAS							13,222
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS				53			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				1,308			
006 04 OTHER A & G			1,000	15,528			
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS	1,671			9,760			
008 OPERATION OF PLANT	8,229						
009 LAUNDRY & LINEN SERVI				219			
010 HOUSEKEEPING				695			
011 DIETARY				783			
012 CAFETERIA				6,206			
014 NURSING ADMINISTRATIO				40			
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHET							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS				1,223			
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
ANCILLARY SRVC COST C							
037 OPERATING ROOM				3,255			
038 RECOVERY ROOM				3,136			
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY				409			
041 RADIOLOGY-DIAGNOSTIC				357			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,087	1,948	
053 ELECTROCARDIOLOGY				9,349			
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR				9,853			
059 CARDIAC REHAB							
059 01 BEHAVIORAL OUTPATIENT				655			
059 02 SHOCK THERAPY							
OUTPAT SERVICE COST C							
061 EMERGENCY				5,189			
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
068 PURCHASED DIALYSIS SE							
071 HOME HEALTH AGENCY				1,981			
SPEC PURPOSE COST CEN							
095 SUBTOTALS	9,900		1,000	69,999	1,087	1,948	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVI							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE O							
100 OTHER NONREIMBURSABLE							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH S							
100 03 RENTAL PROPERTIES		1,000				2,710	
100 04 AUXILIARY				686			
100 05 COMMUNITY EDUC/OUTSID							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL COSTS-MVBLE	C EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	
		(DOLLAR ALUE	(GROSS SALARIES	(PAYROLL)DUCTIONS	(DUBUQUE)HONES	P(PURCHASING)EQUISITIONS	R(GROSS)HARGES	C RECONCIL-) IATION
		4	5	5.01	6.01	6.02	6.03	6a.04
GENERAL SERVICE COST								
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP REL COSTS-47							
003	03 NEW CAP REL COSTS-DYE							
003	04 NEW CAP REL COSTS-PRO							
003	05 NEW CAP REL COSTS-ASB							
003	06 NEW CAP REL COSTS-MED							
003	07 NEW CAP REL COSTS-ENE							
003	08 NEW CAP REL COSTS-REN							
003	09 NEW CAP REL COSTS-PAR							
003	10 NEW CAP REL COSTS-97							
003	11 NEW CAP REL COSTS-BEL							
003	12 NEW CAP REL COSTS-CAS							
004	NEW CAP REL COSTS-MVB	5,238,241						
005	EMPLOYEE BENEFITS	2,091	45,673,080					
005	01 CHILD CARE	235	705,849	335,085				
006	01 COMMUNICATIONS	1,372	247,748	8,709	1,299			
006	02 PURCHASING		180,376		13	21,201,706		
006	03 PFS/COLLECTION	828	774,241	171	37		256,910,205	
006	04 OTHER A & G	2,865,631	1,765,361	4,392	150			-11,009,706
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	16,246	1,179,514	220	45	285,835		
008	OPERATION OF PLANT					1,151		
009	LAUNDRY & LINEN SERVI	14,283	599,711	4,545	7	362,176		
010	HOUSEKEEPING	31,455	1,078,556	5,465	7	151,403		
011	DIETARY	17,826	1,335,437	20,936	29	972,058		
012	CAFETERIA							
014	NURSING ADMINISTRATIO	6,052	1,073,889	9,214	23	38,555		
015	CENTRAL SERVICES & SU		372,676	727	6	23,328		
016	PHARMACY	65,118	1,474,656	18,017	12	71,039		
017	MEDICAL RECORDS & LIB	1,485	2,119,338	14,292	95	30,033		
018	SOCIAL SERVICE		233,488	2,818	7	518		
019	CENTRAL STERILIZATION	32,542	236,092		3	103,127		
020	NONPHYSICIAN ANESTHET							
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	40,840	6,829,336	25,023	103	532,728	30,458,079	
026	INTENSIVE CARE UNIT	21,598	1,268,555	16,212	18	146,540	4,611,607	
031	SUBPROVIDER	795	481,444		18	21,678	1,426,716	
031	01 SUBPROVIDER-PSYCH	5,308	1,503,541	4,525	32	27,804	5,856,828	
033	NURSERY	68,960	1,074,594	5,954	16	59,756	3,630,763	
034	SKILLED NURSING FACIL	21,817	1,294,705	6,896	15	125,594	2,978,516	
035	NURSING FACILITY							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	335,805	2,818,109	29,189	71	7,605,729	42,112,337	
038	RECOVERY ROOM	1,849	482,045		12	19,035	3,610,514	
039	DELIVERY ROOM & LABOR		651,318		15	56,118	2,927,463	
040	ANESTHESIOLOGY	109,485	59,967			250,682	7,942,589	
041	RADIOLOGY-DIAGNOSTIC	548,939	1,748,570	33,337	39	513,235	27,362,323	
041	01 MAGNETIC RES. IMAGING	13,185	165,423		4	60,410	4,667,879	
044	LABORATORY	235			40	3,919	23,282,233	
047	BLOOD STORING, PROCES	1,193				38	1,839,617	
049	RESPIRATORY THERAPY	51,804	780,642	9,299	7	190,744	7,066,518	
050	PHYSICAL THERAPY	10,882	1,913,958	35,762	41	73,660	6,954,626	
053	ELECTROCARDIOLOGY	688,547	773,073		26	3,795,714	27,633,619	
054	ELECTROENCEPHALOGRAPH	13,339	288,198	8,783	7	19,696	2,268,017	
055	MEDICAL SUPPLIES CHAR	35,287				69,769	1,762,361	
056	DRUGS CHARGED TO PATI					3,539,359	24,889,561	
058	ASC (NON-DISTINCT PAR	12,271	1,009,978	20,984	25	168,590	625,619	
059	CARDIAC REHAB	3,957	290,594	1,157	8	9,343	969,068	
059	01 BEHAVIORAL OUTPATIENT	53	173,507	5,176	17	4,900	636,309	
059	02 SHOCK THERAPY	2,182	22,844			6,145	320,930	
061	OUTPAT SERVICE COST C							
061	EMERGENCY	48,013	1,469,627	15,205	54	207,160	12,862,672	
062	OBSERVATION BEDS (NON							
062	OTHER REIMBURS COST C							
068	PURCHASED DIALYSIS SE						709,236	
071	HOME HEALTH AGENCY	22,036	2,259,193	28,077	106	1,012,398		
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	5,113,544	40,736,153	335,085	1,108	20,559,967	249,406,000	-11,009,706
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096	01 OAKCREST NH	7,836	935,841			59,207	2,012,792	
096	02 SHARED SERVICES	215	373,212		5	933		
096	03 MATERNAL HEALTH SERVI		84,258		8	9,120	139,406	
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE		1,951					
096	06 FUND DEVELOPMENT	59	175,974		4	9,163		
098	PHYSICIANS' PRIVATE O							
100	OTHER NONREIMBURSABLE							
100	01 KENNEDY LIVING CENTER		540,202				3,785	
100	02 OCCUPATIONAL HEALTH S	54	22,566				14,245	
100	03 RENTAL PROPERTIES				91	1,225		
100	04 AUXILIARY				6			
100	05 COMMUNITY EDUC/OUTSID		92,306		4	2,383		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	CHILD CARE (PAYROLL) REDUCTIONS	COMMUNICATIONS (DUBUQUE) HONES	PURCHASING (PURCHASING) EQUISITIONS	PFS/COLLECTION (GROSS) HARGES	C RECONCILIATION
		(DOLLAR ALUE	V() SALARIES	(GROSS)EDUCTIONS	D(DUBUQUE) HONES	P(PURCHASING) EQUISITIONS	R(GROSS) HARGES	C RECONCILIATION
	NONREIMBURS COST CENT	4	5	5.01	6.01	6.02	6.03	6a.04
100	06 RURAL OUTREACH PROGRA		35,678		2	532		
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE		19,226		4	28,811		
100	09 MMC DYERSVILLE	66,403	2,382,516		3	496,922	5,352,007	
100	10 CCH ELKADER		272,999					
100	11 RETAIL PHARMACY	50,130	198		64	15,413		
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,238,241	9,021,969	280,496	309,381	491,168	1,458,290	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.000000	.197534	.837089	238.168591	.023166	.005676	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		17,057	45,991	7,751	21,456	24,691	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000373	.137252	5.966898	.001012	.000096	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER A & G		OTHER ADMINIS TRATIVE AND		MAINTENANCE & OPERATION OF		LAUNDRY & LIN EN SERVICE		HOUSEKEEPING	
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE)EET	F(SQUARE)EET	F(SQUARE)EET	F(POUNDS)AUNDRY	L(SQUARE)EET	F)	
	6.04	6a.06	6.06	7	8	9	10			
GENERAL SERVICE COST										
003 NEW CAP REL COSTS-BLD										
003 01 NEW CAP REL COSTS-47										
003 02 NEW CAP REL COSTS-DYE										
003 03 NEW CAP REL COSTS-PRO										
003 04 NEW CAP REL COSTS-ASB										
003 05 NEW CAP REL COSTS-MED										
003 06 NEW CAP REL COSTS-ENE										
003 07 NEW CAP REL COSTS-REN										
003 08 NEW CAP REL COSTS-PAR										
003 09 NEW CAP REL COSTS-97										
003 10 NEW CAP REL COSTS-BEL										
003 11 NEW CAP REL COSTS-CAS										
003 12 NEW CAP REL COSTS-RET										
004 NEW CAP REL COSTS-MVB										
005 EMPLOYEE BENEFITS										
005 01 CHILD CARE										
006 01 COMMUNICATIONS										
006 02 PURCHASING										
006 03 PFS/COLLECTION										
006 04 OTHER A & G	114,329,415									
006 06 OTHER ADMINISTRATIVE			125,339,121							
007 MAINTENANCE & REPAIRS	5,520,011		6,051,577	314,470						
008 OPERATION OF PLANT	143,621		157,451	8,914	305,556					
009 LAUNDRY & LINEN SERVI	1,213,013		1,329,824	10,734	10,734	2,116,528				
010 HOUSEKEEPING	1,626,896		1,783,563	5,508	5,508	53,817	276,808			
011 DIETARY	1,986,382		2,177,667	11,704	11,704	16,139	11,704			
012 CAFETERIA	89,187		97,776	6,206	6,206		6,206			
014 NURSING ADMINISTRATIO	1,446,267		1,585,540	1,986	1,986		1,986			
015 CENTRAL SERVICES & SU	552,505		605,710	9,824	9,824	787	9,824			
016 PHARMACY	2,248,415		2,464,933	2,433	2,433	1,994	2,433			
017 MEDICAL RECORDS & LIB	2,801,599		3,071,387	6,401	6,401		6,401			
018 SOCIAL SERVICE	305,079		334,457	490	490		490			
019 CENTRAL STERILIZATION	454,705		498,492	3,196	3,196		3,196			
020 NONPHYSICIAN ANESTHET										
INPAT ROUTINE SRVC CN										
025 ADULTS & PEDIATRICS	9,665,735		10,596,526	50,420	50,420	395,989	50,420			
026 INTENSIVE CARE UNIT	1,806,014		1,979,930	4,970	4,970	43,493	4,970			
031 SUBPROVIDER	717,975		787,115	5,803	5,803	13,049	5,803			
031 01 SUBPROVIDER-PSYCH	2,052,427		2,250,072	15,848	15,848	33,836	15,848			
033 NURSERY	1,527,646		1,674,755	3,303	3,303		3,303			
034 SKILLED NURSING FACIL	1,884,611		2,066,095	10,544	10,544	84,993	10,544			
035 NURSING FACILITY										
ANCILLARY SRVC COST C										
037 OPERATING ROOM	12,193,055		13,367,222	21,803	21,803	235,719	21,803			
038 RECOVERY ROOM	695,100		762,037	3,327	3,327	12,742	3,327			
039 DELIVERY ROOM & LABOR	870,390		954,207	5,055	5,055		5,055			
040 ANESTHESIOLOGY	358,041		392,520	698	698		698			
041 RADIOLOGY-DIAGNOSTIC	3,972,655		4,355,214	10,878	10,878	40,515	10,878			
041 01 MAGNETIC RES. IMAGING	317,300		347,855	1,389	1,389		1,389			
044 LABORATORY	3,512,561		3,850,814	6,771	6,771	5,335	6,771			
047 BLOOD STORING, PROCES	1,059,727		1,161,777							
049 RESPIRATORY THERAPY	1,308,664		1,434,686	2,195	2,195	598	2,195			
050 PHYSICAL THERAPY	2,724,995		2,987,407	6,347	6,347	10,211	6,347			
053 ELECTROCARDIOLOGY	5,886,783		6,453,668	10,139	10,139	29,061	10,139			
054 ELECTROENCEPHALOGRAPH	431,720		473,294	2,081	2,081	8,779	2,081			
055 MEDICAL SUPPLIES CHAR	582,114		638,170							
056 DRUGS CHARGED TO PATI	4,128,668		4,526,250							
058 ASC (NON-DISTINCT PAR	1,564,676		1,715,351	9,853	9,853	48,025	9,853			
059 CARDIAC REHAB	429,038		470,354	6,593	6,593		6,593			
059 01 BEHAVIORAL OUTPATIENT	273,368		299,693	1,890	1,890		1,890			
059 02 SHOCK THERAPY	41,013		44,962	573	573		573			
061 OUTPAT SERVICE COST C										
062 EMERGENCY	2,355,407		2,582,228	15,145	15,145	103,820	15,145			
068 OBSERVATION BEDS (NON										
OTHER REIMBURS COST C										
068 PURCHASED DIALYSIS SE	214,875		235,567							
071 HOME HEALTH AGENCY	4,255,119		4,664,878	8,197	8,197		8,197			
095 SPEC PURPOSE COST CEN										
SUBTOTALS	83,217,357		91,231,024	271,218	262,304	1,138,902	246,062			
096 NONREIMBURS COST CENT										
096 01 GIFT, FLOWER, COFFEE										
096 02 OAKCREST NH	1,324,495		1,452,041			88,986				
096 03 SHARED SERVICES	483,236		529,771							
096 04 MATERNAL HEALTH SERVI	175,725		192,647	611	611	1,491	611			
096 05 CAFETERIA VISITORS										
096 06 TV SERVICE	35,635		39,067	200	200		200			
098 FUND DEVELOPMENT	246,269		269,984							
098 PHYSICIANS' PRIVATE O										
100 OTHER NONREIMBURSABLE										
100 01 KENNEDY LIVING CENTER	690,565		757,065							
100 02 OCCUPATIONAL HEALTH S	53,951		59,146	117	117		117			
100 03 RENTAL PROPERTIES	167,095		183,186	25,950	25,950		25,950			
100 04 AUXILIARY	14,943		16,382	1,729	1,729		1,729			
100 05 COMMUNITY EDUC/OUTSID	137,455		150,692	855	855	811,051	855			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

	COST CENTER DESCRIPTION	OTHER A & G		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	
		(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE)EET	F(SQUARE)EET	F(POUNDS OF)AUNDRY	L(SQUARE)EET	
	NONREIMBURS COST CENT	6.04	6a.06	6.06	7	8	9	10	
100	06 RURAL OUTREACH PROGRA	57,687		63,242					
100	07 BAD DEBT EXPENSE								
100	08 LIFELINE	60,044		65,826					
100	09 MMC DYERSVILLE	5,026,142		5,510,149			43,801		
100	10 CCH ELKADER	346,376		379,731			32,297		
100	11 RETAIL PHARMACY	22,240,086		24,381,772	1,284	1,284		1,284	
100	12 IDLE SPACE	52,354		57,396	12,506	12,506			
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	11,009,706			6,051,577	328,990	1,547,943	1,934,847	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.096298			19.243734	1.076693	.731360	6.989852	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	3,764,985			483,523	70,715	121,398	126,721	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.032931			1.537581	.231431	.057357	.457794	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(MEALS)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(PURCHASING EQUIPMENTS)	(PHARMACY EQS)	(GROSS CHARGES)	(CASES)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-47							
003 02 NEW CAP REL COSTS-DYE							
003 03 NEW CAP REL COSTS-PRO							
003 04 NEW CAP REL COSTS-ASB							
003 05 NEW CAP REL COSTS-MED							
003 06 NEW CAP REL COSTS-ENE							
003 07 NEW CAP REL COSTS-REN							
003 08 NEW CAP REL COSTS-PAR							
003 09 NEW CAP REL COSTS-97							
003 10 NEW CAP REL COSTS-BEL							
003 11 NEW CAP REL COSTS-CAS							
003 12 NEW CAP REL COSTS-RET							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	125,950						
012 CAFETERIA	9,926	1,396,425					
014 NURSING ADMINISTRATION		31,862	1,043,817				
015 CENTRAL SERVICES & SUPPLY		25,861		19,367,200			
016 PHARMACY		43,600		71,039	4,313,183		
017 MEDICAL RECORDS & LIBRARY		101,231		30,033	20	249,406,000	
018 SOCIAL SERVICE		12,559		518			7,813
019 CENTRAL STERILIZATION		16,120	16,120	103,127	242		
020 NONPHYSICIAN ANESTHETIC							
INPAT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	72,757	284,218	284,218	532,728	108,319	30,458,079	5,556
026 INTENSIVE CARE UNIT	4,901	47,416	47,416	146,540	25,572	4,611,607	155
031 SUBPROVIDER	3,968	19,439	19,439	21,678	17	1,426,716	102
031 01 SUBPROVIDER-PSYCH	15,120	61,149	61,149	27,804	484	5,856,828	1,063
033 NURSERY		39,897	39,897	59,756	4,485	3,630,763	355
034 SKILLED NURSING FACILITY	16,711	64,629	64,629	125,594	15,993	2,978,516	489
035 NURSING FACILITY							
ANCILLARY SERVICE CENTER COST CENTER							
037 OPERATING ROOM	6	115,137	115,137	7,605,729	60,830	42,112,337	
038 RECOVERY ROOM	14	16,815	16,815	19,035	7,843	3,610,514	
039 DELIVERY ROOM & LABOR		26,620	26,620	56,118		2,927,463	
040 ANESTHESIOLOGY		4,203	4,203	250,682	129,839	7,942,589	
041 RADIOLOGY-DIAGNOSTIC		72,921		513,235	84,014	27,362,323	
041 01 MAGNETIC RES. IMAGING		6,053		60,410	25,151	4,667,879	
044 LABORATORY				3,919	12	23,282,233	
047 BLOOD STORING, PROCESSING				38		1,839,617	
049 RESPIRATORY THERAPY		33,821		190,744	983	7,066,518	
050 PHYSICAL THERAPY		75,134		73,660	763	6,954,626	
053 ELECTROCARDIOLOGY		29,432	29,432	3,795,714	74,580	27,633,619	
054 ELECTROENCEPHALOGRAPHY		11,950		19,696	5	2,268,017	
055 MEDICAL SUPPLIES CHARGED TO PATIENT				69,769	7,932	1,762,361	
056 DRUGS CHARGED TO PATIENT				3,539,359	3,520,949	24,889,561	
058 ASC (NON-DISTINCT FROM PHARMACY)	1,838	43,645	43,645	168,590	49,031	625,619	
059 CARDIAC REHABILITATION		11,036	11,036	9,343	13	969,068	
059 01 BEHAVIORAL OUTPATIENT		8,411	8,411	4,900	15	636,309	
059 02 SHOCK THERAPY		1,032	1,032	6,145	211	320,930	
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY	269	59,677	59,677	207,160	49,988	12,862,672	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
068 OTHER REIMBURSABLE COST CENTER							
071 PURCHASED DIALYSIS SERVICE						709,236	
HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		104,022	104,022	1,012,398	850		
095 SUBTOTALS	125,510	1,367,890	952,898	18,725,461	4,168,141	249,406,000	7,720
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 OAKCREST NURSING HOME			56,975	59,207	5,890		20
096 02 SHARED SERVICES		12,980		933	25		
096 03 MATERNAL HEALTH SERVICES		3,879	3,879	9,120	2,540		
096 04 CAFETERIA VISITORS	440						
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT		6,369		9,163			
098 PHYSICIANS' PRIVATE OFFICES							
100 OTHER NONREIMBURSABLE							
100 01 KENNEDY LIVING CENTER				3,785			
100 02 OCCUPATIONAL HEALTH SERVICES				14,245	13,354		
100 03 RENTAL PROPERTIES				1,225			
100 04 AUXILIARY							
100 05 COMMUNITY EDUCATION/OUTSIDE		3,190		2,383			

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (PURCHASING ACQUISITIONS)	PHARMACY (PHARMACY EQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (CASES)
NONREIMBURS COST CENT	11	12	14	15	16	17	18
100 06 RURAL OUTREACH PROGRA		1,055		532	19		
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		1,048		28,811			
100 09 MMC DYERSVILLE			30,065	496,922	119,528		73
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY		14		15,413	3,686		
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,509,110	465,005	1,650,388	883,193	2,550,596	3,281,292	352,045
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	19.921477	.332997	1.581109	.045603	.591349	.013156	45.058876
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	164,284	118,890	74,127	89,902	171,589	153,921	14,597
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.304359	.085139	.071015	.004642	.039782	.000617	1.868296

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS
GENERAL SERVICE COST	19	20
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-47		
003 02 NEW CAP REL COSTS-DYE		
003 03 NEW CAP REL COSTS-PRO		
003 04 NEW CAP REL COSTS-ASB		
003 05 NEW CAP REL COSTS-MED		
003 06 NEW CAP REL COSTS-ENE		
003 07 NEW CAP REL COSTS-REN		
003 08 NEW CAP REL COSTS-PAR		
003 09 NEW CAP REL COSTS-97		
003 10 NEW CAP REL COSTS-BEL		
003 11 NEW CAP REL COSTS-CAS		
003 12 NEW CAP REL COSTS-RET		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
005 01 CHILD CARE		
006 01 COMMUNICATIONS		
006 02 PURCHASING		
006 03 PFS/COLLECTION		
006 04 OTHER A & G		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 CENTRAL STERILIZATION	9,675	
020 NONPHYSICIAN ANESTHET		
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
031 01 SUBPROVIDER-PSYCH		
033 NURSERY		
034 SKILLED NURSING FACIL		
035 NURSING FACILITY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM	6,547	
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR	941	
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	1,476	
041 01 MAGNETIC RES. IMAGING		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
058 ASC (NON-DISTINCT PAR		
059 CARDIAC REHAB		
059 01 BEHAVIORAL OUTPATIENT		
059 02 SHOCK THERAPY		
OUTPAT SERVICE COST C		
061 EMERGENCY	711	
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
068 PURCHASED DIALYSIS SE		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	9,675	
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 OAKCREST NH		
096 02 SHARED SERVICES		
096 03 MATERNAL HEALTH SERVI		
096 04 CAFETERIA VISITORS		
096 05 TV SERVICE		
096 06 FUND DEVELOPMENT		
098 PHYSICIANS' PRIVATE O		
100 OTHER NONREIMBURSABLE		
100 01 KENNEDY LIVING CENTER		
100 02 OCCUPATIONAL HEALTH S		
100 03 RENTAL PROPERTIES		
100 04 AUXILIARY		
100 05 COMMUNITY EDUC/OUTSID		

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET B-1
 I I TO 6/30/2008 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS
NONREIMBURS COST CENT	19	20
100 06 RURAL OUTREACH PROGRA		
100 07 BAD DEBT EXPENSE		
100 08 LIFELINE		
100 09 MMC DYERSVILLE		
100 10 CCH ELKADER		
100 11 RETAIL PHARMACY		
100 12 IDLE SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	621,477	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	64.235349	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	69,049	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	7.136848	

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:
I 16-0069
I

I PERIOD:
I FROM 7/ 1/2007 I
I TO 6/30/2008 I
I PREPARED 11/26/2008
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	A&P TO SDS	1	25	-495,282
6	SDS FROM A&P		58	495,282

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,500,689		14,500,689		14,500,689
26	INTENSIVE CARE UNIT	2,425,324		2,425,324		2,425,324
31	SUBPROVIDER	1,095,761		1,095,761		1,095,761
31	01 SUBPROVIDER-PSYCH	3,252,393		3,252,393		3,252,393
33	NURSERY	1,910,467		1,910,467		1,910,467
34	SKILLED NURSING FACILITY	2,949,232		2,949,232		2,949,232
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,713,059		15,713,059		15,713,059
38	RECOVERY ROOM	947,687		947,687		947,687
39	DELIVERY ROOM & LABOR ROO	1,244,732		1,244,732		1,244,732
40	ANESTHESIOLOGY	612,333		612,333		612,333
41	RADIOLOGY-DIAGNOSTIC	5,234,085		5,234,085	22,938	5,257,023
41	01 MAGNETIC RES. IMAGING	466,845		466,845		466,845
44	LABORATORY	4,346,120		4,346,120		4,346,120
47	BLOOD STORING, PROCESSING	1,185,981		1,185,981		1,185,981
49	RESPIRATORY THERAPY	1,608,577		1,608,577		1,608,577
50	PHYSICAL THERAPY	3,288,538		3,288,538		3,288,538
53	ELECTROCARDIOLOGY	7,388,904		7,388,904		7,388,904
54	ELECTROENCEPHALOGRAPHY	571,266		571,266		571,266
55	MEDICAL SUPPLIES CHARGED	669,229		669,229		669,229
56	DRUGS CHARGED TO PATIENTS	7,097,211		7,097,211		7,097,211
58	ASC (NON-DISTINCT PART)	2,184,635		2,184,635		2,184,635
59	CARDIAC REHAB	684,718		684,718		684,718
59	01 BEHAVIORAL OUTPATIENT	376,013		376,013	11,750	387,763
59	02 SHOCK THERAPY	67,214		67,214		67,214
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,445,258		3,445,258	73,904	3,519,162
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	648,563		648,563		648,563
68	PURCHASED DIALYSIS SERVIC	244,898		244,898		244,898
101	SUBTOTAL	84,159,732		84,159,732	108,592	84,268,324
102	LESS OBSERVATION BEDS	648,563		648,563		648,563
103	TOTAL	83,511,169		83,511,169	108,592	83,619,761

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,797,682		27,797,682			
26	INTENSIVE CARE UNIT	4,565,527		4,565,527			
31	SUBPROVIDER	1,426,716		1,426,716			
01 31	SUBPROVIDER-PSYCH	5,836,525		5,836,525			
33	NURSERY	3,555,295		3,555,295			
34	SKILLED NURSING FACILITY	2,957,756		2,957,756			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,887,938	13,109,785	40,997,723	.383267	.383267	.383267
38	RECOVERY ROOM	1,898,094	1,573,406	3,471,500	.272991	.272991	.272991
39	DELIVERY ROOM & LABOR ROO	2,632,697	188,767	2,821,464	.441165	.441165	.441165
40	ANESTHESIOLOGY	5,035,074	2,674,471	7,709,545	.079425	.079425	.079425
41	RADIOLOGY-DIAGNOSTIC	9,420,236	16,906,819	26,327,055	.198810	.198810	.199681
01 41	MAGNETIC RES. IMAGING	1,161,637	3,139,705	4,301,342	.108535	.108535	.108535
44	LABORATORY	17,301,860	5,656,717	22,958,577	.189303	.189303	.189303
47	BLOOD STORING, PROCESSING	1,522,535	307,877	1,830,412	.647931	.647931	.647931
49	RESPIRATORY THERAPY	6,344,280	660,113	7,004,393	.229653	.229653	.229653
50	PHYSICAL THERAPY	3,849,633	2,878,483	6,728,116	.488775	.488775	.488775
53	ELECTROCARDIOLOGY	18,874,080	8,512,309	27,386,389	.269802	.269802	.269802
54	ELECTROENCEPHALOGRAPHY	322,021	1,899,893	2,221,914	.257105	.257105	.257105
55	MEDICAL SUPPLIES CHARGED	1,312,550	410,693	1,723,243	.388354	.388354	.388354
56	DRUGS CHARGED TO PATIENTS	20,108,205	4,282,590	24,390,795	.290979	.290979	.290979
58	ASC (NON-DISTINCT PART)	199,396	1,337,299	1,536,695	1.421645	1.421645	1.421645
59	CARDIAC REHAB	270,247	694,977	965,224	.709388	.709388	.709388
01 59	BEHAVIORAL OUTPATIENT	36,168	582,500	618,668	.607778	.607778	.626771
02 59	SHOCK THERAPY	134,670	186,260	320,930	.209435	.209435	.209435
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,599,480	7,063,493	12,662,973	.272073	.272073	.277910
62	OBSERVATION BEDS (NON-DIS	265,034	1,032,391	1,297,425	.499885	.499885	.499885
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	698,852	5,836	704,688	.347527	.347527	.347527
101	SUBTOTAL	171,014,188	73,104,384	244,118,572			
102	LESS OBSERVATION BEDS						
103	TOTAL	171,014,188	73,104,384	244,118,572			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,500,689		14,500,689		14,500,689
26	INTENSIVE CARE UNIT	2,425,324		2,425,324		2,425,324
31	SUBPROVIDER	1,095,761		1,095,761		1,095,761
31	01 SUBPROVIDER-PSYCH	3,252,393		3,252,393		3,252,393
33	NURSERY	1,910,467		1,910,467		1,910,467
34	SKILLED NURSING FACILITY	2,949,232		2,949,232		2,949,232
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,713,059		15,713,059		15,713,059
38	RECOVERY ROOM	947,687		947,687		947,687
39	DELIVERY ROOM & LABOR ROO	1,244,732		1,244,732		1,244,732
40	ANESTHESIOLOGY	612,333		612,333		612,333
41	RADIOLOGY-DIAGNOSTIC	5,234,085		5,234,085	22,938	5,257,023
41	01 MAGNETIC RES. IMAGING	466,845		466,845		466,845
44	LABORATORY	4,346,120		4,346,120		4,346,120
47	BLOOD STORING, PROCESSING	1,185,981		1,185,981		1,185,981
49	RESPIRATORY THERAPY	1,608,577		1,608,577		1,608,577
50	PHYSICAL THERAPY	3,288,538		3,288,538		3,288,538
53	ELECTROCARDIOLOGY	7,388,904		7,388,904		7,388,904
54	ELECTROENCEPHALOGRAPHY	571,266		571,266		571,266
55	MEDICAL SUPPLIES CHARGED	669,229		669,229		669,229
56	DRUGS CHARGED TO PATIENTS	7,097,211		7,097,211		7,097,211
58	ASC (NON-DISTINCT PART)	2,184,635		2,184,635		2,184,635
59	CARDIAC REHAB	684,718		684,718		684,718
59	01 BEHAVIORAL OUTPATIENT	376,013		376,013	11,750	387,763
59	02 SHOCK THERAPY	67,214		67,214		67,214
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,445,258		3,445,258	73,904	3,519,162
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	648,563		648,563		648,563
68	PURCHASED DIALYSIS SERVIC	244,898		244,898		244,898
101	SUBTOTAL	84,159,732		84,159,732	108,592	84,268,324
102	LESS OBSERVATION BEDS	648,563		648,563		648,563
103	TOTAL	83,511,169		83,511,169	108,592	83,619,761

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,797,682		27,797,682			
26	INTENSIVE CARE UNIT	4,565,527		4,565,527			
31	SUBPROVIDER	1,426,716		1,426,716			
31	01 SUBPROVIDER-PSYCH	5,836,525		5,836,525			
33	NURSERY	3,555,295		3,555,295			
34	SKILLED NURSING FACILITY	2,957,756		2,957,756			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,887,938	13,109,785	40,997,723	.383267	.383267	.383267
38	RECOVERY ROOM	1,898,094	1,573,406	3,471,500	.272991	.272991	.272991
39	DELIVERY ROOM & LABOR ROO	2,632,697	188,767	2,821,464	.441165	.441165	.441165
40	ANESTHESIOLOGY	5,035,074	2,674,471	7,709,545	.079425	.079425	.079425
41	RADIOLOGY-DIAGNOSTIC	9,420,236	16,906,819	26,327,055	.198810	.198810	.199681
41	01 MAGNETIC RES. IMAGING	1,161,637	3,139,705	4,301,342	.108535	.108535	.108535
44	LABORATORY	17,301,860	5,656,717	22,958,577	.189303	.189303	.189303
47	BLOOD STORING, PROCESSING	1,522,535	307,877	1,830,412	.647931	.647931	.647931
49	RESPIRATORY THERAPY	6,344,280	660,113	7,004,393	.229653	.229653	.229653
50	PHYSICAL THERAPY	3,849,633	2,878,483	6,728,116	.488775	.488775	.488775
53	ELECTROCARDIOLOGY	18,874,080	8,512,309	27,386,389	.269802	.269802	.269802
54	ELECTROENCEPHALOGRAPHY	322,021	1,899,893	2,221,914	.257105	.257105	.257105
55	MEDICAL SUPPLIES CHARGED	1,312,550	410,693	1,723,243	.388354	.388354	.388354
56	DRUGS CHARGED TO PATIENTS	20,108,205	4,282,590	24,390,795	.290979	.290979	.290979
58	ASC (NON-DISTINCT PART)	199,396	1,337,299	1,536,695	1.421645	1.421645	1.421645
59	CARDIAC REHAB	270,247	694,977	965,224	.709388	.709388	.709388
59	01 BEHAVIORAL OUTPATIENT	36,168	582,500	618,668	.607778	.607778	.626771
59	02 SHOCK THERAPY	134,670	186,260	320,930	.209435	.209435	.209435
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,599,480	7,063,493	12,662,973	.272073	.272073	.277910
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	265,034	1,032,391	1,297,425	.499885	.499885	.499885
68	PURCHASED DIALYSIS SERVIC	698,852	5,836	704,688	.347527	.347527	.347527
101	SUBTOTAL	171,014,188	73,104,384	244,118,572			
102	LESS OBSERVATION BEDS						
103	TOTAL	171,014,188	73,104,384	244,118,572			

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	15,713,059	1,221,332	14,491,727			15,713,059
38	RECOVERY ROOM	947,687	84,564	863,123			947,687
39	DELIVERY ROOM & LABOR ROO	1,244,732	74,737	1,169,995			1,244,732
40	ANESTHESIOLOGY	612,333	142,846	469,487			612,333
41	RADIOLOGY-DIAGNOSTIC	5,234,085	798,267	4,435,818			5,234,085
41	01 MAGNETIC RES. IMAGING	466,845	36,866	429,979			466,845
44	LABORATORY	4,346,120	173,608	4,172,512			4,346,120
47	BLOOD STORING, PROCESSING	1,185,981	37,403	1,148,578			1,185,981
49	RESPIRATORY THERAPY	1,608,577	121,470	1,487,107			1,608,577
50	PHYSICAL THERAPY	3,288,538	194,925	3,093,613			3,288,538
53	ELECTROCARDIOLOGY	7,388,904	1,096,703	6,292,201			7,388,904
54	ELECTROENCEPHALOGRAPHY	571,266	45,865	525,401			571,266
55	MEDICAL SUPPLIES CHARGED	669,229	196,460	472,769			669,229
56	DRUGS CHARGED TO PATIENTS	7,097,211	313,791	6,783,420			7,097,211
58	ASC (NON-DISTINCT PART)	2,184,635	247,597	1,937,038			2,184,635
59	CARDIAC REHAB	684,718	64,307	620,411			684,718
59	01 BEHAVIORAL OUTPATIENT	376,013	31,979	344,034			376,013
59	02 SHOCK THERAPY	67,214	7,259	59,955			67,214
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,445,258	305,940	3,139,318			3,445,258
62	OBSERVATION BEDS (NON-DIS	648,563	40,209	608,354			648,563
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	244,898	7,582	237,316			244,898
101	SUBTOTAL	58,025,866	5,243,710	52,782,156			58,025,866
102	LESS OBSERVATION BEDS	648,563	40,209	608,354			648,563
103	TOTAL	57,377,303	5,203,501	52,173,802			57,377,303

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	40,997,723	.383267	.383267
38	RECOVERY ROOM	3,471,500	.272991	.272991
39	DELIVERY ROOM & LABOR ROO	2,821,464	.441165	.441165
40	ANESTHESIOLOGY	7,709,545	.079425	.079425
41	RADIOLOGY-DIAGNOSTIC	26,327,055	.198810	.198810
41	01 MAGNETIC RES. IMAGING	4,301,342	.108535	.108535
44	LABORATORY	22,958,577	.189303	.189303
47	BLOOD STORING, PROCESSING	1,830,412	.647931	.647931
49	RESPIRATORY THERAPY	7,004,393	.229653	.229653
50	PHYSICAL THERAPY	6,728,116	.488775	.488775
53	ELECTROCARDIOLOGY	27,386,389	.269802	.269802
54	ELECTROENCEPHALOGRAPHY	2,221,914	.257105	.257105
55	MEDICAL SUPPLIES CHARGED	1,723,243	.388354	.388354
56	DRUGS CHARGED TO PATIENTS	24,390,795	.290979	.290979
58	ASC (NON-DISTINCT PART)	1,536,695	1.421645	1.421645
59	CARDIAC REHAB	965,224	.709388	.709388
59	01 BEHAVIORAL OUTPATIENT	618,668	.607778	.607778
59	02 SHOCK THERAPY	320,930	.209435	.209435
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	12,662,973	.272073	.272073
62	OBSERVATION BEDS (NON-DIS	1,297,425	.499885	.499885
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVIC	704,688	.347527	.347527
101	SUBTOTAL	197,979,071		
102	LESS OBSERVATION BEDS	1,297,425		
103	TOTAL	196,681,646		

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	15,713,059	1,221,332	14,491,727	122,133	840,520	14,750,406
38	RECOVERY ROOM	947,687	84,564	863,123	8,456	50,061	889,170
39	DELIVERY ROOM & LABOR ROO	1,244,732	74,737	1,169,995	7,474	67,860	1,169,398
40	ANESTHESIOLOGY	612,333	142,846	469,487	14,285	27,230	570,818
41	RADIOLOGY-DIAGNOSTIC	5,234,085	798,267	4,435,818	79,827	257,277	4,896,981
41	01 MAGNETIC RES. IMAGING	466,845	36,866	429,979	3,687	24,939	438,219
44	LABORATORY	4,346,120	173,608	4,172,512	17,361	242,006	4,086,753
47	BLOOD STORING, PROCESSING	1,185,981	37,403	1,148,578	3,740	66,618	1,115,623
49	RESPIRATORY THERAPY	1,608,577	121,470	1,487,107	12,147	86,252	1,510,178
50	PHYSICAL THERAPY	3,288,538	194,925	3,093,613	19,493	179,430	3,089,615
53	ELECTROCARDIOLOGY	7,388,904	1,096,703	6,292,201	109,670	364,948	6,914,286
54	ELECTROENCEPHALOGRAPHY	571,266	45,865	525,401	4,587	30,473	536,206
55	MEDICAL SUPPLIES CHARGED	669,229	196,460	472,769	19,646	27,421	622,162
56	DRUGS CHARGED TO PATIENTS	7,097,211	313,791	6,783,420	31,379	393,438	6,672,394
58	ASC (NON-DISTINCT PART)	2,184,635	247,597	1,937,038	24,760	112,348	2,047,527
59	CARDIAC REHAB	684,718	64,307	620,411	6,431	35,984	642,303
59	01 BEHAVIORAL OUTPATIENT	376,013	31,979	344,034	3,198	19,954	352,861
59	02 SHOCK THERAPY	67,214	7,259	59,955	726	3,477	63,011
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,445,258	305,940	3,139,318	30,594	182,080	3,232,584
62	OBSERVATION BEDS (NON-DIS	648,563	40,209	608,354	4,021	35,285	609,257
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	244,898	7,582	237,316	758	13,764	230,376
101	SUBTOTAL	58,025,866	5,243,710	52,782,156	524,373	3,061,365	54,440,128
102	LESS OBSERVATION BEDS	648,563	40,209	608,354	4,021	35,285	609,257
103	TOTAL	57,377,303	5,203,501	52,173,802	520,352	3,026,080	53,830,871

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET C
 I I TO 6/30/2008 I PART II

**NOT A CMS WORKSHEET **
 (09/2000)

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	40,997,723	.359786	.380288
38	RECOVERY ROOM	3,471,500	.256134	.270555
39	DELIVERY ROOM & LABOR ROO	2,821,464	.414465	.438516
40	ANESTHESIOLOGY	7,709,545	.074040	.077572
41	RADIOLOGY-DIAGNOSTIC	26,327,055	.186006	.195778
41 01	MAGNETIC RES. IMAGING	4,301,342	.101880	.107678
44	LABORATORY	22,958,577	.178006	.188546
47	BLOOD STORING, PROCESSING	1,830,412	.609493	.645888
49	RESPIRATORY THERAPY	7,004,393	.215604	.227918
50	PHYSICAL THERAPY	6,728,116	.459210	.485878
53	ELECTROCARDIOLOGY	27,386,389	.252472	.265798
54	ELECTROENCEPHALOGRAPHY	2,221,914	.241326	.255041
55	MEDICAL SUPPLIES CHARGED	1,723,243	.361041	.376954
56	DRUGS CHARGED TO PATIENTS	24,390,795	.273562	.289693
58	ASC (NON-DISTINCT PART)	1,536,695	1.332423	1.405533
59	CARDIAC REHAB	965,224	.665444	.702725
59 01	BEHAVIORAL OUTPATIENT	618,668	.570356	.602609
59 02	SHOCK THERAPY	320,930	.196339	.207173
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	12,662,973	.255278	.269657
62	OBSERVATION BEDS (NON-DIS	1,297,425	.469589	.496786
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVIC	704,688	.326919	.346451
101	SUBTOTAL	197,979,071		
102	LESS OBSERVATION BEDS	1,297,425		
103	TOTAL	196,681,646		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				899,000		899,000
26	INTENSIVE CARE UNIT				149,835		149,835
31	SUBPROVIDER				75,847		75,847
31 01	SUBPROVIDER-PSYCH				206,066		206,066
33	NURSERY				151,790		151,790
101	TOTAL				1,482,538		1,482,538

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART I
 PPS

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,332	15,747			35.49	558,861
26	INTENSIVE CARE UNIT	2,054	1,381			72.95	100,744
31	SUBPROVIDER	1,403	882			54.06	47,681
31	01 SUBPROVIDER-PSYCH	5,139	1,668			40.10	66,887
33	NURSERY	1,786				84.99	
101	TOTAL	35,714	19,678				774,173

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-0069 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,221,332	40,997,723	18,942,166		
38	RECOVERY ROOM		84,564	3,471,500	1,139,896		
39	DELIVERY ROOM & LABOR ROO		74,737	2,821,464	4,774		
40	ANESTHESIOLOGY		142,846	7,709,545	3,012,543		
41	RADIOLOGY-DIAGNOSTIC		798,267	26,327,055	6,638,986		
41 01	MAGNETIC RES. IMAGING		36,866	4,301,342	694,533		
44	LABORATORY		173,608	22,958,577	10,328,467		
47	BLOOD STORING, PROCESSING		37,403	1,830,412	1,098,474		
49	RESPIRATORY THERAPY		121,470	7,004,393	4,135,302		
50	PHYSICAL THERAPY		194,925	6,728,116	1,263,907		
53	ELECTROCARDIOLOGY		1,096,703	27,386,389	10,666,690		
54	ELECTROENCEPHALOGRAPHY		45,865	2,221,914	145,724		
55	MEDICAL SUPPLIES CHARGED		196,460	1,723,243	269,714		
56	DRUGS CHARGED TO PATIENTS		313,791	24,390,795	11,051,242		
58	ASC (NON-DISTINCT PART)		247,597	1,536,695	3,818		
59	CARDIAC REHAB		64,307	965,224	176,392		
59 01	BEHAVIORAL OUTPATIENT		31,979	618,668	8,974		
59 02	SHOCK THERAPY		7,259	320,930	670		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		305,940	12,662,973	3,564,519		
62	OBSERVATION BEDS (NON-DIS		40,209	1,297,425	146,453		
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		7,582	704,688	330,488		
101	TOTAL		5,243,710	197,979,071	73,623,732		

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-0069 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.029790	564,287
38	RECOVERY ROOM	.024359	27,767
39	DELIVERY ROOM & LABOR ROO	.026489	126
40	ANESTHESIOLOGY	.018528	55,816
41	RADIOLOGY-DIAGNOSTIC	.030321	201,301
41 01	MAGNETIC RES. IMAGING	.008571	5,953
44	LABORATORY	.007562	78,104
47	BLOOD STORING, PROCESSING	.020434	22,446
49	RESPIRATORY THERAPY	.017342	71,714
50	PHYSICAL THERAPY	.028972	36,618
53	ELECTROCARDIOLOGY	.040046	427,158
54	ELECTROENCEPHALOGRAPHY	.020642	3,008
55	MEDICAL SUPPLIES CHARGED	.114006	30,749
56	DRUGS CHARGED TO PATIENTS	.012865	142,174
58	ASC (NON-DISTINCT PART)	.161123	615
59	CARDIAC REHAB	.066624	11,752
59 01	BEHAVIORAL OUTPATIENT	.051690	464
59 02	SHOCK THERAPY	.022619	15
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.024160	86,119
62	OBSERVATION BEDS (NON-DIS	.030991	4,539
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.010759	3,556
101	TOTAL		1,774,281

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I I TO 6/30/2008 I PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					25,332	
26	INTENSIVE CARE UNIT					2,054	
31	SUBPROVIDER					1,403	
31 01	SUBPROVIDER-PSYCH					5,139	
33	NURSERY					1,786	
34	SKILLED NURSING FACILITY					6,079	
35	NURSING FACILITY					14,317	
101	TOTAL					56,110	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	15,747	
26	INTENSIVE CARE UNIT	1,381	
31	SUBPROVIDER	882	
31 01	SUBPROVIDER-PSYCH	1,668	
33	NURSERY		
34	SKILLED NURSING FACILITY	5,283	
35	NURSING FACILITY		
101	TOTAL	24,961	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			40,997,723			18,942,166	
38	RECOVERY ROOM			3,471,500			1,139,896	
39	DELIVERY ROOM & LABOR ROO			2,821,464			4,774	
40	ANESTHESIOLOGY			7,709,545			3,012,543	
41	RADIOLOGY-DIAGNOSTIC			26,327,055			6,638,986	
41 01	MAGNETIC RES. IMAGING			4,301,342			694,533	
44	LABORATORY			22,958,577			10,328,467	
47	BLOOD STORING, PROCESSING			1,830,412			1,098,474	
49	RESPIRATORY THERAPY			7,004,393			4,135,302	
50	PHYSICAL THERAPY			6,728,116			1,263,907	
53	ELECTROCARDIOLOGY			27,386,389			10,666,690	
54	ELECTROENCEPHALOGRAPHY			2,221,914			145,724	
55	MEDICAL SUPPLIES CHARGED			1,723,243			269,714	
56	DRUGS CHARGED TO PATIENTS			24,390,795			11,051,242	
58	ASC (NON-DISTINCT PART)			1,536,695			3,818	
59	CARDIAC REHAB			965,224			176,392	
59 01	BEHAVIORAL OUTPATIENT			618,668			8,974	
59 02	SHOCK THERAPY			320,930			670	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			12,662,973			3,564,519	
62	OBSERVATION BEDS (NON-DIS			1,297,425			146,453	
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			704,688			330,488	
101	TOTAL			197,979,071			73,623,732	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,083,710					
38	RECOVERY ROOM	652,011					
39	DELIVERY ROOM & LABOR ROO	157					
40	ANESTHESIOLOGY	755,443					
41	RADIOLOGY-DIAGNOSTIC	6,118,721					
41 01	MAGNETIC RES. IMAGING	911,233					
44	LABORATORY	485,065					
47	BLOOD STORING, PROCESSING	307,566					
49	RESPIRATORY THERAPY	474,635					
50	PHYSICAL THERAPY	1,162					
53	ELECTROCARDIOLOGY	3,200,179					
54	ELECTROENCEPHALOGRAPHY	666,986					
55	MEDICAL SUPPLIES CHARGED	50,589					
56	DRUGS CHARGED TO PATIENTS	1,752,926					
58	ASC (NON-DISTINCT PART)	697					
59	CARDIAC REHAB	309,820					
59 01	BEHAVIORAL OUTPATIENT	50,301					
59 02	SHOCK THERAPY	101,840					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,858,151					
62	OBSERVATION BEDS (NON-DIS	384,758					
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	2,904					
101	TOTAL	23,168,854					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART V
 I 16-0069 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.383267	.383267			
38 RECOVERY ROOM	.272991	.272991			
39 DELIVERY ROOM & LABOR ROOM	.441165	.441165			
40 ANESTHESIOLOGY	.079425	.079425			
41 RADIOLOGY-DIAGNOSTIC	.198810	.198810			
41 01 MAGNETIC RES. IMAGING	.108535	.108535			
44 LABORATORY	.189303	.189303			
47 BLOOD STORING, PROCESSING & TRANS.	.647931	.647931			
49 RESPIRATORY THERAPY	.229653	.229653			
50 PHYSICAL THERAPY	.488775	.488775			
53 ELECTROCARDIOLOGY	.269802	.269802			
54 ELECTROENCEPHALOGRAPHY	.257105	.257105			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.388354	.388354			
56 DRUGS CHARGED TO PATIENTS	.290979	.290979			
58 ASC (NON-DISTINCT PART)	1.421645	1.421645			
59 CARDIAC REHAB	.709388	.709388			
59 01 BEHAVIORAL OUTPATIENT	.607778	.607778			
59 02 SHOCK THERAPY	.209435	.209435			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.272073	.272073			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.499885	.499885			
68 OTHER REIMBURS COST CNTRS					
68 PURCHASED DIALYSIS SERVICES	.347527	.347527			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,083,710			
38	RECOVERY ROOM		652,011			
39	DELIVERY ROOM & LABOR ROOM		157			
40	ANESTHESIOLOGY		755,443			
41	RADIOLOGY-DIAGNOSTIC		6,118,721			
41	01 MAGNETIC RES. IMAGING		911,233			
44	LABORATORY		485,065			
47	BLOOD STORING, PROCESSING & TRANS.		307,566			
49	RESPIRATORY THERAPY		474,635			
50	PHYSICAL THERAPY		1,162			
53	ELECTROCARDIOLOGY		3,200,179			
54	ELECTROENCEPHALOGRAPHY		666,986			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		50,589			
56	DRUGS CHARGED TO PATIENTS		1,752,926			
58	ASC (NON-DISTINCT PART)		697			
59	CARDIAC REHAB		309,820			
59	01 BEHAVIORAL OUTPATIENT		50,301			
59	02 SHOCK THERAPY		101,840			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,858,151			
62	OBSERVATION BEDS (NON-DISTINCT PART)		384,758			
	OTHER REIMBURS COST CNTRS					
68	PURCHASED DIALYSIS SERVICES		2,904			
101	SUBTOTAL		23,168,854			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		23,168,854			

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,948,418	
38	RECOVERY ROOM				177,993	
39	DELIVERY ROOM & LABOR ROOM				69	
40	ANESTHESIOLOGY				60,001	
41	RADIOLOGY-DIAGNOSTIC				1,216,463	
41	01 MAGNETIC RES. IMAGING				98,901	
44	LABORATORY				91,824	
47	BLOOD STORING, PROCESSING & TRANS.				199,282	
49	RESPIRATORY THERAPY				109,001	
50	PHYSICAL THERAPY				568	
53	ELECTROCARDIOLOGY				863,415	
54	ELECTROENCEPHALOGRAPHY				171,485	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				19,646	
56	DRUGS CHARGED TO PATIENTS				510,065	
58	ASC (NON-DISTINCT PART)				991	
59	CARDIAC REHAB				219,783	
59	01 BEHAVIORAL OUTPATIENT				30,572	
59	02 SHOCK THERAPY				21,329	
61	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				505,553	
62	OBSERVATION BEDS (NON-DISTINCT PART)				192,335	
68	OTHER REIMBURS COST CNTRS					
68	PURCHASED DIALYSIS SERVICES				1,009	
101	SUBTOTAL				6,438,703	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				6,438,703	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2008
I	16-0069	I	FROM 7/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2008	I	PART VI
I	16-0069	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.290979
2	PROGRAM VACCINE CHARGES		99,521
3	PROGRAM COSTS		28,959

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-T069 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,221,332	40,997,723	19,621		
38	RECOVERY ROOM		84,564	3,471,500			
39	DELIVERY ROOM & LABOR ROO		74,737	2,821,464			
40	ANESTHESIOLOGY		142,846	7,709,545	653		
41	RADIOLOGY-DIAGNOSTIC		798,267	26,327,055	30,962		
41 01	MAGNETIC RES. IMAGING		36,866	4,301,342	2,760		
44	LABORATORY		173,608	22,958,577	94,409		
47	BLOOD STORING, PROCESSING		37,403	1,830,412	3,597		
49	RESPIRATORY THERAPY		121,470	7,004,393	62,018		
50	PHYSICAL THERAPY		194,925	6,728,116	564,811		
53	ELECTROCARDIOLOGY		1,096,703	27,386,389	1,256		
54	ELECTROENCEPHALOGRAPHY		45,865	2,221,914			
55	MEDICAL SUPPLIES CHARGED		196,460	1,723,243	1,793		
56	DRUGS CHARGED TO PATIENTS		313,791	24,390,795	130,749		
58	ASC (NON-DISTINCT PART)		247,597	1,536,695			
59	CARDIAC REHAB		64,307	965,224			
59 01	BEHAVIORAL OUTPATIENT		31,979	618,668			
59 02	SHOCK THERAPY		7,259	320,930			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		305,940	12,662,973	2,776		
62	OBSERVATION BEDS (NON-DIS		40,209	1,297,425			
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		7,582	704,688			
101	TOTAL		5,243,710	197,979,071	915,405		

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-T069 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.029790		585
38	RECOVERY ROOM	.024359		
39	DELIVERY ROOM & LABOR ROO	.026489		
40	ANESTHESIOLOGY	.018528		12
41	RADIOLOGY-DIAGNOSTIC	.030321		939
41 01	MAGNETIC RES. IMAGING	.008571		24
44	LABORATORY	.007562		714
47	BLOOD STORING, PROCESSING	.020434		74
49	RESPIRATORY THERAPY	.017342		1,076
50	PHYSICAL THERAPY	.028972		16,364
53	ELECTROCARDIOLOGY	.040046		50
54	ELECTROENCEPHALOGRAPHY	.020642		
55	MEDICAL SUPPLIES CHARGED	.114006		204
56	DRUGS CHARGED TO PATIENTS	.012865		1,682
58	ASC (NON-DISTINCT PART)	.161123		
59	CARDIAC REHAB	.066624		
59 01	BEHAVIORAL OUTPATIENT	.051690		
59 02	SHOCK THERAPY	.022619		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.024160		67
62	OBSERVATION BEDS (NON-DIS	.030991		
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVIC	.010759		
101	TOTAL			21,791

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			40,997,723			19,621	
38	RECOVERY ROOM			3,471,500				
39	DELIVERY ROOM & LABOR ROO			2,821,464				
40	ANESTHESIOLOGY			7,709,545			653	
41	RADIOLOGY-DIAGNOSTIC			26,327,055			30,962	
41 01	MAGNETIC RES. IMAGING			4,301,342			2,760	
44	LABORATORY			22,958,577			94,409	
47	BLOOD STORING, PROCESSING			1,830,412			3,597	
49	RESPIRATORY THERAPY			7,004,393			62,018	
50	PHYSICAL THERAPY			6,728,116			564,811	
53	ELECTROCARDIOLOGY			27,386,389			1,256	
54	ELECTROENCEPHALOGRAPHY			2,221,914				
55	MEDICAL SUPPLIES CHARGED			1,723,243			1,793	
56	DRUGS CHARGED TO PATIENTS			24,390,795			130,749	
58	ASC (NON-DISTINCT PART)			1,536,695				
59	CARDIAC REHAB			965,224				
59 01	BEHAVIORAL OUTPATIENT			618,668				
59 02	SHOCK THERAPY			320,930				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			12,662,973			2,776	
62	OBSERVATION BEDS (NON-DIS			1,297,425				
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			704,688				
101	TOTAL			197,979,071			915,405	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-S069 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,221,332	40,997,723	4,863		
38	RECOVERY ROOM		84,564	3,471,500	472		
39	DELIVERY ROOM & LABOR ROO		74,737	2,821,464			
40	ANESTHESIOLOGY		142,846	7,709,545	747		
41	RADIOLOGY-DIAGNOSTIC		798,267	26,327,055	48,510		
41 01	MAGNETIC RES. IMAGING		36,866	4,301,342	16,523		
44	LABORATORY		173,608	22,958,577	167,238		
47	BLOOD STORING, PROCESSING		37,403	1,830,412			
49	RESPIRATORY THERAPY		121,470	7,004,393	35,730		
50	PHYSICAL THERAPY		194,925	6,728,116	14,621		
53	ELECTROCARDIOLOGY		1,096,703	27,386,389	9,981		
54	ELECTROENCEPHALOGRAPHY		45,865	2,221,914	2,820		
55	MEDICAL SUPPLIES CHARGED		196,460	1,723,243	434		
56	DRUGS CHARGED TO PATIENTS		313,791	24,390,795	226,035		
58	ASC (NON-DISTINCT PART)		247,597	1,536,695			
59	CARDIAC REHAB		64,307	965,224			
59 01	BEHAVIORAL OUTPATIENT		31,979	618,668	8,702		
59 02	SHOCK THERAPY		7,259	320,930	72,360		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		305,940	12,662,973	143,851		
62	OBSERVATION BEDS (NON-DIS		40,209	1,297,425			
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		7,582	704,688	1,516		
101	TOTAL		5,243,710	197,979,071	754,403		

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-S069 I
 TEFRA

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029790	145
38	RECOVERY ROOM	.024359	11
39	DELIVERY ROOM & LABOR ROO	.026489	
40	ANESTHESIOLOGY	.018528	14
41	RADIOLOGY-DIAGNOSTIC	.030321	1,471
41 01	MAGNETIC RES. IMAGING	.008571	142
44	LABORATORY	.007562	1,265
47	BLOOD STORING, PROCESSING	.020434	
49	RESPIRATORY THERAPY	.017342	620
50	PHYSICAL THERAPY	.028972	424
53	ELECTROCARDIOLOGY	.040046	400
54	ELECTROENCEPHALOGRAPHY	.020642	58
55	MEDICAL SUPPLIES CHARGED	.114006	49
56	DRUGS CHARGED TO PATIENTS	.012865	2,908
58	ASC (NON-DISTINCT PART)	.161123	
59	CARDIAC REHAB	.066624	
59 01	BEHAVIORAL OUTPATIENT	.051690	450
59 02	SHOCK THERAPY	.022619	1,637
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.024160	3,475
62	OBSERVATION BEDS (NON-DIS	.030991	
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.010759	16
101	TOTAL		13,085

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			40,997,723			4,863	
38	RECOVERY ROOM			3,471,500			472	
39	DELIVERY ROOM & LABOR ROO			2,821,464				
40	ANESTHESIOLOGY			7,709,545			747	
41	RADIOLOGY-DIAGNOSTIC			26,327,055			48,510	
41	01 MAGNETIC RES. IMAGING			4,301,342			16,523	
44	LABORATORY			22,958,577			167,238	
47	BLOOD STORING, PROCESSING			1,830,412				
49	RESPIRATORY THERAPY			7,004,393			35,730	
50	PHYSICAL THERAPY			6,728,116			14,621	
53	ELECTROCARDIOLOGY			27,386,389			9,981	
54	ELECTROENCEPHALOGRAPHY			2,221,914			2,820	
55	MEDICAL SUPPLIES CHARGED			1,723,243			434	
56	DRUGS CHARGED TO PATIENTS			24,390,795			226,035	
58	ASC (NON-DISTINCT PART)			1,536,695				
59	CARDIAC REHAB			965,224				
59	01 BEHAVIORAL OUTPATIENT			618,668			8,702	
59	02 SHOCK THERAPY			320,930			72,360	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			12,662,973			143,851	
62	OBSERVATION BEDS (NON-DIS			1,297,425				
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			704,688			1,516	
101	TOTAL			197,979,071			754,403	

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-5116 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2008 I PART II
 I 16-5116 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41 01	MAGNETIC RES. IMAGING	
44	LABORATORY	
47	BLOOD STORING, PROCESSING	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
53	ELECTROCARDIOLOGY	
54	ELECTROENCEPHALOGRAPHY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
58	ASC (NON-DISTINCT PART)	
59	CARDIAC REHAB	
59 01	BEHAVIORAL OUTPATIENT	
59 02	SHOCK THERAPY	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
68	PURCHASED DIALYSIS SERVIC	
101	TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41	01 MAGNETIC RES. IMAGING							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
58	ASC (NON-DISTINCT PART)							
59	CARDIAC REHAB							
59	01 BEHAVIORAL OUTPATIENT							
59	02 SHOCK THERAPY							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC							
101	TOTAL							

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			40,997,723			57,575	
38	RECOVERY ROOM			3,471,500				
39	DELIVERY ROOM & LABOR ROO			2,821,464				
40	ANESTHESIOLOGY			7,709,545				
41	RADIOLOGY-DIAGNOSTIC			26,327,055			154,428	
41	01 MAGNETIC RES. IMAGING			4,301,342				
44	LABORATORY			22,958,577			797,904	
47	BLOOD STORING, PROCESSING			1,830,412			42,367	
49	RESPIRATORY THERAPY			7,004,393			725,529	
50	PHYSICAL THERAPY			6,728,116			1,180,020	
53	ELECTROCARDIOLOGY			27,386,389			21,659	
54	ELECTROENCEPHALOGRAPHY			2,221,914			7,780	
55	MEDICAL SUPPLIES CHARGED			1,723,243			28,276	
56	DRUGS CHARGED TO PATIENTS			24,390,795			1,787,920	
58	ASC (NON-DISTINCT PART)			1,536,695				
59	CARDIAC REHAB			965,224				
59	01 BEHAVIORAL OUTPATIENT			618,668				
59	02 SHOCK THERAPY			320,930				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			12,662,973			6,759	
62	OBSERVATION BEDS (NON-DIS			1,297,425			12,394	
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			704,688			132,005	
101	TOTAL			197,979,071			4,954,616	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2008
I	16-0069	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	16-0069	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	25,332
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,332
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,362
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,970
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	15,747
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,500,689
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,500,689

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30,155,415
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,188,865
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,966,550
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.480865
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,408.77
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,062.40
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	346.37
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	166.56
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,559,335
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,941,354

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 572.43
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 9,014,055
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 9,014,055

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	2,425,324	2,054	1,180.78	1,381	1,630,657
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					20,998,707
49 TOTAL PROGRAM INPATIENT COSTS					31,643,419

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 659,605
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,774,281
 52 TOTAL PROGRAM EXCLUDABLE COST 2,433,886
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 29,209,533

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 16-0069 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,133
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	572.43
85	OBSERVATION BED COST	648,563

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	14,500,689		648,563	
87	NEW CAPITAL-RELATED COST	899,000	.061997	648,563	40,209
88	NON PHYSICIAN ANESTHETIST	14,500,689		648,563	
89	MEDICAL EDUCATION	14,500,689		648,563	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2008
I	16-0069	I	FROM 7/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	16-T069	I		I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,403
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,403
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,403
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	882
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,095,761
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,095,761

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,426,716
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,426,716
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.768030
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,016.90
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	1,095,761

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 781.01
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 688,851
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 688,851

	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					364,417
49 TOTAL PROGRAM INPATIENT COSTS					1,053,268

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 47,681
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 21,791
 52 TOTAL PROGRAM EXCLUDABLE COST 69,472
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 983,796

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 16-T069 I I

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	781.01
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,095,761			
87	NEW CAPITAL-RELATED COST	75,847	.069219		
88	NON PHYSICIAN ANESTHETIST	1,095,761			
89	MEDICAL EDUCATION	1,095,761			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,139
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,139
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,128
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,668
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,252,393
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,252,393

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,867,645
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,838
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,854,807
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.554293
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,167.09
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,141.73
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	25.36
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	14.06
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	155
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,252,238

TITLE XVIII PART A SUBPROVIDER II TEFRA

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 632.85
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,055,594
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,055,594

	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					189,967
49 TOTAL PROGRAM INPATIENT COSTS					1,245,561

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 66,887
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 13,085
 52 TOTAL PROGRAM EXCLUDABLE COST 79,972
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,165,589

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 235
 55 TARGET AMOUNT PER DISCHARGE 5,844.21
 56 TARGET AMOUNT 1,373,389
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 207,800
 58 BONUS PAYMENT 27,468
 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 1,273,029
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 16-S069 I I

TITLE XVIII PART A SUBPROVIDER II TEFRA

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 632.88
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		3,252,393			
87 NEW CAPITAL-RELATED COST	206,066	3,252,393	.063358		
88 NON PHYSICIAN ANESTHETIST		3,252,393			
89 MEDICAL EDUCATION		3,252,393			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,079
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,079
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,079
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,283
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,949,232
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,949,232

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,957,876
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,957,876
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.997078
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	486.57
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	2,949,232

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 16-5116 I I

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,949,232
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	485.15
68	PROGRAM ROUTINE SERVICE COST	2,563,047
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,563,047
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	224,426
72	PER DIEM CAPITAL-RELATED COSTS	36.92
73	PROGRAM CAPITAL-RELATED COSTS	195,048
74	INPATIENT ROUTINE SERVICE COST	2,367,999
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,367,999
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,563,047
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,567,632
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	1,020
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,131,699

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SNF OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,079
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,079
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,079
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	151
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,949,232
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,949,232

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,012,792
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,012,792
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.465244
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	331.11
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	2,949,232

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 16-5116 I I

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,949,232
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		485.15
68	PROGRAM ROUTINE SERVICE COST		73,258
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		73,258
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		224,426
72	PER DIEM CAPITAL-RELATED COSTS		36.92
73	PROGRAM CAPITAL-RELATED COSTS		5,575
74	INPATIENT ROUTINE SERVICE COST		67,683
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		67,683
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		5,575
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,575

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-0069 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		17,921,775	
26	INTENSIVE CARE UNIT		3,036,638	
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.383267	18,942,166	7,259,907
38	RECOVERY ROOM	.272991	1,139,896	311,181
39	DELIVERY ROOM & LABOR ROOM	.441165	4,774	2,106
40	ANESTHESIOLOGY	.079425	3,012,543	239,271
41	RADIOLOGY-DIAGNOSTIC	.199681	6,638,986	1,325,679
41	01 MAGNETIC RES. IMAGING	.108535	694,533	75,381
44	LABORATORY	.189303	10,328,467	1,955,210
47	BLOOD STORING, PROCESSING & TRANS.	.647931	1,098,474	711,735
49	RESPIRATORY THERAPY	.229653	4,135,302	949,685
50	PHYSICAL THERAPY	.488775	1,263,907	617,766
53	ELECTROCARDIOLOGY	.269802	10,666,690	2,877,894
54	ELECTROENCEPHALOGRAPHY	.257105	145,724	37,466
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.388354	269,714	104,745
56	DRUGS CHARGED TO PATIENTS	.290979	11,051,242	3,215,679
58	ASC (NON-DISTINCT PART)	1.421645	3,818	5,428
59	CARDIAC REHAB	.709388	176,392	125,130
59	01 BEHAVIORAL OUTPATIENT	.626771	8,974	5,625
59	02 SHOCK THERAPY	.209435	670	140
61	EMERGENCY	.277910	3,564,519	990,615
62	OBSERVATION BEDS (NON-DISTINCT PART)	.499885	146,453	73,210
68	OTHER REIMBURS COST CNTRS PURCHASED DIALYSIS SERVICES	.347527	330,488	114,854
101	TOTAL		73,623,732	20,998,707
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		73,623,732	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-T069 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		890,620	
31	01 SUBPROVIDER-PSYCH			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.383267	19,621	7,520
38	RECOVERY ROOM	.272991		
39	DELIVERY ROOM & LABOR ROOM	.441165		
40	ANESTHESIOLOGY	.079425	653	52
41	RADIOLOGY-DIAGNOSTIC	.199681	30,962	6,183
41	01 MAGNETIC RES. IMAGING	.108535	2,760	300
44	LABORATORY	.189303	94,409	17,872
47	BLOOD STORING, PROCESSING & TRANS.	.647931	3,597	2,331
49	RESPIRATORY THERAPY	.229653	62,018	14,243
50	PHYSICAL THERAPY	.488775	564,811	276,065
53	ELECTROCARDIOLOGY	.269802	1,256	339
54	ELECTROENCEPHALOGRAPHY	.257105		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.388354	1,793	696
56	DRUGS CHARGED TO PATIENTS	.290979	130,749	38,045
58	ASC (NON-DISTINCT PART)	1.421645		
59	CARDIAC REHAB	.709388		
59	01 BEHAVIORAL OUTPATIENT	.626771		
59	02 SHOCK THERAPY	.209435		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.277910	2,776	771
62	OBSERVATION BEDS (NON-DISTINCT PART)	.499885		
68	OTHER REIMBURS COST CNTRS PURCHASED DIALYSIS SERVICES	.347527		
101	TOTAL		915,405	364,417
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		915,405	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-S069 I

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH		1,868,398	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.383267	4,863	1,864
38	RECOVERY ROOM	.272991	472	129
39	DELIVERY ROOM & LABOR ROOM	.441165		
40	ANESTHESIOLOGY	.079425	747	59
41	RADIOLOGY-DIAGNOSTIC	.198810	48,510	9,644
41	01 MAGNETIC RES. IMAGING	.108535	16,523	1,793
44	LABORATORY	.189303	167,238	31,659
47	BLOOD STORING, PROCESSING & TRANS.	.647931		
49	RESPIRATORY THERAPY	.229653	35,730	8,206
50	PHYSICAL THERAPY	.488775	14,621	7,146
53	ELECTROCARDIOLOGY	.269802	9,981	2,693
54	ELECTROENCEPHALOGRAPHY	.257105	2,820	725
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.388354	434	169
56	DRUGS CHARGED TO PATIENTS	.290979	226,035	65,771
58	ASC (NON-DISTINCT PART)	1.421645		
59	CARDIAC REHAB	.709388		
59	01 BEHAVIORAL OUTPATIENT	.607778	8,702	5,289
59	02 SHOCK THERAPY	.209435	72,360	15,155
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.272073	143,851	39,138
62	OBSERVATION BEDS (NON-DISTINCT PART)	.499885		
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.347527	1,516	527
101	TOTAL		754,403	189,967
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		754,403	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-5116 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.383267	57,575	22,067
38	RECOVERY ROOM	.272991		
39	DELIVERY ROOM & LABOR ROOM	.441165		
40	ANESTHESIOLOGY	.079425		
41	RADIOLOGY-DIAGNOSTIC	.198810	154,428	30,702
41	01 MAGNETIC RES. IMAGING	.108535		
44	LABORATORY	.189303	797,904	151,046
47	BLOOD STORING, PROCESSING & TRANS.	.647931	42,367	27,451
49	RESPIRATORY THERAPY	.229653	725,529	166,620
50	PHYSICAL THERAPY	.488775	1,180,020	576,764
53	ELECTROCARDIOLOGY	.269802	21,659	5,844
54	ELECTROENCEPHALOGRAPHY	.257105	7,780	2,000
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.388354	28,276	10,981
56	DRUGS CHARGED TO PATIENTS	.290979	1,787,920	520,247
58	ASC (NON-DISTINCT PART)	1.421645		
59	CARDIAC REHAB	.709388		
59	01 BEHAVIORAL OUTPATIENT	.607778		
59	02 SHOCK THERAPY	.209435		
61	EMERGENCY	.272073	6,759	1,839
62	OBSERVATION BEDS (NON-DISTINCT PART)	.499885	12,394	6,196
68	OTHER REIMBURS COST CNTRS PURCHASED DIALYSIS SERVICES	.347527	132,005	45,875
101	TOTAL		4,954,616	1,567,632
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,954,616	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART A
 I 16-0069 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	28,824,577	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	289,521	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	169.56	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2008 I PART A
 I 16-0069 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	29,114,098	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	29,114,098	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,538,493	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	5,675	
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	31,658,266	
17 PRIMARY PAYER PAYMENTS	18,894	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	31,639,372	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,243,386	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	11,008	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	28,648	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,054	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	28,405,032	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	28,405,032	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	28,456,515	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-51,483	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	28,959
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,438,703
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,548,608
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)	28,959

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	99,521
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	99,521

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)	99,521
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	70,562
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	28,959
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,548,608

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,479,301
19	SUBTOTAL (SEE INSTRUCTIONS)	4,098,266
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,098,266
24	PRIMARY PAYER PAYMENTS	211
25	SUBTOTAL	4,098,055

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	6,711
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,698
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	4,102,753
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,102,753
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,082,740
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	20,013
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-0069 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		28,394,829		4,082,740
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.		61,686		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
		28,456,515		4,082,740
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-T069 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,098,634		
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
		1,098,634		
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-S069 I I

TITLE XVIII SUBPROVIDER 2

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		976,973		
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.		7,843		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 984,816	NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2008 I
 I 16-5116 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,807,429		
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
		1,807,429		
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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2008 I PART I
 I 16-T069 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	981,031
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0327
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	43,484
1.05	OUTLIER PAYMENTS	79,411
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,103,926
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.833333
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,103,926
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,103,926
7	DEDUCTIBLES	4,000
8	SUBTOTAL	1,099,926
9	COINSURANCE	1,984
10	SUBTOTAL	1,097,942
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,097,942
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,097,942
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2008
I	16-0069	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	16-T069	I		I	

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

19	INTERIM PAYMENTS	1,098,634
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-692
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2008 I PART I
 I 16-S069 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,273,029
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	318,257
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	822,519
1.09	NET IPF PPS OUTLIER PAYMENTS	5,609
1.10	NET IPF PPS ECT PAYMENTS	20,037
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.040984
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	848,165
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	891,120
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	668,340
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,166,422
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,166,422
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,166,422
7	DEDUCTIBLES	154,016
8	SUBTOTAL	1,012,406
9	COINSURANCE	
10	SUBTOTAL	1,012,406
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	11,257
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,880
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,020,286
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,020,286
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/26/2008
I	16-0069	I	FROM 7/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2008	I	PART I
I	16-S069	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

19	INTERIM PAYMENTS	984,816
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	35,470
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2008 I PART III
 I 16-5116 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
76	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	24,171,711			
2	TEMPORARY INVESTMENTS			301,137	
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	12,822,536			
5	OTHER RECEIVABLES	4,487,636	473,252		
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,398,015			
7	INVENTORY	4,970,731			
8	PREPAID EXPENSES	570,882			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS		2,741,271		
11	TOTAL CURRENT ASSETS	44,625,481	3,214,523	301,137	
FIXED ASSETS					
12	LAND	2,844,264			
12.01	LAND IMPROVEMENTS	3,281,206			
13	LAND IMPROVEMENTS	3,281,206			
13.01	LESS ACCUMULATED DEPRECIATION	-2,884,498			
14	BUILDINGS	42,793,387			
14.01	LESS ACCUMULATED DEPRECIATION	-25,795,812			
15	LEASEHOLD IMPROVEMENTS	720,907			
15.01	LESS ACCUMULATED DEPRECIATION	-299,818			
16	FIXED EQUIPMENT	32,632,378			
16.01	LESS ACCUMULATED DEPRECIATION	-23,939,140			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	45,783,887			
18.01	LESS ACCUMULATED DEPRECIATION	-33,458,279			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,042,124			
21	TOTAL FIXED ASSETS	42,720,606			
OTHER ASSETS					
22	INVESTMENTS	27,036,982			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	12,640,885			
26	TOTAL OTHER ASSETS	39,677,867			
27	TOTAL ASSETS	127,023,954	3,214,523	301,137	

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,058,641			
29 SALARIES, WAGES & FEES PAYABLE	9,091,365			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	597,964			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	64,973			
35 OTHER CURRENT LIABILITIES	874,484			
36 TOTAL CURRENT LIABILITIES	15,687,427			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	26,107,025			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	387,984			
42 TOTAL LONG-TERM LIABILITIES	26,495,009			
43 TOTAL LIABILITIES	42,182,436			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	84,841,518			
45 SPECIFIC PURPOSE FUND		3,214,523		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			301,137	
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	84,841,518	3,214,523	301,137	
52 TOTAL LIABILITIES AND FUND BALANCES	127,023,954	3,214,523	301,137	

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		82,690,019		2,958,184
2 NET INCOME (LOSS)		4,011,041		
3 TOTAL		86,701,060		2,958,184
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 UNREALIZED GAIN ON INVEST			34,470	
7 RESTRICTED INVESTMENT INC				
8 RESTRICTED CONTRIBUTIONS				
9 NA RELEASED CAP ACQ	135,458		610,302	
9 MMC DYERSVILLE EXPENSES I				
10 TOTAL ADDITIONS		135,458		644,772
11 SUBTOTAL		86,836,518		3,602,956
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 UNREALIZED LOSS ON INVEST			114,605	
15 RELEASED CAP ACQ			135,459	
15 RELEASED FOR OPERATIONS			138,369	
16 TRANSFER TO SPONSOR	1,995,000			
17 CUM EFFECT OF CHANGE IN A				
18 TOTAL DEDUCTIONS		1,995,000		388,433
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		84,841,518		3,214,523

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		377,684		
2 NET INCOME (LOSS)				
3 TOTAL		377,684		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 UNREALIZED GAIN ON INVEST				
7 RESTRICTED INVESTMENT INC				
8 RESTRICTED CONTRIBUTIONS	1,500			
9 NA RELEASED CAP ACQ				
9 MMC DYERSVILLE EXPENSES I				
10 TOTAL ADDITIONS		1,500		
11 SUBTOTAL		379,184		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 UNREALIZED LOSS ON INVEST	78,047			
15 RELEASED CAP ACQ				
15 RELEASED FOR OPERATIONS				
16 TRANSFER TO SPONSOR				
17 CUM EFFECT OF CHANGE IN A				
18 TOTAL DEDUCTIONS		78,047		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		301,137		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	31,333,278		31,333,278
2 00 SUBPROVIDER	1,426,716		1,426,716
2 01 SUBPROVIDER-PSYCH	5,856,828		5,856,828
4 00 SWING BED - SNF			
5 00 SWING BED - NF	2,977,316		2,977,316
6 00 SKILLED NURSING FACILITY	2,012,792		2,012,792
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	43,606,930		43,606,930
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,604,965		4,604,965
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,604,965		4,604,965
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	48,211,895		48,211,895
17 00 ANCILLARY SERVICES	125,984,970		125,984,970
18 00 OUTPATIENT SERVICES		77,361,333	77,361,333
19 00 HOME HEALTH AGENCY		5,472,953	5,472,953
24 00			
25 00 TOTAL PATIENT REVENUES	174,196,865	82,834,286	257,031,151

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		132,222,724	
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 MERCY MEDICAL CENTER - DYERSVILLE	4,376,243		
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		4,376,243	
40 00 TOTAL OPERATING EXPENSES		127,846,481	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	257,031,151
2	LESS: ALLOWANCES AND DISCOUNTS ON	153,671,674
3	NET PATIENT REVENUES	103,359,477
4	LESS: TOTAL OPERATING EXPENSES	127,846,481
5	NET INCOME FROM SERVICE TO PATIENT	-24,487,004
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	191,820
7	INCOME FROM INVESTMENTS	2,632,485
8	REVENUE FROM TELEPHONE AND TELEG	54,109
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	1,105,626
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	428,696
14	REVENUE FROM MEALS SOLD TO EMPLO	822,435
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	89,901
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	23,083,471
18	REVENUE FROM SALE OF MEDICAL REC	102,452
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	634
21	RENTAL OF VENDING MACHINES	16,270
22	RENTAL OF HOSPITAL SPACE	320,352
23	GOVERNMENTAL APPROPRIATIONS	
24	SHARED SERVICES	510,420
24.01	CHILD CARE	738,680
24.02	GAIN/ LOSS ASSETS	
24.03	OTHER CLINICAL/PROF SERVICES	749,983
24.04	IC GRANT REVENUE	38,009
25	TOTAL OTHER INCOME	30,885,343
26	TOTAL	6,398,339
	OTHER EXPENSES	
27	LOSS ON INVESTMENTS	2,387,298
28		
29		
30	TOTAL OTHER EXPENSES	2,387,298
31	NET INCOME (OR LOSS) FOR THE PERIO	4,011,041

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3					22,036	22,036
4						
5						
5	816,584		2,668		48,854	868,106
HHA REIMBURSABLE SERVICES						
6	761,412		65,824		95,752	922,988
7	184,489		1,664		23,200	209,353
8	44,465				5,592	50,057
9	1,387				174	1,561
10						
11	62,830		12,113		7,901	82,844
12						
13						
13.20						
14	122,499		88,362		1,026,560	1,237,421
HHA NONREIMBURSABLE SERVICES						
15						
16	197,561				38,714	236,275
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,191,227		170,631		1,268,783	3,630,641

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2	-22,036			
3				
4				
5	67,967	936,073		936,073
HHA REIMBURSABLE SERVICES				
6	-3,888	919,100		919,100
7		209,353		209,353
8		50,057		50,057
9		1,561		1,561
10				
11		82,844		82,844
12				
13				
13.20				
14	-12,604	1,224,817		1,224,817
HHA NONREIMBURSABLE SERVICES				
15				
16		236,275		236,275
17				
18				
19				
20				
21				
22				
23				
23.50				
24	29,439	3,660,080		3,660,080

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-936,073	2,724,007
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					919,100
7	PHYSICAL THERAPY					209,353
8	OCCUPATIONAL THERAPY					50,057
9	SPEECH PATHOLOGY					1,561
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					82,844
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					1,224,817
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					236,275
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-936,073	2,724,007
25	COST TO BE ALLOCATED					936,073
26	UNIT COST MULTIPLIER					.343638

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-47 BLD 3.01	NEW CAP REL COSTS-DYERSV 3.02	NEW CAP REL COSTS-PROF A 3.03	NEW CAP REL COSTS-ASBURY 3.04
1 ADMIN & GENERAL					21,888	
2 SKILLED NURSING CARE	1,234,938					
3 PHYSICAL THERAPY	281,295					
4 OCCUPATIONAL THERAPY	67,258					
5 SPEECH PATHOLOGY	2,097					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	111,312					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	1,645,712	4,177				
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	317,468					
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,660,080	4,177			21,888	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAP REL COSTS-MED AR 3.05	NEW CAP REL COSTS-ENERGY 3.06	NEW CAP REL COSTS-RENTAL 3.07	NEW CAP REL COSTS-PARKIN 3.08	NEW CAP REL COSTS-97 BUI 3.09	NEW CAP REL COSTS-BELLEV 3.10
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME					28,469	
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					28,469	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-CASCAD 3.11	NEW CAP REL COSTS-RETAIL 3.12	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	CHILD CARE 5.01	COMMUNICATIO NS 6.01
1 ADMIN & GENERAL				174,728	23,503	
2 SKILLED NURSING CARE				150,405		25,246
3 PHYSICAL THERAPY				36,443		
4 OCCUPATIONAL THERAPY				8,783		
5 SPEECH PATHOLOGY				274		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				12,411		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME			22,036	24,198		
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY				39,025		
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			22,036	446,267	23,503	25,246
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	PURCHASING 6.02	PFS/COLLECTI ON 6.03	SUBTOTAL 6A.03	OTHER A & G 6.04	SUBTOTAL 6A.04	OTHER ADMINI STRATIVE AND 6.06
1 ADMIN & GENERAL	325		220,444	21,228	241,672	
2 SKILLED NURSING CARE	628		1,411,217	135,897	1,547,114	
3 PHYSICAL THERAPY			317,738	30,598	348,336	
4 OCCUPATIONAL THERAPY			76,041	7,323	83,364	
5 SPEECH PATHOLOGY			2,371	228	2,599	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			123,723	11,914	135,637	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	21,789		1,746,381	168,173	1,914,554	
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	711		357,204	34,398	391,602	
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	23,453		4,255,119	409,759	4,664,878	
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	96,681	5,410		35,117		14,892
2 SKILLED NURSING CARE						10,632
3 PHYSICAL THERAPY						1,870
4 OCCUPATIONAL THERAPY						496
5 SPEECH PATHOLOGY						16
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						1,927
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	61,060	3,416		22,179		782
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						4,024
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	157,741	8,826		57,296		34,639
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SOCIAL SERVICE 18	CENTRAL STERILIZATION 19
1 ADMIN & GENERAL	70,707	640				
2 SKILLED NURSING CARE	50,483	1,237	503			
3 PHYSICAL THERAPY	8,881					
4 OCCUPATIONAL THERAPY	2,357					
5 SPEECH PATHOLOGY	74					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	9,148					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	3,714	42,890				
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	19,106	1,401				
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	164,470	46,168	503			
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		465,119		465,119		
2 SKILLED NURSING CARE		1,609,969		1,609,969	160,369	1,770,338
3 PHYSICAL THERAPY		359,087		359,087	35,769	394,856
4 OCCUPATIONAL THERAPY		86,217		86,217	8,588	94,805
5 SPEECH PATHOLOGY		2,689		2,689	268	2,957
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		146,712		146,712	14,614	161,326
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		2,048,595		2,048,595	204,060	2,252,655
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY		416,133		416,133	41,451	457,584
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,134,521		5,134,521	465,119	5,134,521
21 UNIT COST MULTIPLIER					0.099610	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE EET	NEW CAP REL COSTS-47 BLD F (SQUARE) EET	NEW CAP REL COSTS-DYERSV F (SQUARE) EET	NEW CAP REL COSTS-PROF A F (SQUARE) EET	NEW CAP REL COSTS-ASBURY F (SQUARE) EET	NEW CAP REL COSTS-MED AR F (SQUARE) EET
	3	3.01	3.02	3.03	3.04	3.05
1 ADMIN & GENERAL				5,024		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	1,192					
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,192			5,024		
21 COST TO BE ALLOCATED	4,177			21,888		
22 UNIT COST MULTIPLIER	3.504195			4.356688		

HHA COST CENTER	NEW CAP REL COSTS-ENERGY (SQUARE EET	NEW CAP REL COSTS-RENTAL F (SQUARE) EET	NEW CAP REL COSTS-PARKIN F (SQUARE) EET	NEW CAP REL COSTS-97 BUI F (SQUARE) EET	NEW CAP REL COSTS-BELLEV F (SQUARE) EET	NEW CAP REL COSTS-CASCAD F (SQUARE) EET
	3.06	3.07	3.08	3.09	3.10	3.11
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME				1,981		
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				1,981		
21 COST TO BE ALLOCATED				28,469		
22 UNIT COST MULTIPLIER				14.371025		

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-RETAIL (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR ALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE (PAYROLL EDUCATIONS)	COMMUNICATIO NS (DUBUQUE HONES)	PURCHASING (PURCHASING R EQUISITIONS)
	3.12	4	5	5.01	6.01	6.02
1 ADMIN & GENERAL			884,550	28,077		14,029
2 SKILLED NURSING CARE			761,412		106	27,120
3 PHYSICAL THERAPY			184,489			
4 OCCUPATIONAL THERAPY			44,465			
5 SPEECH PATHOLOGY			1,387			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			62,830			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		22,036	122,499			940,537
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY			197,561			30,712
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		22,036	2,259,193	28,077	106	1,012,398
21 COST TO BE ALLOCATED		22,036	446,267	23,503	25,246	23,453
22 UNIT COST MULTIPLIER		1.000000	0.197534	0.837091	238.169811	0.023166

HHA COST CENTER	PFS/COLLECTI ON (GROSS HARGES)	RECONCILIATI ON	OTHER A & G (ACCUM. COST)	RECONCILIATI ON	OTHER ADMINI STRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	6.03	6A.04	6.04	6A.06	6.06	7
1 ADMIN & GENERAL			220,444		241,672	5,024
2 SKILLED NURSING CARE			1,411,217		1,547,114	
3 PHYSICAL THERAPY			317,738		348,336	
4 OCCUPATIONAL THERAPY			76,041		83,364	
5 SPEECH PATHOLOGY			2,371		2,599	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			123,723		135,637	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME			1,746,381		1,914,554	3,173
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY			357,204		391,602	
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			4,255,119		4,664,878	8,197
21 COST TO BE ALLOCATED			409,759			157,741
22 UNIT COST MULTIPLIER			0.096298			19.243748

HHA 1

		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF AUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)
HHA COST CENTER		8	9	10	11	12	14
1	ADMIN & GENERAL	5,024		5,024		44,719	44,719
2	SKILLED NURSING CARE					31,929	31,929
3	PHYSICAL THERAPY					5,617	5,617
4	OCCUPATIONAL THERAPY					1,491	1,491
5	SPEECH PATHOLOGY					47	47
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE					5,786	5,786
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	3,173		3,173		2,349	2,349
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY					12,084	12,084
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	8,197		8,197		104,022	104,022
21	COST TO BE ALLOCATED	8,826		57,296		34,639	164,470
22	UNIT COST MULTIPLIER	1.076735		6.989874		0.332997	1.581108

		CENTRAL SERVICES & SUPPLIES (PURCHASING ACQUISITIONS)	PHARMACY (PHARMACY EQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETIST ()
HHA COST CENTER		15	16	17	18	19	20
1	ADMIN & GENERAL	14,029					
2	SKILLED NURSING CARE	27,120	850				
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	940,537					
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	30,712					
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	1,012,398	850				
21	COST TO BE ALLOCATED	46,168	503				
22	UNIT COST MULTIPLIER	0.045603	0.591765				

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2008 I PARTS I II & III
 I 16-7145 I I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,770,338		1,770,338	11,297	156.71	6
2 PHYSICAL THERAPY	3	394,856		394,856	3,064	128.87	7
3 OCCUPATIONAL THERAPY	4	94,805		94,805	776	122.17	3
4 SPEECH PATHOLOGY	5	2,957		2,957	22	134.41	7
5 MEDICAL SOCIAL SERVICES	6				8		3
6 HOME HEALTH AIDE SERVICE	7	161,326		161,326	4,629	34.85	296
7 TOTAL		2,424,282		2,424,282	19,796		6,795

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	1,376		700,964	215,633		916,597
2 PHYSICAL THERAPY	459		201,553	59,151		260,704
3 OCCUPATIONAL THERAPY	80		55,221	9,774		64,995
4 SPEECH PATHOLOGY	4		941	538		1,479
5 MEDICAL SOCIAL SERVICES	2					
6 HOME HEALTH AIDE SERVICES	147		10,316	5,123		15,439
7 TOTAL	2,068		968,995	290,219		1,259,214

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		2200					
9 PHYSICAL THERAPY		2200					
10 OCCUPATIONAL THERAPY		2200					
11 SPEECH PATHOLOGY		2200					
12 MEDICAL SOCIAL SERVICES		2200					
13 HOME HEALTH AIDE SERVICE		2200					
14 TOTAL							

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

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2008 I PARTS I II & III
 I 16-7145 I I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				25,987		
16 COST OF DRUGS	9.00		65	65			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		17,230			
16 COST OF DRUGS					8,757
16.20 COST OF DRUGS					

PER BENEFICIARY COST
LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	2200	
17 PER BENE COST LIMITATION (FRM FI)	2200	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.488775			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.388354			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.290979	225	65	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	128.87					
2 OCCUPATIONAL THERAPY	3	122.17					
3 SPEECH PATHOLOGY	4	134.41					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET H-7
 I HHA NO: I TO 6/30/2008 I PARTS I & II
 I 16-7145 I I

TITLE XVIII HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,101,923	334,671
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	4,282	1,791
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	5,635	4,177
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	14,318	2,272
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		3,391
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	285	79
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		81
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,126,443	346,462
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,126,443	346,462
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,126,443	346,462
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,126,443	346,462
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,126,443	346,462
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,126,443	346,462
25 INTERIM PAYMENTS	1,126,443	346,462
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,126,443		346,462
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
		1,126,443		346,462
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.

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2008 I PARTS I-IV
 I 16-0069 I I
 FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,453,327
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	28,739
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	72.57
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.27
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	7.94
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	11.21
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.30
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	56,427
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,538,493
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 16-0069 I FROM 7/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2008 I PARTS I-IV
 I 16-T069 I I
 FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A SUBPROVIDER 1

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	72.57
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.27
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	7.94
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	11.21
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.30
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	