



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
BHS80097

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
**ROBERTA WAGNER
 304-558-0067**

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE

SHIP TO

VARIOUS AGENCY LOCALES
 AS INDICATED BELOW

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
04/20/2008				

BID OPENING DATE: **05/01/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 3</p> <p>1. TO REVISE THE RFQ FROM A SET PRICE TO AN OPEN-END BLANKET CONTRACT. THE FOLLOWING VERBIAGE IS TO BE ADDED TO THE RFQ SPECIFICATIONS.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

10

1. Awards will be made in the best interest of the State of West Virginia.
 2. The State may accept or reject in part, or in whole, any bid.
 3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
 4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
 5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
 6. Payment may only be made after the delivery and acceptance of goods or services.
 7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
 8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
 9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
 10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
-
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
 12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
 13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
 14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
 2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
 3. Complete all sections of the quotation form.
-
4. Unit prices shall prevail in cases of discrepancy.
 5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
 6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130



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**VARIOUS AGENCY LOCALES
 AS INDICATED BELOW**

DATE PRINTED 04/20/2008	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 05/01/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				<p>ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>2. TO RESPOND TO THE VENDOR'S QUESTIONS PER ATTACHED.</p> <p>3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>EXHIBIT 10</p> <p>REQUISITION NO.: BHS80097</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S: NO. 1 NO. 2 NO. 3 NO. 4 NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES</p>		

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE COMPANY DATE</p> <p>REV. 11/96 END OF ADDENDUM NO. 3</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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BID OPENING DATE: **05/01/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		961-20		
PROFESSIONAL ACCOUNTING & FINANCIAL MGMT. SERVICES						
***** THIS IS THE END OF RFQ BHS80097 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE _____ TELEPHONE _____ DATE _____

TITLE _____ FEIN _____ ADDRESS CHANGES TO BE NOTED ABOVE

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Question 1: "Would it be possible for us to obtain copies of the three most recent Cost Reports filed by each of the hospitals?"

Response: YES, See attached.

Question 2: Part 1: "I believe when we departed on Wednesday, there was still some debate on how we should present our estimate for these services (either via an all-inclusive total or hourly rate and estimated hours to complete services)."

Response: Estimates should be presented via an all inclusive hourly rate and estimated hours to complete services. DHHR WILL REVISE BID SCHEDULE SHEET – see attached. Unit price will be based on an hourly rate.

Part 2: "Also, there were some services mentioned that were not clearly defined in Section 2.2 of the Request for Quotation. Would it be possible for us to bid one quote, whether it's all inclusive or hourly rate, for the services that are clearly defined in section 2.2 and then also list other possible consulting services that our firm could offer beneath this as an Other Optional Services section?"

Response: We have identified most, if not all, services that the Bureau feels is needed and we can not think of other 'optional services' at this time. In order to be considered for optional service offerings, we would have to identify those in this solicitation, and we can not.

DHHR wishes to revise Section 2.2 – additions/changes are underlined for easy reference.

2.2 Services to be provided: Mandatory

Vendor will be responsible for providing professional accounting and financial management services to include, but not be limited to the following services:

A. Provide ongoing consulting to the Hospitals related to their accounting functions involving monthly, quarterly, and yearly analysis of financial statements, general ledger, and supporting subsidiary ledgers as requested by the Chief Financial Officer (CFO).

This shall also include reviews of any required file conversions to ensure detail is correct. The facilities are switching to a GL system utilizing Keane Systems; target start date for conversion is July 1, 2008.

B. Assist hospital business office and accounting personnel to develop the data necessary for the vendor to complete Federal and State regulatory reports.

C. Provide technical support in the billing and collection process as requested by the Chief Financial Officer; recommend improvements as applicable.

D. Provide a financial records review to the Chief Financial Officer as requested, which will be at least on a quarterly basis. Ensure Facility is in compliance.

E. Provide reimbursement regulation research and respond to the Chief Financial Officer as requested.

F. Prepare all Medicare (HCFA 2552) Cost Reports, Provider Cost Report Reimbursement Questionnaires (HCFA 339) and supporting documentation, which are due during the contract period. These reports are to be submitted prior to the deadline established by HCFA.

G. Prepare all Health Care Authority (HCA) Reports which are due during the contract period. All reports are to be submitted prior to the deadline established by HCA.

H. Vendor shall review and update fee schedules throughout the contract period as requested by the Chief Financial Officer, which will be at least quarterly.

I. Prepare all disproportionate share calculations as requested by the CFO, which shall be at least once a year.

J. Recommend improvements in cost reimbursement to gain consistency among the facilities; review revenue opportunities - more focus on revenue cycle process and review.

Other changes by DHHR:

Section 3 Special Terms and Conditions:

3.1 Delete the requirement of a Performance Bond.

Add:

3.4 Liquidated Damages for Failure to Meet Performance:

According to West Virginia State Code §5A-3-4(8), the Vendor agrees that liquidated damages shall be imposed at the rate identified in this section. The additional remedies described in this part shall be cumulative and shall be assessed upon each separate period of accountability. This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other additional remedy to which the State or Agency may have legal cause for action including further damages against the Vendor.

Oral or written notification to the successful Vendor of the failure to meet performance by its due date as set forth in the then-current mutually agreed upon Engagement document may be given by the Bureau/Facility CFO and/or CEO to the Vendor. The Vendor shall immediately cure the failure set forth in the notification. If the failure is not resolved, liquidated damages may be imposed at the State's option and shall be imposed retroactively to the date of failure to perform.

Amounts so determined shall constitute deductions from the amount of the Vendor's request for payment. The Vendor is responsible for the preparation and submittal of an accurate payment request. Failure to reflect such deductions from the amount of the Vendor's request for payment shall constitute grounds for the Department to pend or deny that request for payment. Any additional costs incurred by the State solely as a result of the failure by the Vendor to perform or provide services as outlined in the Engagement, including, but not limited to, additional costs for obtaining services to meet established reporting requirements by the Bureau, shall also be the responsibility of the Vendor.

Daily penalty for failure to meet deadlines as agreed upon in Engagement: \$500 per calendar day. Vendor performance complaints will also be filed indicating non-compliance.

BID SCHEDULE SHEET (Revised)

The price(s) quoted in the vendor's Quotation will not be subject to any increase and will be considered firm for the life of the contract.

This will be an open-end contract, meaning quantities are not defined but are estimated. Unit costs shall be firm and include all costs in the bid response. Pricing shall be based on an all inclusive hour rate for the services provided on this contract. All payments shall be made in arrears.

Basis of Award:

The vendor who meets all of the mandatory requirements for experience and submits the lowest hourly rate shall be awarded the contract.

For bid evaluation purposes only, here are the estimated hours per facility to consider, but it is in no way to be construed as the total hours to be performed or committed to by vendor or Bureau. Each facility will determine what those needs are with each engagement.

- Bateman, estimated yearly usage: 900 hours
- Sharpe, estimated yearly usage: 950 hours
- Welch, estimated yearly usage: 1,500 hours
- Estimated total: 3,350 hours

Any optional services that you may elect to propose should be listed separately and defined in your service offering proposal on a separate sheet. The Bureau and/or Facilities do not make any advanced commitment to purchasing optional services. This will be at the discretion of each entity and can not be used in the evaluation purposes for cost alone.

All inclusive hourly rate: \$ _____ x 3,350 *estimated* number of hours for *all* facilities requiring services listed herein.

All travel and administrative fees/costs are to be included in your hourly rate as no separate reimbursement of expenses will occur. Please indicate if you have a different rate for travel time you will propose to conduct engagements in performing approved/authorized services.

Grand Total (based on estimated hours for evaluation purposes) \$ _____

EXPERIENCE OF VENDOR

Vendor must provide documentation to demonstrate the following mandatory requirements:

- be an established Certified Public Accounting Firm with ten (10) years experience and registered with the State of West Virginia.
- have at least five (5) years healthcare consulting experience. (corrected from prev version – written amount is still correct, the number in parenthesis was contradictory)
- have at least three (3) years experience in 339 reporting.
- have at least five (5) years experience Health Care Authority (HCA) reporting, including quarterly CBM-9 reports.
- have at least five (5) years experience in reimbursement regulation research.
- have at least five (5) years experience related to rate regulation.
- **STAFF ASSIGNMENTS MUST BE ACCEPTABLE TO FACILITY CEO/CFO**

WILLIAM R. SHARPE, JR., HOSPITAL

**MEDICARE/MEDICAID COST REPORT
(CMS 2552-96)**

For The Year Ended June 30, 2007

RECEIVED

2008 MAR 21 PM 1:47

OFFICE OF HEALTH PLANNING

ARNETT  & FOSTER



INDEPENDENT ACCOUNTANT'S REPORT

Mr. Jack C. Clohan, Jr., Administrator
William R. Sharpe, Jr., Hospital
Weston, West Virginia 26452

We have compiled the balance sheet, summary of revenues and expenses and related supporting schedules of William R. Sharpe, Jr., Hospital as of June 30, 2007, and for the year then ended included in the accompanying prescribed form, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statements including related schedules are presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

ARNETT & FOSTER, P.L.L.C.
Arnett + Foster, P.L.L.C.

Charleston, West Virginia
November 20, 2007

gfr/01702-0001/comp/cost report/
mcr cover and opinion/2007

Innovation With Results

AF Center • 101 Washington Street, East • P.O. Box 2629 • Charleston, West Virginia 25329
304/346-0441 • 800/642-3601
www.afnetwork.com.

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 5 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	51-4010	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/21/2007 TIME 10:58

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: WILLIAM R. SHARPE, JR. HOSPITAL 51-4010 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 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.

Kevin P Statmiller
 OFFICER, OR ADMINISTRATOR OF PROVIDER(S)
 CEO
 TITLE
 11/29/07
 DATE

 ECR ENCRYPTION INFORMATION
 DATE: 11/21/2007 TIME 10:58

MDmx:9tQXkyf1ASlr0ejqdOoDr4tj0
 20U1Y078zAFHwNqnkvKihixyoARU8U
 XgyT0xXcKr09B3Tj

 PI ENCRYPTION INFORMATION
 DATE: 11/21/2007 TIME 10:58

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 gS576aGFgr0clcws

PART II - SETTLEMENT SUMMARY

	TITLE V		A 2	TITLE XVIII	B 3	TITLE XIX	
1	HOSPITAL	0		39,058	0	80,449	
100	TOTAL	0		39,058	0	80,449	

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: N/A P.O. BOX: 1127
 1.01 CITY: WESTON STATE: WV ZIP CODE: 26452- COUNTY: LEWIS

AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
2.00 HOSPITAL	WILLIAM R. SHARPE, JR. HOSPITAL	51-4010		5/24/1995	4 5 6 N T O

7 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2006 TO: 6/30/2007 .1 2
 8 TYPE OF CONTROL 10
 9 HOSPITAL 4
 0 SUBPROVIDER

OTHER INFORMATION

- 1 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 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 2
- 1.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 1.02 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). N
- 1.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N N
- 1.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 1.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 1.06 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
- 2 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 3 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 3.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 3.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 3.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 3.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 3.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /
- 3.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 3.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 4 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
- 5 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.
- 5.03 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) N N
- 5.06 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) N N
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 6.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 6.02 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 / /

		1	2	3	4
78	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				
8.01	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)	0	0.0000	0.0000	
28.1	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)	%	Y/N		
28.03	STAFFING	0.00%			
3.04	RECRUITMENT	0.00%			
8.05	RETENTION	0.00%			
8.06	TRAINING	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			
30.1	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE 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			
	ISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N	N		
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
		V	XVIII	XIX	
		1	2	3	
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	N	N	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)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
 IDENTIFICATION DATA

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

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

.01 NAME: FI/CONTRACTOR NAME
 .02 STREET: P.O. BOX:
 .03 CITY: STATE: ZIP CODE: -
 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 .01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 .02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 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.

.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 .02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 .03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 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	ASC	RADIOLOGY	DIAGNOSTIC
7.00 HOSPITAL	1 N	2 N	3 N	4 N	5 N

2 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 2.01 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
 3 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 / /
 3.01 MDH PERIOD: BEGINNING: / / ENDING: / /

4 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 4. 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
 5 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
6	7/ 1/2006	N	0.00		0
6.01			0.00		0
6.02			0.00		0
6.03			0.00		0

7 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 8 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

8.01 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

9 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
 0 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 N 0

50.01 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).

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 51-4010
I PERIOD: FROM 7/1/2006 TO 6/30/2007
I PREPARED 11/21/2007
I WORKSHEET S-3
I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /	TRIPS
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	150	54,750				3,974	930
1 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF		54,750				3,974	930
5 TOTAL ADULTS AND PEDS	150	54,750				3,974	930
12 TOTAL	150	54,750					
13 RPCH VISITS							
25 TOTAL	150						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			54,750				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF			54,750				
5 TOTAL ADULTS AND PEDS			54,750				
12 TOTAL			54,750				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES	FULL TIME EQUIV		DISCHARGES		TOTAL ALL	
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	PATIENTS 15
1 ADULTS & PEDIATRICS					175	265	1,606
2 HMO							
1 HMO - (IRF PPS SUBPROVIDER)							
4 ADULTS & PED-SB SNF							
5 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					175	265	1,606
12 TOTAL		449.12					
13 RPCH VISITS		449.12					
25 TOTAL		449.12					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
0100	OLD CAP REL COSTS-BLDG & FIXT					
0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		984,192	984,192	335,954	1,320,146
5	0500 EMPLOYEE BENEFITS		83,736	83,736		83,736
6	0600 ADMINISTRATIVE & GENERAL	1,497,511	4,913,441	4,913,441	-58,503	4,854,938
7	0700 MAINTENANCE & REPAIRS	427,933	4,742,448	6,239,959	-2,951,557	3,288,402
8	0800 OPERATION OF PLANT	363,795	224,140	652,073		652,073
9	0900 LAUNDRY & LINEN SERVICE		826,152	1,189,947		1,189,947
10	1000 HOUSEKEEPING	287,897	182,053	469,950	73,616	543,566
11	1100 DIETARY	573,005	444,935	1,017,940	9,629	1,027,569
12	1200 CAFETERIA		205,761	205,761		205,761
13	1300 MAINTENANCE OF PERSONNEL		317	2,799	157,070	159,869
14	1400 NURSING ADMINISTRATION		2,482	2,799		495,287
15	1500 CENTRAL SERVICES & SUPPLY	87,652	407,635	495,287		228,153
16	1600 PHARMACY	187,340	49,755	237,095	-8,942	263,161
17	1700 MEDICAL RECORDS & LIBRARY	226,118	37,043	263,161		938,000
18	1800 SOCIAL SERVICE	469,807	103,338	573,145	364,855	
20	2000 NONPHYSICIAN ANESTHETISTS					
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	7,784,850	4,102,522	11,887,372	1,378,593	13,265,965
41	4100 ANCILLARY SRVC COST CNTRS					
44	4400 RADIOLOGY-DIAGNOSTIC					
50	5000 LABORATORY	74,881	100,658	175,539	-25,162	150,377
51	5100 PHYSICAL THERAPY					
52	5200 OCCUPATIONAL THERAPY					
53	5300 SPEECH PATHOLOGY		11,651	11,651	25,162	36,813
54	5400 ELECTROCARDIOLOGY					
55	5500 ELECTROENCEPHALOGRAPHY					
56	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,378,896	1,378,896	31,017	1,409,913
59	5600 DRUGS CHARGED TO PATIENTS	89,912	16,005	105,917		105,917
60	6000 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
61	6100 OUTPAT SERVICE COST CNTRS					
62	6200 CLINIC					
65	6500 EMERGENCY					
66	6600 OBSERVATION BEDS (NON-DISTINCT PART)					
67	6700 OTHER REIMBURS COST CNTRS					
88	8800 AMBULANCE SERVICES		335,954	335,954	-335,954	
90	9000 DURABLE MEDICAL EQUIP-RENTED					
9'	9000 DURABLE MEDICAL EQUIP-SOLD					
	9000 SPEC PURPOSE COST CENTERS					
	9000 INTEREST EXPENSE					
	9000 OTHER CAPITAL RELATED COSTS					
	9000 SUBTOTALS	12,071,018	19,152,797	31,223,815	-1,004,222	30,219,593
	NONREIMBURS COST CENTERS				24,615	24,615
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS		827	827		827
100.01	7951 NRCC-MICA				979,607	979,607
100.02	7952 NRCC-NONCERTIFIED PATIENTS	630,969	168,278	799,247		799,247
100.03	7953 TRANSITIONAL LIVING	12,701,987	19,321,902	32,023,889	-0-	32,023,889
101	TOTAL					

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
	0100 OLD CAP REL COSTS-BLDG & FIXT		
	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-224,861	1,095,285
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		83,736
5	0500 EMPLOYEE BENEFITS	-802,099	4,052,839
6	0600 ADMINISTRATIVE & GENERAL	3,394,163	6,682,565
7	0700 MAINTENANCE & REPAIRS		652,073
8	0800 OPERATION OF PLANT	-85,862	1,104,085
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		543,566
11	1100 DIETARY		1,027,569
12	1200 CAFETERIA		205,761
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		159,869
15	1500 CENTRAL SERVICES & SUPPLY		495,287
16	1600 PHARMACY	-37	228,116
17	1700 MEDICAL RECORDS & LIBRARY		263,161
18	1800 SOCIAL SERVICE		938,000
20	2000 NONPHYSICIAN ANESTHETISTS		
25	2500 ADULTS & PEDIATRICS	-6,308,827	6,957,138
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		150,377
50	5000 PHYSICAL THERAPY		
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		36,813
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		1,409,913
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		105,917
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
9'	SUBTOTALS	-4,027,523	26,192,070
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		24,615
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 NRCC-MICA		827
100.02	7952 NRCC-NONCERTIFIED PATIENTS		979,607
100.03	7953 TRANSITIONAL LIVING		799,247
101	TOTAL	-4,027,523	27,996,366

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
25	INPAT ROUTINE SRVC C	2500	
	ADULTS & PEDIATRICS		
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
9	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	NRCC-MICA	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	NRCC-NONCERTIFIED PATIENTS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	TRANSITIONAL LIVING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS SALARIES	A	ADMINISTRATIVE & GENERAL	6		22,821	
		HOUSEKEEPING	10		73,616	
		DIETARY	11		34,244	
		NURSING ADMINISTRATION	14		157,070	
		ADULTS & PEDIATRICS	25		51,131	
		ELECTROCARDIOLOGY	53		25,162	
		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		24,615	
8 TO RECLASS PHYSICIAN BENEFITS	C	ADULTS & PEDIATRICS	25			58,503
9 TO RECLASS PROFESSIONAL FEES	D	ADULTS & PEDIATRICS	25			2,539,322
		SOCIAL SERVICE	18			364,855
		DRUGS CHARGED TO PATIENTS	56			31,017
12 TO RECLASS NONCERTIFIED PATIENT COST	E	NRCC-NONCERTIFIED PATIENTS	100.02			979,607
13 TO RECLASS INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3			335,954
14 TO RECLASS NURSING WAGES	G	ADULTS & PEDIATRICS	25		8,942	
36 TOTAL RECLASSIFICATIONS					397,601	4,309,258

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 RECLASS SALARIES	A	ADMINISTRATIVE & GENERAL	6		39,184		
2		DIETARY	11		24,615		
3		ADULTS & PEDIATRICS	25		299,698		
4		LABORATORY	44		25,162		
5							
6							
7							
8 TO RECLASS PHYSICIAN BENEFITS	C	EMPLOYEE BENEFITS	5			58,503	
9 TO RECLASS PROFESSIONAL FEES	D	ADMINISTRATIVE & GENERAL	6			2,935,194	
0							
1							
2 TO RECLASS NONCERTIFIED PATIENT COST	E	ADULTS & PEDIATRICS	25			979,607	
3 TO RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88			335,954	11
4 TO RECLASS NURSING WAGES	G	PHARMACY	16		8,942		
5					397,601	4,309,258	
6 TOTAL RECLASSIFICATIONS							

(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.

RECLASS CODE: A
EXPLANATION : TO RECLASS SALARIES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	22,821
2.00	HOUSEKEEPING	73,616
3.00	DIETARY	34,244
4.00	NURSING ADMINISTRATION	157,070
5.00	ADULTS & PEDIATRICS	51,131
6.00	ELECTROCARDIOLOGY	25,162
7.00	GIFT, FLOWER, COFFEE SHOP & CA	24,615
TOTAL RECLASSIFICATIONS FOR CODE A		388,659

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	39,184
DIETARY	11	24,615
ADULTS & PEDIATRICS	25	299,698
LABORATORY	44	25,162
		0
		0
		0
		388,659

RECLASS CODE: C
EXPLANATION : TO RECLASS PHYSICIAN BENEFITS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	58,503
TOTAL RECLASSIFICATIONS FOR CODE C		58,503

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	58,503
		58,503

RECLASS CODE: D
EXPLANATION : TO RECLASS PROFESSIONAL FEES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	2,539,322
2.00	SOCIAL SERVICE	364,855
3.00	DRUGS CHARGED TO PATIENTS	31,017
TOTAL RECLASSIFICATIONS FOR CODE D		2,935,194

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	2,935,194
		0
		0
		2,935,194

RECLASS CODE: E
EXPLANATION : TO RECLASS NONCERTIFIED PATIENT COST

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NRCC-NONCERTIFIED PATIENTS	979,607
TOTAL RECLASSIFICATIONS FOR CODE E		979,607

DECREASE		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	979,607
		979,607

RECLASS CODE: F
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	335,954
TOTAL RECLASSIFICATIONS FOR CODE F		335,954

DECREASE		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	335,954
		335,954

RECLASS CODE: G
EXPLANATION : TO RECLASS NURSING WAGES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	8,942
TOTAL RECLASSIFICATIONS FOR CODE G		8,942

DECREASE		
COST CENTER	LINE	AMOUNT
PHARMACY	16	8,942
		8,942

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3				
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 BALANCES 1	PURCHASES 2	ACQUISITIONS	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3				
1 LAND						680,471	
2 LAND IMPROVEMENTS	680,471					33,625,195	
3 BUILDINGS & FIXTURE	33,491,691	133,504		133,504			
4 BUILDING IMPROVEMEN						2,348,950	
5 FIXED EQUIPMENT	2,235,725	113,225		113,225		1,368,384	
6 MOVABLE EQUIPMENT	1,339,676	48,881		48,881	20,173	38,023,000	
7 SUBTOTAL	37,747,563	295,610		295,610	20,173		
8 RECONCILING ITEMS							
9 TOTAL	37,747,563	295,610		295,610	20,173	38,023,000	

ART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	32,426,816		32,426,816				
4	NEW CAP REL COSTS-MV	1,351,881		1,351,881				
5	TOTAL	33,778,697		33,778,697				

*	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		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	984,192		111,093				1,095,285
4	NEW CAP REL COSTS-MV	83,736						83,736
5	TOTAL	1,067,928		111,093				1,179,021

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

*	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		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	984,192						984,192
4	NEW CAP REL COSTS-MV	83,736						83,736
5	TOTAL	1,067,928						1,067,928

1) All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
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).

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
2 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
3 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
4 INVST INCOME-NEW BLDGS AND FIXTURES	A	-224,861	NEW CAP REL COSTS-BLDG &	3		11
5 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
6 INVESTMENT INCOME-OTHER						
7 TRADE, QUANTITY AND TIME DISCOUNTS						
8 REFUNDS AND REBATES OF EXPENSES						
9 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
10 TELEPHONE SERVICES						
11 TELEVISION AND RADIO SERVICE						
12 PARKING LOT						
13 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,797,977				
14 SALE OF SCRAP, WASTE, ETC.						
15 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,599,194				
16 LAUNDRY AND LINEN SERVICE						
17 CAFETERIA--EMPLOYEES AND GUESTS						
18 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
19 SALE OF MED AND SURG SUPPLIES						
20 SALE OF DRUGS TO OTHER THAN PATIENTS						
21 SALE OF MEDICAL RECORDS & ABSTRACTS						
22 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)						
23 VENDING MACHINES						
24 INCOME FROM IMPOSITION OF INTEREST						
25 INTRST EXP ON MEDICARE OVERPAYMENTS	A-8-3/A-8-4		**COST CENTER DELETED**	49		
26 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3					
28 ADJUSTMENT FOR HHA PHYSICAL THERAPY			**COST CENTER DELETED**	89		
29 UTILIZATION REVIEW-PHYSICIAN COMP			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-OLD MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-MVBLE E	4		
33 DEPRECIATION-NEW MOVABLE EQUIP			NONPHYSICIAN ANESTHETISTS	20		
34 NON-PHYSICIAN ANESTHETIST						
35 PHYSICIANS' ASSISTANT	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		SPEECH PATHOLOGY	52		
37 ADJUSTMENT FOR SPEECH PATHOLOGY	A	-85,862	OPERATION OF PLANT	8		
38 WESTON HOSPITAL EXPENSES						
39 VENDING/PAY PHONE INCOME	B	-6,514	ADMINISTRATIVE & GENERAL	6		
40 MISCELLANEOUS INCOME	B	-135	ADMINISTRATIVE & GENERAL	6		
41 OFFSET DIVERTED PATIENT COSTS	A	-481	ADMINISTRATIVE & GENERAL	6		
42 OFFSET DIVERTED PATIENT COSTS	A	-37	PHARMACY	16		
43 OFFSET DIVERTED PATIENT COSTS	A	-3,510,850	ADULTS & PEDIATRICS	25		
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 TOTAL (SUM OF LINES 1 THRU 49)		-4,027,523				

(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:

NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	1,585,034	2,387,133	-802,099	
2	6	ADMINISTRATIVE & GENERAL	3,401,293		3,401,293	
3						
4						
5	TOTALS		4,986,327	2,387,133	2,599,194	

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

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

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

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

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - 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 51-4010

I FROM 7/ 1/2006

I WORKSHEET A-8-2

I

I TO 6/30/2007

I GROUP 1

	WKSHT A IE 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	25	ROUTINE	2,797,977	2,797,977		138,400	91	6,055	303
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30		TOTAL	2,797,977	2,797,977			91	6,055	303
31									

PROVIDER BASED PHYSICIAN ADJUSTMENTS

	WKSHT A NE 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	25	ROUTINE					6,055		2,797,977
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
.01		TOTAL					6,055		2,797,977

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	0	1	2	3	4	5	5a.00
00 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E				1,095,285			
004 NEW CAP REL COSTS-BLDG &	1,095,285						
005 NEW CAP REL COSTS-MVBLE E	83,736						
006 EMPLOYEE BENEFITS	4,052,839						
007 ADMINISTRATIVE & GENERAL	6,682,565			172,289	13,172	4,052,839	7,373,706
008 MAINTENANCE & REPAIRS	652,073			82,639	6,318	505,680	887,131
009 OPERATION OF PLANT	1,104,085			9,539	729	146,101	1,238,557
010 LAUNDRY & LINEN SERVICE				14,296	1,093	15,389	
011 HOUSEKEEPING	543,566			25,492	1,949	123,425	694,432
012 DIETARY	1,027,569			72,546	5,546	198,918	1,304,579
013 CAFETERIA	205,761						205,761
014 MAINTENANCE OF PERSONNEL				15,398	1,177	53,734	230,178
015 NURSING ADMINISTRATION	159,869			32,179	2,460	29,925	559,851
016 CENTRAL SERVICES & SUPPLY	495,287			9,782	748	60,907	299,553
017 PHARMACY	228,116			63,268	4,837	77,199	408,465
018 MEDICAL RECORDS & LIBRARY	263,161			127,732	9,765	160,397	1,235,894
019 SOCIAL SERVICE	938,000						
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS	6,957,138			351,210	26,849	2,288,657	9,623,854
041 ADULTS & PEDIATRICS							
044 ANCILLARY SRVC COST CNTRS							
050 RADIOLOGY-DIAGNOSTIC				6,550	501	16,975	174,403
051 LABORATORY	150,377						
052 PHYSICAL THERAPY							
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY						8,591	45,404
055 ELECTROCARDIOLOGY	36,813						
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS	1,409,913			29,987	2,293	30,697	1,409,913
061 PSYCHIATRIC/PSYCHOLOGICAL	105,917						168,894
062 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY							
067 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
099 AMBULANCE SERVICES							
100 DURABLE MEDICAL EQUIP-REN							
101 DURABLE MEDICAL EQUIP-SOL							
102 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	26,192,070			1,012,907	77,437	3,825,410	25,875,964
099 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP	24,615			8,014	613	8,404	41,646
099 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				13,194	1,009		14,203
100 01 NRCC-MICA	827			29,626	2,265		32,718
100 02 NRCC-NONCERTIFIED PATIENT	979,607			31,544	2,412	219,025	1,232,588
100 03 TRANSITIONAL LIVING	799,247						799,247
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	27,996,366			1,095,285	83,736	4,052,839	27,996,366

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 51-4010
I

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007
I

I PREPARED 11/21/2007
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
00 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	7,373,706						
008 MAINTENANCE & REPAIRS	317,197	1,204,328					
009 OPERATION OF PLANT	442,851	13,671	1,695,079				
010 LAUNDRY & LINEN SERVICE	5,502	20,488	29,168	70,547			
011 HOUSEKEEPING	248,297	36,532	52,009		1,031,270		
012 DIETARY	466,457	103,966	148,012			2,023,014	
013 CAFETERIA	73,571					635,277	914,609
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	82,301	22,068	31,416		52,691		8,709
016 CENTRAL SERVICES & SUPPLY	200,177	46,116	65,653		2,629		9,062
017 PHARMACY	107,106	14,019	19,958		10,543		8,221
018 MEDICAL RECORDS & LIBRARY	146,048	90,671	129,083		15,802		21,488
020 SOCIAL SERVICE	441,899	183,055	260,605		19,759		39,448
025 NONPHYSICIAN ANESTHETISTS							
041 INPAT ROUTINE SRVC CNTRS	3,441,041	503,323	716,559	64,735	848,597	1,273,377	688,663
044 ADULTS & PEDIATRICS							
050 ANCILLARY SRVC COST CNTRS							
051 RADIOLOGY-DIAGNOSTIC							
052 LABORATORY	62,358	9,387	13,364		11,845		5,426
053 PHYSICAL THERAPY							
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY	16,234				6,586		2,713
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS	504,120						
060 PSYCHIATRIC/PSYCHOLOGICAL	60,389	42,975	61,181		26,345		5,426
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
065 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES	6,615,548	1,086,271	1,527,008	64,735	994,797	1,908,654	789,156
09 DURABLE MEDICAL EQUIP-REN							
097 DURABLE MEDICAL EQUIP-SOL							
098 SPEC PURPOSE COST CENTERS							
099 SUBTOTALS							
100 NONREIMBURS COST CENTERS							
101 GIFT, FLOWER, COFFEE SHOP	14,891	11,484	16,350		11,845		2,930
102 RESEARCH							
103 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS					5,259		
100 OTHER NONREIMBURSABLE COS	5,078	18,909	26,919				
100 01 NRCC-MICA	11,698	42,458	60,445				
100 02 NRCC-NONCERTIFIED PATIENT	440,717	45,206	64,357	5,812	19,369	114,360	56,758
100 03 TRANSITIONAL LIVING	285,774						65,765
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,373,706	1,204,328	1,695,079	70,547	1,031,270	2,023,014	914,609

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
00 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		427,363		883,488			
016 CENTRAL SERVICES & SUPPLY				14,735	474,135		
017 PHARMACY						811,557	
018 MEDICAL RECORDS & LIBRARY				10,897			2,191,557
020 SOCIAL SERVICE							
025 NONPHYSICIAN ANESTHETISTS							
041 INPAT ROUTINE SRVC CNTRS		392,148	641,195		744,685		2,010,973
044 ADULTS & PEDIATRICS							
050 ANCILLARY SRVC COST CNTRS							
051 RADIOLOGY-DIAGNOSTIC				3,801			
052 LABORATORY							
053 PHYSICAL THERAPY							
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY				14,925			
056 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					435,066		
061 DRUGS CHARGED TO PATIENTS							
062 PSYCHIATRIC/PSYCHOLOGICAL							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
067 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS							
09 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS							
09 SUBTOTALS		392,148	685,553	435,066	744,685		2,010,973
09 NONREIMBURS COST CENTERS							
09 GIFT, FLOWER, COFFEE SHOP							
09 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
01 NRCC-MICA							
02 NRCC-NONCERTIFIED PATIENT		35,215	57,590	39,069	66,872		180,584
03 TRANSITIONAL LIVING			140,345				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		427,363	883,488	474,135	811,557		2,191,557

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	25		27
00_ GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
013 CAFETERIA			
014 MAINTENANCE OF PERSONNEL			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
025 NONPHYSICIAN ANESTHETISTS	20,949,150		20,949,150
041 INPAT ROUTINE SRVC CNTRS			
044 ADULTS & PEDIATRICS			
050 ANCILLARY SRVC COST CNTRS			
051 RADIOLOGY-DIAGNOSTIC	280,584		280,584
055 LABORATORY			
056 PHYSICAL THERAPY			
059 OCCUPATIONAL THERAPY			
060 SPEECH PATHOLOGY			
061 ELECTROCARDIOLOGY	85,862		85,862
062 ELECTROENCEPHALOGRAPHY			
065 MEDICAL SUPPLIES CHARGED	2,349,099		2,349,099
066 DRUGS CHARGED TO PATIENTS	365,210		365,210
067 PSYCHIATRIC/PSYCHOLOGICAL			
095 OUTPAT SERVICE COST CNTRS			
097 CLINIC			
098 EMERGENCY			
099 OBSERVATION BEDS (NON-DIS			
100 OTHER REIMBURS COST CNTRS			
101 AMBULANCE SERVICES			
102 DURABLE MEDICAL EQUIP-REN			
103 DURABLE MEDICAL EQUIP-SOL			
104 SPEC PURPOSE COST CENTERS			
105 SUBTOTALS	24,029,905		24,029,905
106 NONREIMBURS COST CENTERS			
107 GIFT, FLOWER, COFFEE SHOP	99,146		99,146
108 RESEARCH			
109 PHYSICIANS' PRIVATE OFFIC			
110 NONPAID WORKERS			
111 OTHER NONREIMBURSABLE COS	70,368		70,368
112 NRCC-MICA	147,319		147,319
113 NRCC-NONCERTIFIED PATIENT	2,358,497		2,358,497
114 TRANSITIONAL LIVING	1,291,131		1,291,131
115 CROSS FOOT ADJUSTMENT			
116 NEGATIVE COST CENTER			
117 TOTAL	27,996,366		27,996,366

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
0C GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				172,289	13,172	185,461	
007 ADMINISTRATIVE & GENERAL				82,639	6,318	88,957	
008 MAINTENANCE & REPAIRS				9,539	729	10,268	
009 OPERATION OF PLANT				14,296	1,093	15,389	
010 LAUNDRY & LINEN SERVICE				25,492	1,949	27,441	
011 HOUSEKEEPING				72,546	5,546	78,092	
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL				15,398	1,177	16,575	
015 NURSING ADMINISTRATION				32,179	2,460	34,639	
016 CENTRAL SERVICES & SUPPLY				9,782	748	10,530	
017 PHARMACY				63,268	4,837	68,105	
018 MEDICAL RECORDS & LIBRARY				127,732	9,765	137,497	
020 SOCIAL SERVICE							
025 NONPHYSICIAN ANESTHETISTS							
041 INPAT ROUTINE SRVC CNTRS				351,210	26,849	378,059	
044 ADULTS & PEDIATRICS							
050 ANCILLARY SRVC COST CNTRS							
051 RADIOLOGY-DIAGNOSTIC				6,550	501	7,051	
052 LABORATORY							
053 PHYSICAL THERAPY							
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS				29,987	2,293	32,280	
062 PSYCHIATRIC/PSYCHOLOGICAL							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
067 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS							
099 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES							
100 DURABLE MEDICAL EQUIP-REN							
100 DURABLE MEDICAL EQUIP-SOL							
100 SPEC PURPOSE COST CENTERS				1,012,907	77,437	1,090,344	
095 SUBTOTALS							
099 NONREIMBURS COST CENTERS				8,014	613	8,627	
099 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS				13,194	1,009	14,203	
100 OTHER NONREIMBURSABLE COS				29,626	2,265	31,891	
100 01 NRCC-MICA				31,544	2,412	33,956	
100 02 NRCC-NONCERTIFIED PATIENT							
100 03 TRANSITIONAL LIVING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER				1,095,285	83,736	1,179,021	
103 TOTAL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
00 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	185,461						
008 MAINTENANCE & REPAIRS	7,978	96,935					
009 OPERATION OF PLANT	11,138	1,100	22,506				
010 LAUNDRY & LINEN SERVICE	138	1,649	387	17,563			
011 HOUSEKEEPING	6,245	2,940	691		37,317		
012 DIETARY	11,732	8,368	1,965			100,157	
013 CAFETERIA	1,850					31,452	33,302
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	2,070	1,776	417		1,907		317
016 CENTRAL SERVICES & SUPPLY	5,035	3,712	872		95		330
017 PHARMACY	2,694	1,128	265		382		299
018 MEDICAL RECORDS & LIBRARY	3,673	7,298	1,714		572		782
020 SOCIAL SERVICE	11,114	14,734	3,460		715		1,436
025 NONPHYSICIAN ANESTHETISTS							
ADULTS & PEDIATRICS	86,550	40,513	9,515	16,116	30,706	63,043	25,074
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
050 LABORATORY	1,568	756	177		429		198
051 PHYSICAL THERAPY							
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	408				238		99
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS	12,679						
PSYCHIATRIC/PSYCHOLOGICAL	1,519	3,459	812		953		198
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS	166,391	87,433	20,275	16,116	35,997	94,495	28,733
09 SUBTOTALS							
NONREIMBURS COST CENTERS							
09 GIFT, FLOWER, COFFEE SHOP	375	924	217		429		107
09 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	128	1,522	357		190		
100 01 NRCC-MICA	294	3,417	803				
100 02 NRCC-NONCERTIFIED PATIENT	11,085	3,639	854	1,447	701	5,662	2,067
100 03 TRANSITIONAL LIVING	7,188						2,395
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	185,461	96,935	22,506	17,563	37,317	100,157	33,302

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
00 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL		23,062					
015 NURSING ADMINISTRATION			44,683				
016 CENTRAL SERVICES & SUPPLY			745	16,043			
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY			551		82,144	169,507	
020 SOCIAL SERVICE							
025 NONPHYSICIAN ANESTHETISTS							
041 INPAT ROUTINE SRVC CNTRS		21,162	32,429		75,375	155,540	
044 ADULTS & PEDIATRICS							
050 ANCILLARY SRVC COST CNTRS							
051 RADIOLOGY-DIAGNOSTIC							
052 LABORATORY			192				
053 PHYSICAL THERAPY							
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY			755				
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS				14,721			
062 PSYCHIATRIC/PSYCHOLOGICAL							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
067 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS		21,162	34,672	14,721	75,375	155,540	
099 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES							
101 DURABLE MEDICAL EQUIP-REN							
102 DURABLE MEDICAL EQUIP-SOL							
103 SPEC PURPOSE COST CENTERS							
01 NRCC-MICA							
02 NRCC-NONCERTIFIED PATIENT		1,900	2,913	1,322	6,769	13,967	
03 TRANSITIONAL LIVING			7,098				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		23,062	44,683	16,043	82,144	169,507	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
00 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
013 CAFETERIA			
014 MAINTENANCE OF PERSONNEL			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
025 NONPHYSICIAN ANESTHETISTS			
041 INPAT ROUTINE SRVC CNTRS			
044 ADULTS & PEDIATRICS	934,082		934,082
050 ANCILLARY SRVC COST CNTRS			
051 RADIOLOGY-DIAGNOSTIC			
052 LABORATORY	10,371		10,371
053 PHYSICAL THERAPY			
054 OCCUPATIONAL THERAPY			
055 SPEECH PATHOLOGY			
056 ELECTROCARDIOLOGY	1,500		1,500
059 ELECTROENCEPHALOGRAPHY			
060 MEDICAL SUPPLIES CHARGED			
061 DRUGS CHARGED TO PATIENTS	27,400		27,400
062 PSYCHIATRIC/PSYCHOLOGICAL	39,221		39,221
065 OUTPAT SERVICE COST CNTRS			
066 CLINIC			
067 EMERGENCY			
095 OBSERVATION BEDS (NON-DIS			
099 OTHER REIMBURS COST CNTRS			
100 AMBULANCE SERVICES			
100 DURABLE MEDICAL EQUIP-REN			
100 DURABLE MEDICAL EQUIP-SOL			
100 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	1,012,574		1,012,574
09 NONREIMBURS COST CENTERS			
099 GIFT, FLOWER, COFFEE SHOP	10,679		10,679
098 RESEARCH			
099 PHYSICIANS' PRIVATE OFFIC			
100 NONPAID WORKERS			
100 OTHER NONREIMBURSABLE COS	16,400		16,400
100 01 NRCC-MICA	36,405		36,405
100 02 NRCC-NONCERTIFIED PATIENT	86,282		86,282
100 03 TRANSITIONAL LIVING	16,681		16,681
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,179,021		1,179,021

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &			175,905			
005 NEW CAP REL COSTS-MVBLE E				175,905		
006 EMPLOYEE BENEFITS					11,870,866	
007 ADMINISTRATIVE & GENERAL			27,670	27,670	1,481,148	-7,373,706
008 MAINTENANCE & REPAIRS			13,272	13,272	427,933	
009 OPERATION OF PLANT			1,532	1,532	363,795	
010 LAUNDRY & LINEN SERVICE			2,296	2,296		
011 HOUSEKEEPING			4,094	4,094	361,513	
012 DIETARY			11,651	11,651	582,634	
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION			2,473	2,473	157,387	
016 CENTRAL SERVICES & SUPPLY			5,168	5,168	87,652	
017 PHARMACY			1,571	1,571	178,398	
018 MEDICAL RECORDS & LIBRARY			10,161	10,161	226,118	
019 SOCIAL SERVICE			20,514	20,514	469,807	
020 NONPHYSICIAN ANESTHETISTS						
025 INPAT ROUTINE SRVC CNTRS			56,405	56,405	6,703,544	
041 ADULTS & PEDIATRICS						
044 ANCILLARY SRVC COST CNTRS						
050 RADIOLOGY-DIAGNOSTIC			1,052	1,052	49,719	
051 LABORATORY						
052 PHYSICAL THERAPY						
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY					25,162	
055 ELECTROCARDIOLOGY						
056 ELECTROENCEPHALOGRAPHY						
059 MEDICAL SUPPLIES CHARGED			4,816	4,816	89,912	
060 DRUGS CHARGED TO PATIENTS						
061 PSYCHIATRIC/PSYCHOLOGICAL						
062 OUTPAT SERVICE COST CNTRS						
065 CLINIC						
066 EMERGENCY						
067 OBSERVATION BEDS (NON-DIS						
068 OTHER REIMBURS COST CNTRS						
069 AMBULANCE SERVICES						
06F DURABLE MEDICAL EQUIP-REN						
06 DURABLE MEDICAL EQUIP-SOL						
095 SPEC PURPOSE COST CENTERS			162,675	162,675	11,204,722	-7,373,706
096 SUBTOTALS						
097 NONREIMBURS COST CENTERS			1,287	1,287	24,615	
098 GIFT, FLOWER, COFFEE SHOP						
099 RESEARCH						
100 PHYSICIANS' PRIVATE OFFIC						
100 NONPAID WORKERS			2,119	2,119		
100 OTHER NONREIMBURSABLE COS			4,758	4,758		
100 01 NRCC-MICA			5,066	5,066	641,529	
100 02 NRCC-NONCERTIFIED PATIENT						
100 03 TRANSITIONAL LIVING						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,095,285	83,736	4,052,839	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			6.226571	.476030	.341411	
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
	6	7	8	9	10	11	12
J01 GENERAL SERVICE COST CNTR							
J02 OLD CAP REL COSTS-BLDG &							
J03 OLD CAP REL COSTS-MVBLE E							
J04 NEW CAP REL COSTS-BLDG &							
J04 NEW CAP REL COSTS-MVBLE E							
J05 EMPLOYEE BENEFITS							
J06 ADMINISTRATIVE & GENERAL	20,622,660						
J07 MAINTENANCE & REPAIRS	887,131	134,963					
J08 OPERATION OF PLANT	1,238,557	1,532	133,431				
J09 LAUNDRY & LINEN SERVICE	15,389	2,296		10,002			
J10 HOUSEKEEPING	694,432	4,094			39,614		
J11 DIETARY	1,304,579	11,651	11,651			260,944	
J12 CAFETERIA	205,761					81,943	33,711
J13 MAINTENANCE OF PERSONNEL							321
J14 NURSING ADMINISTRATION	230,178	2,473	2,473		2,024		334
J15 CENTRAL SERVICES & SUPPLY	559,851	5,168	5,168		101		303
J16 PHARMACY	299,553	1,571	1,571		405		792
J17 MEDICAL RECORDS & LIBRARY	408,465	10,161	10,161		607		1,454
J18 SOCIAL SERVICE	1,235,894	20,514	20,514		759		
J20 NONPHYSICIAN ANESTHETISTS							
J25 INPAT ROUTINE SRVC CNTRS							
J25 ADULTS & PEDIATRICS	9,623,854	56,405	56,405	9,178	32,597	164,250	25,383
J41 ANCILLARY SRVC COST CNTRS							
J41 RADIOLOGY-DIAGNOSTIC							
J44 LABORATORY	174,403	1,052	1,052		455		200
J50 PHYSICAL THERAPY							
J51 OCCUPATIONAL THERAPY							
J52 SPEECH PATHOLOGY							
J53 ELECTROCARDIOLOGY	45,404				253		100
J54 ELECTROENCEPHALOGRAPHY							
J55 MEDICAL SUPPLIES CHARGED							
J56 DRUGS CHARGED TO PATIENTS	1,409,913				1,012		200
J59 PSYCHIATRIC/PSYCHOLOGICAL	168,894	4,816	4,816				
J60 OUTPAT SERVICE COST CNTRS							
J61 CLINIC							
J62 EMERGENCY							
J62 OBSERVATION BEDS (NON-DIS							
J62 OTHER REIMBURS COST CNTRS							
J65 AMBULANCE SERVICES							
J66 DURABLE MEDICAL EQUIP-REN							
J66 DURABLE MEDICAL EQUIP-SOL							
J66 SPEC PURPOSE COST CENTERS							
J95 SUBTOTALS	18,502,258	121,733	120,201	9,178	38,213	246,193	29,087
J96 NONREIMBURS COST CENTERS							
J96 GIFT, FLOWER, COFFEE SHOP	41,646	1,287	1,287		455		108
J97 RESEARCH							
J98 PHYSICIANS' PRIVATE OFFIC							
J99 NONPAID WORKERS							
J100 OTHER NONREIMBURSABLE COS	14,203	2,119	2,119		202		
J100 01 NRCC-MICA	32,718	4,758	4,758				
J100 02 NRCC-NONCERTIFIED PATIENT	1,232,588	5,066	5,066	824	744	14,751	2,092
J100 03 TRANSITIONAL LIVING	799,247						2,424
J101 CROSS FOOT ADJUSTMENT							
J102 NEGATIVE COST CENTER							
J103 COST TO BE ALLOCATED	7,373,706	1,204,328	1,695,079	70,547	1,031,270	2,023,014	914,609
J103 (WRKSHT B, PART I)							
J104 UNIT COST MULTIPLIER		8.923394	12.703787	7.053289	26.032968	7.752675	27.130877
J104 (WRKSHT B, PT I)	.357554						
J105 COST TO BE ALLOCATED							
J105 (WRKSHT B, PART II)							
J106 UNIT COST MULTIPLIER							
J106 (WRKSHT B, PT II)							
J107 COST TO BE ALLOCATED	185,461	96,935	22,506	17,563	37,317	100,157	33,302
J107 (WRKSHT B, PART III)							
J108 UNIT COST MULTIPLIER		.718234	.168671	1.755949	.942015	.383826	.987867
J108 (WRKSHT B, PT III)	.008993						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 51-4010
I

I PERIOD:
I FROM 7/ 1/2006 I
I TO 6/30/2007 I

I PREPARED 11/21/2007
I WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		10,000		69,970			
016 CENTRAL SERVICES & SUPPLY				1,167			
017 PHARMACY					10,000		
018 MEDICAL RECORDS & LIBRARY				863		10,000	
019 SOCIAL SERVICE							10,000
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		9,176		50,781		9,176	9,176
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
050 LABORATORY				301			
051 PHYSICAL THERAPY							
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY				1,182			
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED					9,176		
059 DRUGS CHARGED TO PATIENTS							
PSYCHIATRIC/PSYCHOLOGICAL							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		9,176		54,294	9,176	9,176	9,176
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 NRCC-MICA							
100 02 NRCC-NONCERTIFIED PATIENT			824	4,561	824	824	824
100 03 TRANSITIONAL LIVING				11,115			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		427,363		883,488	474,135	811,557	2,191,557
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		42.736300		12.626669	47.413500	81.155700	219.155700
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		23,062		44,683	16,043	82,144	169,507
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		2.306200		.638602	1.604300	8.214400	16.950700
(WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

KST A INE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,949,150		20,949,150		
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC LABORATORY	280,584		280,584		
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	85,862		85,862		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	2,349,099		2,349,099		
59	PSYCHIATRIC/PSYCHOLOGICAL	365,210		365,210		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	24,029,905		24,029,905		
102	LESS OBSERVATION BEDS					
103	TOTAL	24,029,905		24,029,905		

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
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	56,683,400		56,683,400			
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC	247,464		247,464	1.133838	1.133838	
50	LABORATORY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	83,067		83,067	1.033648	1.033648	
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	5,250,222		5,250,222	.447429	.447429	
59	DRUGS CHARGED TO PATIENTS	530,952		530,952	.687840	.687840	
	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	62,795,105		62,795,105			
102	LESS OBSERVATION BEDS						
103	TOTAL	62,795,105		62,795,105			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

KST A INE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,949,150		20,949,150		
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC LABORATORY	280,584		280,584		
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	85,862		85,862		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	2,349,099		2,349,099		
59	PSYCHIATRIC/PSYCHOLOGICAL	365,210		365,210		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	24,029,905		24,029,905		
102	LESS OBSERVATION BEDS					
103	TOTAL	24,029,905		24,029,905		

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
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	56,683,400		56,683,400			
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC	247,464		247,464	1.133838	1.133838	
50	LABORATORY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	83,067		83,067	1.033648	1.033648	
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	5,250,222		5,250,222	.447429	.447429	
59	DRUGS CHARGED TO PATIENTS	530,952		530,952	.687840	.687840	
	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	62,795,105		62,795,105			
102	LESS OBSERVATION BEDS						
103	TOTAL	62,795,105		62,795,105			

ST 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
4.	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC LABORATORY	280,584	10,371	270,213			280,584
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	85,862	1,500	84,362			85,862
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	2,349,099	27,400	2,321,699			2,349,099
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	365,210	39,221	325,989			365,210
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
.01	SUBTOTAL	3,080,755	78,492	3,002,263			3,080,755
.02	LESS OBSERVATION BEDS						
.03	TOTAL	3,080,755	78,492	3,002,263			3,080,755

JKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
4	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
50	LABORATORY	247,464	1.133838	1.133838
51	PHYSICAL THERAPY			
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	83,067	1.033648	1.033648
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	5,250,222	.447429	.447429
59	PSYCHIATRIC/PSYCHOLOGICAL	530,952	.687840	.687840
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	6,111,705		
102	LESS OBSERVATION BEDS			
103	TOTAL	6,111,705		

KST A INE 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
4	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
50	LABORATORY	280,584	10,371	270,213	1,037	15,672	263,875
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	85,862	1,500	84,362	150	4,893	80,819
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	2,349,099	27,400	2,321,699	2,740	134,659	2,211,700
59	PSYCHIATRIC/PSYCHOLOGICAL	365,210	39,221	325,989	3,922	18,907	342,381
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	3,080,755	78,492	3,002,263	7,849	174,131	2,898,775
102	LESS OBSERVATION BEDS						
103	TOTAL	3,080,755	78,492	3,002,263	7,849	174,131	2,898,775

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
4	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
50	LABORATORY	247,464	1.066317	1.129647
51	PHYSICAL THERAPY			
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	83,067	.972938	1.031842
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	5,250,222	.421258	.446907
59	DRUGS CHARGED TO PATIENTS	530,952	.644844	.680453
	PSYCHIATRIC/PSYCHOLOGICAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	6,111,705		
102	LESS OBSERVATION BEDS			
103	TOTAL	6,111,705		

KST 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				934,082		934,082
101	TOTAL				934,082		934,082

TITLE XVIII, PART A

/KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
		PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM 9	OLD CAP CST 10	PER DIEM 11	NEW CAP CST 12
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	54,750	3,974			17.06	67,796
101	TOTAL	54,750	3,974				67,796

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I

I 51-4010 I FROM 7/ 1/2006 I

I COMPONENT NO: I TO 6/30/2007 I

I 51-4010 I I

WORKSHEET D

PART II

TITLE XVIII, PART A

HOSPITAL

TEFRA

ST A NE 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
4	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC LABORATORY		10,371	247,464	29,216		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY		1,500	83,067	10,821		
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		27,400	5,250,222	278,473		
56	DRUGS CHARGED TO PATIENTS		39,221	530,952			
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL		78,492	6,111,705	318,510		
.01	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

#KST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		NEW CAPITAL CST/CHRG 7	RATIO RATIO 8
	ANCILLARY SRVC COST CNTRS		
44	RADIOLOGY-DIAGNOSTIC	.041909	1,224
50	LABORATORY		
51	PHYSICAL THERAPY		
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY	.018058	195
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.005219	1,453
59	DRUGS CHARGED TO PATIENTS	.073869	
	PSYCHIATRIC/PSYCHOLOGICAL		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,872

TEFRA

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

TEFRA

KST A INE 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
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					54,750	
101	TOTAL					54,750	

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

KST A INE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
2'	ADULTS & PEDIATRICS	7	3,974
10.	TOTAL		3,974

TITLE XVIII, PART A

HOSPITAL

TEFRA

KST A INE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
					SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS				2	2.01	2.02	2.03
4	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

TEFRA

AKST 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
4	ANCILLARY SRVC COST CNTRS							
44	RADIOLOGY-DIAGNOSTIC			247,464			29,216	
50	LABORATORY							
51	PHYSICAL THERAPY							
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			83,067			10,821	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			5,250,222			278,473	
59	DRUGS CHARGED TO PATIENTS			530,952				
60	PSYCHIATRIC/PSYCHOLOGICAL							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
65	EMERGENCY							
66	OBSERVATION BEDS (NON-DIS							
67	OTHER REIMBURS COST CNTRS							
101	AMBULANCE SERVICES							
	DURABLE MEDICAL EQUIP-REN							
	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			6,111,705			318,510	

TITLE XVIII, PART A

HOSPITAL

TEFRA

KST A INE NO.	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
4.	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
50	LABORATORY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
60	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
65	EMERGENCY						
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

TITLE XVIII PART A

HOSPITAL

TEFRA

PA - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,750
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,750
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	54,750
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,974
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	20,949,150
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)	20,949,150
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52,846,600
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52,846,600
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	.396414
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	965.23
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	20,949,150
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XVIII PART A HOSPITAL 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 382.63
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,520,572
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,520,572

	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					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					168,908
49 TOTAL PROGRAM INPATIENT COSTS					1,689,480

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 67,796
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,872
 52 TOTAL PROGRAM EXCLUDABLE COST 70,668
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,618,812

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 175
 55 TARGET AMOUNT PER DISCHARGE 10,258.47
 56 TARGET AMOUNT 1,795,232
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 176,420
 58 BONUS PAYMENT 26,463
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 13,692.76
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 9,567.19
 ; 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. 17,952
 58.04 RELIEF PAYMENT 1,733,895
 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

TITLE XVIII PART A HOSPITAL TEFRA

PA II - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

- 6b 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 382.63
- 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		20,949,150			
87 NEW CAPITAL-RELATED COST	934,082	20,949,150	.044588		
88 NON PHYSICIAN ANESTHETIST		20,949,150			
89 MEDICAL EDUCATION		20,949,150			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PA - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,750
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,750
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	54,750
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)	930
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	20,949,150
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)	20,949,150
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52,846,600
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52,846,600
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.396414
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	965.23
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	20,949,150

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 382.63
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 355,846
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM 355,846
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	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					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					49,173
49 TOTAL PROGRAM INPATIENT COSTS					405,019

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 3 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

TITLE XIX - I/P HOSPITAL OTHER

PA	II - 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	382.63
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 51-4010 I FROM 7/ 1/2006 I
 I COMPONENT NO: I TO 6/30/2007 I
 I 51-4010 I

WORKSHEET D-4

KST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		
		RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,757,100	
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC LABORATORY	1.133838	29,216	33,126
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1.033648	10,821	11,185
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.447429	278,473	124,597
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.687840		
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
101	DURABLE MEDICAL EQUIP-SOLD		318,510	168,908
102	TOTAL			
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		318,510	
103	NET CHARGES			

KST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
2	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			890,150	
41	ANCILLARY SRVC COST CNTRS				
44	RADIOLOGY-DIAGNOSTIC		1.133838	5,440	6,168
50	LABORATORY				
51	PHYSICAL THERAPY				
52	OCCUPATIONAL THERAPY				
53	SPEECH PATHOLOGY				
54	ELECTROCARDIOLOGY		1.033648	2,804	2,898
55	ELECTROENCEPHALOGRAPHY				
56	MEDICAL SUPPLIES CHARGED TO PATIENTS		.447429	89,639	40,107
59	DRUGS CHARGED TO PATIENTS		.687840		
60	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				
61	OUTPAT SERVICE COST CNTRS				
62	CLINIC				
65	EMERGENCY				
66	OBSERVATION BEDS (NON-DISTINCT PART)				
67	OTHER REIMBURS COST CNTRS				
101	AMBULANCE SERVICES				
102	DURABLE MEDICAL EQUIP-RENTED				
103	DURABLE MEDICAL EQUIP-SOLD			97,883	49,173
	TOTAL				
	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			97,883	
	NET CHARGES				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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		1,671,593		
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		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,671,593		
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		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		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: 00000

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 51-4010 I FROM 7/ 1/2006 I
 I COMPONENT NO: I TO 6/30/2007 I
 I 51-4010 I

WORKSHEET E-3
 PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,733,895
	1 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	866,948
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)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,160,667
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)	150.000000
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,160,667
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,213,727
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	606,864
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-)	
3	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,027,615
1.35	INPATIENT REHABILITATION FACILITY (IRF) 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)	2,027,615
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,027,615
7	DEDUCTIBLES	75,256
8	SUBTOTAL	1,952,359
9	COINSURANCE	241,708
10	SUBTOTAL	1,710,651
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	1,710,651
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)	1,710,651
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,671,593
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	39,058
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

- 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
 I 51-4010 I FROM 7/ 1/2006 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2007 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		405,019	
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)		405,019	
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS		405,019	
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES		1,248,300	
14	ANCILLARY SERVICE CHARGES		97,883	
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION		1,346,183	
19	TOTAL REASONABLE CHARGES			
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		1,346,183	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		941,164	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES		405,019	
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		405,019	
38	SUBTOTAL			
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		405,019	
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST		405,019	
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)		405,019	
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL		405,019	
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		405,019	
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		324,570	
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM		80,449	
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
80	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
CASH ON HAND AND IN BANKS	73,623			
TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	2,393,982			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,968,779			
7 INVENTORY	289,217			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	788,043			
11 TOTAL CURRENT ASSETS				
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	680,471			
13 LESS ACCUMULATED DEPRECIATION	-586,649			
14 BUILDINGS	33,625,195			
14.01 LESS ACCUMULATED DEPRECIATION	-10,364,320			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	2,348,950			
16.01 LESS ACCUMULATED DEPRECIATION	-1,726,665			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	1,034,540			
18.01 LESS ACCUMULATED DEPRECIATION	-757,394			
19 MINOR EQUIPMENT DEPRECIABLE	333,845			
19.01 LESS ACCUMULATED DEPRECIATION	-301,222			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	24,286,751			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS	4,615,961			
25 OTHER ASSETS	4,615,961			
26 TOTAL OTHER ASSETS	4,615,961			
27 TOTAL ASSETS	29,690,755			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	865,267			
29 SALARIES, WAGES & FEES PAYABLE	5,111,934			
30 PAYROLL TAXES PAYABLE	456,178			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	282			
32 DEFERRED INCOME	224,359			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	6,658,020			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	4,646,333			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	4,646,333			
43 TOTAL LIABILITIES	11,304,353			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	18,386,402			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	18,386,402			
52 TOTAL LIABILITIES AND FUND BALANCES	29,690,755			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		22,415,817		
2 NET INCOME (LOSS)		-4,029,415		
3 TOTAL		18,386,402		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		18,386,402		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		18,386,402		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
J HOSPITAL	56,683,400		56,683,400
4 J0 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,683,400		56,683,400
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	56,683,400		56,683,400
17 00 ANCELLARY SERVICES	7,011,710		7,011,710
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	63,695,110		63,695,110

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	32,023,889
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	32,023,889

DESCRIPTION

1	TOTAL PATIENT REVENUES	63,695,110
	LESS: ALLOWANCES AND DISCOUNTS ON	68,653,667
	NET PATIENT REVENUES	-4,958,557
4	LESS: TOTAL OPERATING EXPENSES	32,023,889
5	NET INCOME FROM SERVICE TO PATIENT	-36,982,446
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	224,861
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	209,523
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	6,514
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	32,511,998
24	MISC	135
25	TOTAL OTHER INCOME	32,953,031
26	TOTAL	-4,029,415
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-4,029,415





STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Behavioral Health and Health Facilities
MILDRED MITCHELL-BATEMAN HOSPITAL

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

November 26, 2007

Mr. Craig Richards
West Virginia Department of Health and Human Resources
350 Capital Street, Room 350
Charleston, West Virginia 25301

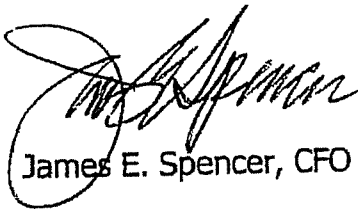
Dear Mr. Richards:

Enclosed is a signed copy of the Medicare cost report (CMS 2552-96) for Mildred Mitchell-Bateman Hospital for the year ended June 30, 2007.

The cost report indicates that Medicaid owes the Hospital \$60,157.

If you have any questions, please contact me at 304-525-7801, Extension 604.

Sincerely,



James E. Spencer, CFO

cc: Arnett & Foster, CPAs
cc: Mary Beth Carlisle, CEO

Mary Beth Carlisle
Chief Executive Officer

1530 Norway Avenue / P. O. Box 448
Huntington, WV 25709-0448
Telephone: 304-525-7801
Fax: 304-525-7249

Shahid Masood, M.D.
Clinical Director

*Mailed
11/26/07
MB*

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 BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

WORKSHEET 5 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I I I I	PROVIDER NO: 51-4009	I PERIOD I FROM 7/ 1/2006 I TO 6/30/2007 I	I INTERMEDIARY USE ONLY I --AUDITED --DESK REVIEW I --INITIAL --REOPENED I --FINAL 1-MCR CODE I 00 - # OF REOPENINGS	I I I I	DATE RECEIVED: / / INTERMEDIARY NO:
--	------------------	-------------------------	---	--	------------------	---

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2007 TIME 10:45

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: MILDRED MITCHELL-BATEMAN HOSPITAL 51-4009 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 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.

Mary Beth Carlisle
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

ECR ENCRYPTION INFORMATION
DATE: 11/20/2007 TIME 10:45

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lQyrkOP0ngNgbfFSrgEimcuyoxngtbo
ic7j01gkwb0G6.wy

PI ENCRYPTION INFORMATION
DATE: 11/20/2007 TIME 10:45

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TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX		
		1	2	3	4			
1	HOSPITAL	0		29,157	0	60,157		
100	TOTAL	0		29,157	0	60,157		

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: 1530 NORWAY AVENUE P.O. BOX:
 1.01 CITY: HUNTINGTON STATE: WV ZIP CODE: 25706- COUNTY: CABELL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:				DATE	PAYMENT SYSTEM
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	CERTIFIED	(P,T,O OR N)
2.00	HOSPITAL	51-4009	2.01	1/24/1991	V XVIII XIX 4 5 6 N T O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007 1 2
 8 TYPE OF CONTROL 10
 TYPE OF HOSPITAL/SUBPROVIDER 4
 19 HOSPITAL SUBPROVIDER 0

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.
 1.01 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).
 1.03 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 Y
 1.04 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
 2 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. // //
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 3.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 3.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 3.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE. // //
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 4 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 5 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.
 5.03 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.
 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) N N
 5.06 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) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 5.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // //
 5.02 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 // //

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
 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
.01	0	0.0000	0.0000	
.02	0.00	0		

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
.03 STAFFING	0.00%	
.04 RECRUITMENT	0.00%	
.05 RETENTION	0.00%	
.06 TRAINING	0.00%	

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

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

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

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

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

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

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

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

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

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

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

ISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

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

DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

	V	XVIII	XIX
6	1	2	3
6.01	N	Y	N
7	N	N	N
7.01	N	N	N

- TITLE XIX INPATIENT SERVICES
- 3 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 3.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 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
- 0 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
- 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
- 40.01 NAME: FI/CONTRACTOR NAME
- 40.02 STREET: P.O. BOX: ZIP CODE: -
- 40.03 CITY: STATE: FI/CONTRACTOR #
- 1 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 2 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
- ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 4 ARE YOU CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- IF YOU ARE CHANGING YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
- 5 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N
- 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?
- 6 IF YOU ARE PARTICIPATING IN THE NHCQM 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

- 2 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 2.01 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
- 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 EFFECT. ENTER BEGINNING AND ENDING DATES. BEGINNING: / / ENDING: / /
- 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

- 3.01 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
- 4 PREMIUMS: 0
- PAID LOSSES: 0
- AND/OR SELF INSURANCE: 0

- 4.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEES
6 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.	7/1/2006			N	0.00				0
6.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					0.00				0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00				0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00				0

- 7 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 8 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? N
- 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.

- 3.01 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).

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,850					
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850			2,296		292
12 TOTAL	90	32,850			2,296		292
13 RPCH VISITS							
25 TOTAL	90						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			32,850				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF			32,850				
5 TOTAL ADULTS AND PEDS			32,850				
12 TOTAL			32,850				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		361.25			115	10	550
12 TOTAL		361.25			115	10	550
13 RPCH VISITS							
25 TOTAL		361.25					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
2	0200 OLD CAP REL COSTS-BLDG & FIXT					
3	0300 OLD CAP REL COSTS-MVBLE EQUIP		263,410	263,410	-140,540	122,870
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT				140,540	140,540
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		60,847	60,847	-15,066	45,781
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP				104,708	104,708
5	0500 EMPLOYEE BENEFITS		3,554,915	3,554,915	-376,928	3,177,987
6	0600 ADMINISTRATIVE & GENERAL	1,086,274	4,925,529	6,011,803	-27,576	5,984,227
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	715,091	837,375	1,552,466	-21,831	1,530,635
9	0900 LAUNDRY & LINEN SERVICE		21,184	21,184	-3,211	17,973
10	1000 HOUSEKEEPING	309,920	204,308	514,228		514,228
11	1100 DIETARY	324,346	281,418	605,764	-3,244	602,520
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL		29,341	662,434	-2,505	659,929
14	1400 NURSING ADMINISTRATION	633,093	176,082	337,517	-6,475	331,042
15	1500 CENTRAL SERVICES & SUPPLY	161,435	22,236	242,325	-494	241,831
16	1600 PHARMACY	220,089	27,758	213,791	-3,219	210,572
17	1700 MEDICAL RECORDS & LIBRARY	186,033	4,116	477,370		477,370
18	1800 SOCIAL SERVICE	473,254				
20	2000 NONPHYSICIAN ANESTHETISTS					
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	5,923,704	304,921	6,228,625	282,020	6,510,645
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY	118,877	86,801	205,678	-3,211	202,467
51	5100 OCCUPATIONAL THERAPY	338,847	39,136	377,983	-3,211	374,772
53	5300 ELECTROCARDIOLOGY				3,832	3,832
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS		1,069,038	1,069,038		1,069,038
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	543,746	248,836	792,582		792,582
60	6000 CLINIC					
61	6100 EMERGENCY					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	11,034,709	12,157,251	23,191,960	-76,411	23,115,549
100	NONREIMBURS COST CENTERS					186,985
100.01	7950 CANTEEN/SNACKBAR	57,863	129,122	186,985		
100.02	7951 IDLE SPACE					
100.03	7952 NEW DIRECTIONS					
100.04	7953 GREENHOUSE					
100.05	7954 APARTMENT				76,411	76,411
101	7955 NON-CERTIFIED DAYS TOTAL	11,092,572	12,286,373	23,378,945	-0-	23,378,945

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		122,870
3	0300 NEW CAP REL COSTS-BLDG & FIXT		140,540
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		45,781
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		104,708
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP		3,046,033
5	0500 EMPLOYEE BENEFITS	-131,954	5,024,064
6	0600 ADMINISTRATIVE & GENERAL	-960,163	
7	0700 MAINTENANCE & REPAIRS		1,530,635
8	0800 OPERATION OF PLANT		17,973
9	0900 LAUNDRY & LINEN SERVICE		514,228
10	1000 HOUSEKEEPING		602,520
11	1100 DIETARY		
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		659,929
14	1400 NURSING ADMINISTRATION		331,042
15	1500 CENTRAL SERVICES & SUPPLY		241,831
16	1600 PHARMACY		209,713
17	1700 MEDICAL RECORDS & LIBRARY	-859	477,370
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,688,905	4,821,740
	ANCILLARY SRVC COST CNTRS		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		202,467
44	4400 LABORATORY		374,772
51	5100 OCCUPATIONAL THERAPY		3,832
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,069,038
56	5600 DRUGS CHARGED TO PATIENTS		572,800
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-219,782	
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,001,663	20,113,886
	NONREIMBURS COST CENTERS		
.00	7950 CANTEEN/SNACKBAR		186,985
.00.01	7951 IDLE SPACE		
.00.02	7952 NEW DIRECTIONS		
.00.03	7953 GREENHOUSE		
.00.04	7954 APARTMENT		
.00.05	7955 NON-CERTIFIED DAYS		76,411
.01	TOTAL	-3,001,663	20,377,282

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
25	INPAT ROUTINE SRVC C	2500	
	ADULTS & PEDIATRICS		
40	ANCILLARY SRVC COST	4000	
41	ANESTHESIOLOGY	4100	
44	RADIOLOGY-DIAGNOSTIC	4400	
51	LABORATORY	5100	
53	OCCUPATIONAL THERAPY	5300	
54	ELECTROCARDIOLOGY	5400	
55	ELECTROENCEPHALOGRAPHY	5500	
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	5600	
59	DRUGS CHARGED TO PATIENTS	5900	
	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
65	OTHER REIMBURS COST	6500	
	AMBULANCE SERVICES		
88	SPEC PURPOSE COST CE	8800	
90	INTEREST EXPENSE	9000	
95	OTHER CAPITAL RELATED COSTS	9500	
	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
100	CANTEEN/SNACKBAR	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	IDLE SPACE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	NEW DIRECTIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GREENHOUSE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	APARTMENT	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	NON-CERTIFIED DAYS	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
514009PERIOD:
FROM 7/ 1/2006
TO 6/30/2007PREPARED 11/20/2007
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS PHYSICIAN BENEFITS	A	ADULTS & PEDIATRICS	25		376,928
2 TO RECLASS COST OF EKG	B	ELECTROCARDIOLOGY	53	3,832	
3 TO RECLASS DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3.01		140,540
4		NEW CAP REL COSTS-MVBLE EQUIP	4.01		15,066
5 TO RECLASS RENTAL EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4.01		89,642
6					
7					
8					
9					
0					
1					
2					
3					
4					
5					
6 TO RECLASS NON-CERTIFIED DAYS COSTS	E	NON-CERTIFIED DAYS	100.05		76,411
6 TOTAL RECLASSIFICATIONS				3,832	698,587

(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:
514009PERIOD:
FROM 7/ 1/2006
TO 6/30/2007PREPARED 11/20/2007
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS PHYSICIAN BENEFITS	A	EMPLOYEE BENEFITS	5			376,928	
2 TO RECLASS COST OF EKG	B	ADULTS & PEDIATRICS	25		3,832		9
3 TO RECLASS DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3			140,540	9
4		NEW CAP REL COSTS-MVBLE EQUIP	4			15,066	9
5 TO RECLASS RENTAL EXPENSE	D	ADMINISTRATIVE & GENERAL	6			27,576	10
6		OPERATION OF PLANT	8			21,831	10
7		DIETARY	11			3,244	10
8		NURSING ADMINISTRATION	14			2,505	10
9		CENTRAL SERVICES & SUPPLY	15			6,475	10
10		MEDICAL RECORDS & LIBRARY	17			3,219	10
11		ADULTS & PEDIATRICS	25			14,665	10
12		LABORATORY	44			3,211	10
13		OCCUPATIONAL THERAPY	51			3,211	10
14		PHARMACY	16			494	10
15		LAUNDRY & LINEN SERVICE	9			3,211	10
16 TO RECLASS NON-CERTIFIED DAYS COSTS	E	ADULTS & PEDIATRICS	25			76,411	10
36 TOTAL RECLASSIFICATIONS					3,832	698,587	

(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

RECLASS CODE: A
EXPLANATION : TO RECLASS PHYSICIAN BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	376,928
TOTAL RECLASSIFICATIONS FOR CODE A			376,928

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	376,928	
		376,928	

RECLASS CODE: B
EXPLANATION : TO RECLASS COST OF EKG

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	3,832
TOTAL RECLASSIFICATIONS FOR CODE B			3,832

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	3,832	
		3,832	

RECLASS CODE: C
EXPLANATION : TO RECLASS DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	140,540
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	15,066
TOTAL RECLASSIFICATIONS FOR CODE C			155,606

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	140,540	
NEW CAP REL COSTS-MVBLE EQUIP	4	15,066	
		155,606	

RECLASS CODE: D
EXPLANATION : TO RECLASS RENTAL EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	89,642
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			89,642

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	27,576	
OPERATION OF PLANT	8	21,831	
DIETARY	11	3,244	
NURSING ADMINISTRATION	14	2,505	
CENTRAL SERVICES & SUPPLY	15	6,475	
MEDICAL RECORDS & LIBRARY	17	3,219	
ADULTS & PEDIATRICS	25	14,665	
LABORATORY	44	3,211	
OCCUPATIONAL THERAPY	51	3,211	
PHARMACY	16	494	
LAUNDRY & LINEN SERVICE	9	3,211	
		89,642	

RECLASS CODE: E
EXPLANATION : TO RECLASS NON-CERTIFIED DAYS COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON-CERTIFIED DAYS	100.05	76,411
TOTAL RECLASSIFICATIONS FOR CODE E			76,411

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	76,411	
		76,411	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	119,225						119,225	
2	LAND IMPROVEMENTS	17,264						17,264	
3	BUILDINGS & FIXTURE	4,012,165						4,012,165	
4	BUILDING IMPROVEMEN	4,677,979	22,040			22,040		4,700,019	
5	FIXED EQUIPMENT	266,910						266,910	
6	MOVABLE EQUIPMENT	2,922,432	37,715			37,715	194,709	2,765,438	
7	SUBTOTAL	12,015,975	59,755			59,755	194,709	11,881,021	
8	RECONCILING ITEMS								
9	TOTAL	12,015,975	59,755			59,755	194,709	11,881,021	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

RT III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
4 01	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	122,870						122,870
3 01	NEW CAP REL COSTS-BL	140,540						140,540
4	NEW CAP REL COSTS-MV	45,781						45,781
4 01	NEW CAP REL COSTS-MV	15,066	89,642					104,708
5	TOTAL	324,257	89,642					413,899

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	263,410						263,410
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	60,847						60,847
4 01	NEW CAP REL COSTS-MV							
5	TOTAL	324,257						324,257

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES	B	-13,441	ADMINISTRATIVE & GENERAL		6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,908,687				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,729,858				
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						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-859	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS			**COST CENTER DELETED**		49	
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**		50	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4					
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		**COST CENTER DELETED**		89	
28 UTILIZATION REVIEW-PHYSIAN COMP			OLD CAP REL COSTS-BLDG &		1	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-MVBLE E		2	
30 DEPRECIATION-OLD MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &		3	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-MVBLE E		4	
32 DEPRECIATION-NEW MOVABLE EQUIP			NONPHYSICIAN ANESTHETISTS		20	
33 NON-PHYSICIAN ANESTHETIST						
34 PHYSICIANS' ASSISTANT			OCCUPATIONAL THERAPY		51	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		52	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		ADMINISTRATIVE & GENERAL		6	
37 SALE OF CLOTHING	B	-28	ADMINISTRATIVE & GENERAL		6	
38 OUTSIDE MEDICAL BILLS	A	-3,808,006	ADMINISTRATIVE & GENERAL		6	
39 MISC INCOME	A	-500	ADMINISTRATIVE & GENERAL		6	
40						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
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)		-3,001,663				

(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

1. 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	
6	ADMINISTRATIVE & GENERAL	A&G	2,861,812		2,861,812	
5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	1,406,228	1,538,182	-131,954	
TOTALS			4,268,040	1,538,182	2,729,858	

* 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.

1. 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
A	STATE OF WEST VIRGINIA	0.00		0.00	
B	STATE OF WEST VIRGINIA	0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 51-4009
I

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	25	1,688,905	1,688,905					
2	59	219,782	219,782					
3								
4								
5								
6								
7								
8								
9								
10								
11								
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24								
25								
26								
27								
28								
29								
30								
31	TOTAL	1,908,687	1,908,687					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 11/20/2007

I S1-4009

I FROM 7/ 1/2006

I WORKSHEET A-8-2

I

I TO 6/30/2007

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WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
25	ROUTINE							1,688,905
59	PSYCHOLOGY							219,782
	TOTAL							1,908,687

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2007
 I 51-4009 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
		0	1	2	3	3.01	4	4.01
GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &	122,870			122,870			
003	01 NEW CAP REL COSTS-BLDG &	140,540				140,540		
004	NEW CAP REL COSTS-MVBLE E	45,781					45,781	
004	01 NEW CAP REL COSTS-MVBLE E	104,708						104,708
005	EMPLOYEE BENEFITS	3,046,033						
006	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	5,024,064			8,602	11,534	3,205	8,593
007	OPERATION OF PLANT	1,530,635			7,416	4,357	2,763	3,246
009	LAUNDRY & LINEN SERVICE	17,973			3,596	460	1,340	343
010	HOUSEKEEPING	514,228			3,077	431	1,147	321
011	DIETARY	602,520				27,320		20,355
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	659,929				1,626		1,212
015	CENTRAL SERVICES & SUPPLY	331,042			5,853	998	2,181	744
016	PHARMACY	241,831				2,655		1,978
017	MEDICAL RECORDS & LIBRARY	209,713						
018	SOCIAL SERVICE	477,370						
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,821,740			698	81,383	260	60,632
025	ANCILLARY SRVC COST CNTRS							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY	202,467			2,037		759	
051	OCCUPATIONAL THERAPY	374,772			8,961		3,339	
053	ELECTROCARDIOLOGY	3,832						
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	1,069,038				2,620		
059	PSYCHIATRIC/PSYCHOLOGICAL	572,800						1,952
059	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS)							
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	20,113,886			40,240	133,384	14,994	99,376
100	NONREIMBURS COST CENTERS							
100	CANTEEN/SNACKBAR	186,985			3,330		1,241	
100	01 IDLE SPACE				72,980	6,146	27,191	4,579
100	02 NEW DIRECTIONS				5,505		2,051	
100	03 GREENHOUSE							
100	04 APARTMENT				807		301	
100	05 NON-CERTIFIED DAYS	76,411			8	1,010	3	753
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	20,377,282			122,870	140,540	45,781	104,708

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
51-4009

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007

I PREPARED 11/20/2007
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	EMPLOYEE BENE	SUBTOTAL	ADMINISTRATIV	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	FITS		E & GENERAL	REPAIRS	PLANT	EN SERVICE	
	5	5a.00	6	7	8	9	10
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,046,033						
006 ADMINISTRATIVE & GENERAL	351,866	5,407,864	5,407,864				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	231,632	1,780,049	643,062		2,423,111		
009 LAUNDRY & LINEN SERVICE		23,712	8,566		81,542	113,820	
010 HOUSEKEEPING	100,389	619,593	223,835		69,787		913,215
011 DIETARY	105,062	755,257	272,845				119,912
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							7,144
014 NURSING ADMINISTRATION	205,071	867,838	313,516				92,397
015 CENTRAL SERVICES & SUPPLY	52,292	393,110	142,015		132,724		11,658
016 PHARMACY	71,291	317,755	114,792				
017 MEDICAL RECORDS & LIBRARY	60,260	269,973	97,531				
018 SOCIAL SERVICE	153,296	630,666	227,835				
020 NONPHYSICIAN ANESTHETISTS							
J25 INPAT ROUTINE SRVC CNTRS	1,346,955	6,311,668	2,280,156		15,833	112,682	372,296
040 ANCILLARY SRVC COST CNTRS							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	38,507	243,770	88,065		46,194		30,655
051 LABORATORY	109,759	496,831	179,486		203,217		134,788
053 OCCUPATIONAL THERAPY	1,241	5,073	1,833				
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED		1,069,038	386,202				
059 DRUGS CHARGED TO PATIENTS	176,130	753,502	272,211				11,501
060 PSYCHIATRIC/PSYCHOLOGICAL							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
065 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	3,003,751	19,945,699	5,251,950		549,297	112,682	780,351
100 NONREIMBURS COST CENTERS							
100 CANTEEN/SNACKBAR	18,743	210,299	75,973		75,522		50,084
100 01 IDLE SPACE		110,896	40,062		1,654,955		
100 02 NEW DIRECTIONS		7,556	2,730		124,841		82,780
100 03 GREENHOUSE							
100 04 APARTMENT		1,108	400		18,306		
100 05 NON-CERTIFIED DAYS	23,539	101,724	36,749		190	1,138	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,046,033	20,377,282	5,407,864		2,423,111	113,820	913,215

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2007
 I 51-4009 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,148,014						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				1,188,498			
015 CENTRAL SERVICES & SUPPLY					760,246		
016 PHARMACY					68,843	513,048	
017 MEDICAL RECORDS & LIBRARY					9,192		376,696
018 SOCIAL SERVICE					7,119		
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,133,896			1,176,613	562,661		372,929
ANCILLARY SRVC COST CNTRS							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY					12,634		
051 OCCUPATIONAL THERAPY					67,250		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						513,048	
059 PSYCHIATRIC/PSYCHOLOGICAL					12,263		
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
SPEC PURPOSE COST CENTERS							
095 SUBDTALS	1,133,896			1,176,613	739,962	513,048	372,929
NONREIMBURS COST CENTERS							
100 CANTEEN/SNACKBAR					13,278		
100 01 IDLE SPACE							
100 02 NEW DIRECTIONS							
100 03 GREENHOUSE							
100 04 APARTMENT							
100 05 NON-CERTIFIED DAYS	14,118			11,885	7,006		3,767
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,148,014			1,188,498	760,246	513,048	376,696

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	20	25		27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
004 01 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	865,620				
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS			13,195,698		13,195,698
020 INPAT ROUTINE SRVC CNTRS	856,964				
025 ADULTS & PEDIATRICS					
025 ANCILLARY SRVC COST CNTRS					
040 ANESTHESIOLOGY			421,318		421,318
041 RADIOLOGY-DIAGNOSTIC			1,081,572		1,081,572
044 LABORATORY			6,906		6,906
051 OCCUPATIONAL THERAPY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPHY			1,968,288		1,968,288
055 MEDICAL SUPPLIES CHARGED			1,049,477		1,049,477
056 DRUGS CHARGED TO PATIENTS					
059 PSYCHIATRIC/PSYCHOLOGICAL					
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC					
062 EMERGENCY					
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			17,723,259		17,723,259
065 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	856,964				
095 NONREIMBURS COST CENTERS			425,156		425,156
100 CANTEN/SNACKBAR			1,805,913		1,805,913
100 01 IDLE SPACE			217,907		217,907
100 02 NEW DIRECTIONS					
100 03 GREENHOUSE			19,814		19,814
100 04 APARTMENT			185,233		185,233
100 05 NON-CERTIFIED DAYS	8,656				
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER	865,620		20,377,282		20,377,282
103 TOTAL					

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OST5-BLDG & 1	OLD CAP REL C OST5-MVBLE E 2	NEW CAP REL C OST5-BLDG & 3	NEW CAP REL C OST5-BLDG & 3.01	NEW CAP REL C OST5-MVBLE E 4	NEW CAP REL C OST5-MVBLE E 4.01
01 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
03 NEW CAP REL COSTS-BLDG &							
04 01 NEW CAP REL COSTS-BLDG &							
04 01 NEW CAP REL COSTS-MVBLE E							
05 EMPLOYEE BENEFITS							
06 ADMINISTRATIVE & GENERAL				8,602	11,534	3,205	8,593
07 MAINTENANCE & REPAIRS							
08 OPERATION OF PLANT				7,416	4,357	2,763	3,246
09 LAUNDRY & LINEN SERVICE				3,596	460	1,340	343
10 HOUSEKEEPING				3,077	431	1,147	321
11 DIETARY					27,320		20,355
12 CAFETERIA							
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION					1,626		1,212
15 CENTRAL SERVICES & SUPPLY				5,853	998	2,181	744
16 PHARMACY					2,655		1,978
17 MEDICAL RECORDS & LIBRARY							
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
25 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS				698	81,383	260	60,632
40 ANCILLARY SRVC COST CNTRS							
41 ANESTHESIOLOGY							
44 RADIOLOGY-DIAGNOSTIC							
LABORATORY				2,037		759	
51 OCCUPATIONAL THERAPY				8,961		3,339	
53 ELECTROCARDIOLOGY							
54 ELECTROENCEPHALOGRAPHY							
55 MEDICAL SUPPLIES CHARGED							
56 DRUGS CHARGED TO PATIENTS							
59 PSYCHIATRIC/PSYCHOLOGICAL					2,620		1,952
OUTPAT SERVICE COST CNTRS							
60 CLINIC							
61 EMERGENCY							
62 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
65 AMBULANCE SERVICES							
SPEC PURPOSE COST CENTERS							
95 SUBTOTALS				40,240	133,384	14,994	99,376
NONREIMBURS COST CENTERS							
.00 CANTEEN/SNACKBAR				3,330		1,241	
.00 01 IDLE SPACE				72,980	6,146	27,191	4,579
.00 02 NEW DIRECTIONS				5,505		2,051	
.00 03 GREENHOUSE							
.00 04 APARTMENT				807		301	
.00 05 NON-CERTIFIED DAYS				8	1,010	3	753
.01 CROSS FOOT ADJUSTMENTS							
.02 NEGATIVE COST CENTER							
.03 TOTAL				122,870	140,540	45,781	104,708

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	31,934		31,934				
007 MAINTENANCE & REPAIRS					21,579		
008 OPERATION OF PLANT	17,782		3,797		726	6,516	
009 LAUNDRY & LINEN SERVICE	5,739		51		621		6,919
010 HOUSEKEEPING	4,976		1,322				909
011 DIETARY	47,675		1,611				
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							54
014 NURSING ADMINISTRATION	2,838		1,851				700
015 CENTRAL SERVICES & SUPPLY	9,776		839		1,182		88
016 PHARMACY	4,633		678				
017 MEDICAL RECORDS & LIBRARY			576				
018 SOCIAL SERVICE			1,345				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS	142,973		13,465		141	6,451	2,822
025 ADULTS & PEDIATRICS							
025 ANCILLARY SRVC COST CNTRS							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	2,796		520		411		232
051 OCCUPATIONAL THERAPY	12,300		1,060		1,810		1,021
053 ELECTROCARDIOLOGY			11				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			2,280				
056 DRUGS CHARGED TO PATIENTS	4,572		1,607				87
059 PSYCHIATRIC/PSYCHOLOGICAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS	287,994		31,013		4,891	6,451	5,913
095 SUBTOTALS							
100 NONREIMBURS COST CENTERS							
100 CANTEEN/SNACKBAR	4,571		449		673		379
100 01 IDLE SPACE	110,896		237		14,738		627
100 02 NEW DIRECTIONS	7,556		16		1,112		
100 03 GREENHOUSE							
100 04 APARTMENT	1,108		2		163		
100 05 NON-CERTIFIED DAYS	1,774		217		2	65	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	413,899		31,934		21,579	6,516	6,919

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	50,195							
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION				4,743				
015 CENTRAL SERVICES & SUPPLY						12,497		
016 PHARMACY						1,132	6,531	
017 MEDICAL RECORDS & LIBRARY						151		727
018 SOCIAL SERVICE						117		
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	49,578			4,696		9,249		720
040 ANCILLARY SRVC COST CNTRS								
041 ANESTHESIOLOGY								
044 RADIOLOGY-DIAGNOSTIC								
051 LABORATORY						208		
053 OCCUPATIONAL THERAPY						1,105		
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED							6,531	
056 DRUGS CHARGED TO PATIENTS								
059 PSYCHIATRIC/PSYCHOLOGICAL						202		
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
062 EMERGENCY								
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	49,578			4,696		12,164	6,531	720
100 NONREIMBURS COST CENTERS								
100 CANTEEN/SNACKBAR						218		
100 01 IDLE SPACE								
100 02 NEW DIRECTIONS								
100 03 GREENHOUSE								
100 04 APARTMENT								
100 05 NON-CERTIFIED DAYS	617			47		115		7
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	50,195			4,743		12,497	6,531	727

COST CENTER DESCRIPTION	SOCIAL SERVIC		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	E	ANESTHETISTS			
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 01 NEW CAP REL COSTS-BLDG &					
004 01 NEW CAP REL COSTS-MVBLE E					
004 01 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	1,462				
020 NONPHYSICIAN ANESTHETISTS					
J25 INPAT ROUTINE SRVC CNTRS	1,447		231,542		231,542
ADULTS & PEDIATRICS					
ANCILLARY SRVC COST CNTRS					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
044 LABORATORY			4,167		4,167
051 OCCUPATIONAL THERAPY			17,296		17,296
053 ELECTROCARDIOLOGY			11		11
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED			8,811		8,811
056 DRUGS CHARGED TO PATIENTS			6,468		6,468
059 PSYCHIATRIC/PSYCHOLOGICAL					
OUTPAT SERVICE COST CNTRS					
060 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	1,447		268,295		268,295
NONREIMBURS COST CENTERS					
100 CANTEEN/SNACKBAR			6,290		6,290
100 01 IDLE SPACE			125,871		125,871
100 02 NEW DIRECTIONS			9,311		9,311
100 03 GREENHOUSE					
100 04 APARTMENT			1,273		1,273
100 05 NON-CERTIFIED DAYS	15		2,859		2,859
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER	1,462		413,899		413,899
103 TOTAL					

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2007
 I 51-4009 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-MVBLE E
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	1	2	3	3.01	4	4.01
GENERAL SERVICE COST CNTR						
01 OLD CAP REL COSTS-BLDG &						
01 OLD CAP REL COSTS-MVBLE E						
01 NEW CAP REL COSTS-BLDG &			205,024		68,443	
01 NEW CAP REL COSTS-MVBLE E					205,024	68,443
EMPLOYEE BENEFITS						
ADMINISTRATIVE & GENERAL			14,354		5,617	14,354
MAINTENANCE & REPAIRS						5,617
OPERATION OF PLANT			12,374		2,122	12,374
LAUNDRY & LINEN SERVICE			6,000		224	6,000
HOUSEKEEPING			5,135		210	5,135
DIETARY					13,305	13,305
CAFETERIA						
MAINTENANCE OF PERSONNEL					792	792
NURSING ADMINISTRATION					486	486
CENTRAL SERVICES & SUPPLY			9,766		1,293	9,766
PHARMACY						1,293
MEDICAL RECORDS & LIBRARY						
SOCIAL SERVICE						
NONPHYSICIAN ANESTHETISTS						
INPAT ROUTINE SRVC CNTRS						
ADULTS & PEDIATRICS			1,165		39,633	1,165
ANCILLARY SRVC COST CNTRS						39,633
ANESTHESIOLOGY						
RADIOLOGY-DIAGNOSTIC						
LABORATORY			3,399			3,399
OCCUPATIONAL THERAPY			14,953			14,953
ELECTROCARDIOLOGY						
ELECTROENCEPHALOGRAPHY						
MEDICAL SUPPLIES CHARGED						
DRUGS CHARGED TO PATIENTS					1,276	1,276
PSYCHIATRIC/PSYCHOLOGICAL						
OUTPAT SERVICE COST CNTRS						
CLINIC						
EMERGENCY						
OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
AMBULANCE SERVICES						
SPEC PURPOSE COST CENTERS						
SUBTOTALS			67,146		64,958	67,146
NONREIMBURS COST CENTERS						64,958
CANTEEN/SNACKBAR			5,557			5,557
01 IDLE SPACE			121,774		2,993	121,774
02 NEW DIRECTIONS			9,186			9,186
03 GREENHOUSE						
04 APARTMENT			1,347			1,347
05 NON-CERTIFIED DAYS			14		492	14
CROSS FOOT ADJUSTMENT						
NEGATIVE COST CENTER						
COST TO BE ALLOCATED			122,870		140,540	45,781
(WRKSHT B, PART I)						104,708
UNIT COST MULTIPLIER			.599296			.223296
(WRKSHT B, PT I)					2.053387	1.529857
COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	5	6a.00	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	9,403,667						
006 ADMINISTRATIVE & GENERAL	1,086,274	-5,407,864	14,969,418				
007 MAINTENANCE & REPAIRS					178,296		
008 OPERATION OF PLANT	715,091		1,780,049		6,000	100	
009 LAUNDRY & LINEN SERVICE			23,712		5,135		23,266
010 HOUSEKEEPING	309,920		619,593				3,055
011 DIETARY	324,346		755,257				
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							182
014 NURSING ADMINISTRATION	633,093		867,838				2,354
015 CENTRAL SERVICES & SUPPLY	161,435		393,110		9,766		297
016 PHARMACY	220,089		317,755				
017 MEDICAL RECORDS & LIBRARY	186,033		269,973				
018 SOCIAL SERVICE	473,254		630,666				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	4,158,297		6,311,668		1,165	99	9,485
040 ANCILLARY SRVC COST CNTRS							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY	118,877		243,770		3,399		781
051 OCCUPATIONAL THERAPY	338,847		496,831		14,953		3,434
053 ELECTROCARDIOLOGY	3,832		5,073				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			1,069,038				293
059 PSYCHIATRIC/PSYCHOLOGICAL	543,746		753,502				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	9,273,134	-5,407,864	14,537,835		40,418	99	19,881
100 NONREIMBURS COST CENTERS							
100 CANTEEN/SNACKBAR	57,863		210,299		5,557		1,276
100 01 IDLE SPACE			110,896		121,774		2,109
100 02 NEW DIRECTIONS			7,556		9,186		
100 03 GREENHOUSE							
100 04 APARTMENT			1,108		1,347		
100 05 NON-CERTIFIED DAYS	72,670		101,724		14	1	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,046,033		5,407,864		2,423,111	113,820	913,215
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER						1,138.200000	39.251053
(WRKSHT B, PT I)	.323920		.361261		13.590383		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED			31,934		21,579	6,516	6,919
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER			.002133		.121029	65.160000	.297387
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
	11	12	13	14	15	16	17
01 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
04 NEW CAP REL COSTS-BLDG &							
05 01 NEW CAP REL COSTS-BLDG &							
06 NEW CAP REL COSTS-MVBLE E							
07 01 NEW CAP REL COSTS-MVBLE E							
08 EMPLOYEE BENEFITS							
09 ADMINISTRATIVE & GENERAL							
10 MAINTENANCE & REPAIRS							
11 OPERATION OF PLANT							
12 LAUNDRY & LINEN SERVICE							
13 HOUSEKEEPING							
14 DIETARY	101,239						
15 CAFETERIA		25,769					
16 MAINTENANCE OF PERSONNEL							
17 NURSING ADMINISTRATION		1,517		100			
18 CENTRAL SERVICES & SUPPLY		750			208,992		
19 PHARMACY		493			18,925	1,069,038	
20 MEDICAL RECORDS & LIBRARY		709			2,527		100
21 SOCIAL SERVICE		1,550			1,957		
22 NONPHYSICIAN ANESTHETISTS							
23 INPAT ROUTINE SRVC CNTRS							
24 ADULTS & PEDIATRICS	99,994	17,003		99	154,676		99
25 ANCILLARY SRVC COST CNTRS							
26 ANESTHESIOLOGY							
27 RADIOLOGY-DIAGNOSTIC							
28 LABORATORY		401			3,473		
29 OCCUPATIONAL THERAPY		1,274			18,487		
30 ELECTROCARDIOLOGY							
31 ELECTROENCEPHALOGRAPHY							
32 MEDICAL SUPPLIES CHARGED						1,069,038	
33 DRUGS CHARGED TO PATIENTS							
34 PSYCHIATRIC/PSYCHOLOGICAL		1,586			3,371		
35 OUTPAT SERVICE COST CNTRS							
36 CLINIC							
37 EMERGENCY							
38 OBSERVATION BEDS (NON-DIS							
39 OTHER REIMBURS COST CNTRS							
40 AMBULANCE SERVICES							
41 SPEC PURPOSE COST CENTERS							
42 SUBTOTALS	99,994	25,283		99	203,416	1,069,038	99
43 NONREIMBURS COST CENTERS							
44 CANTEEN/SNACKBAR		275			3,650		
45 01 IDLE SPACE							
46 02 NEW DIRECTIONS							
47 03 GREENHOUSE							
48 04 APARTMENT							
49 05 NON-CERTIFIED DAYS	1,245	211		1	1,926		1
50 CROSS FOOT ADJUSTMENT							
51 NEGATIVE COST CENTER							
52 COST TO BE ALLOCATED	1,148,014			1,188,498	760,246	513,048	376,696
53 (WRKSHT B, PART I)							
54 UNIT COST MULTIPLIER				11,884.980000		.479916	3,766.960000
55 (WRKSHT B, PT I)	11.339642				3.637680		
56 COST TO BE ALLOCATED							
57 (WRKSHT B, PART II)							
58 UNIT COST MULTIPLIER							
59 (WRKSHT B, PT II)							
60 COST TO BE ALLOCATED	50,195			4,743	12,497	6,531	727
61 (WRKSHT B, PART III)							
62 UNIT COST MULTIPLIER				47.430000		.006109	7.270000
63 (WRKSHT B, PT III)	.495807				.059797		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	(TIME	(ASSIGNED)
			SPENT)	TIME)	
				18		20	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		100					
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		99					
040 ANCILLARY SRVC COST CNTRS							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC							
051 LABDRATORY							
053 OCCUPATIONAL THERAPY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
PSYCHIATRIC/PSYCHOLOGICAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS		99					
100 NONREIMBURS COST CENTERS							
100 CANTEEN/SNACKBAR							
100 01 IDLE SPACE							
100 02 NEW DIRECTIONS							
100 03 GREENHOUSE							
100 04 APARTMENT							
100 05 NON-CERTIFIED DAYS						1	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED						865,620	
(PER WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER						8,656.200000	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(PER WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED						1,462	
(PER WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						14.620000	
(WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	13,195,698		13,195,698		
40	ANCILLARY SRVC COST CNTRS					
41	ANESTHESIOLOGY					
44	RADIOLOGY-DIAGNOSTIC LABORATORY	421,318		421,318		
51	OCCUPATIONAL THERAPY	1,081,572		1,081,572		
53	ELECTROCARDIOLOGY	6,906		6,906		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,968,288		1,968,288		
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	1,049,477		1,049,477		
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	17,723,259		17,723,259		
102	LESS OBSERVATION BEDS					
103	TOTAL	17,723,259		17,723,259		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	24,194,155		24,194,155			
40	ANCILLARY SRVC COST CNTRS						
41	ANESTHESIOLOGY						
44	LABORATORY	390,861		390,861	1.077923	1.077923	
51	OCCUPATIONAL THERAPY	358,410		358,410	3.017695	3.017695	
53	ELECTROCARDIOLOGY	25,155		25,155	.274538	.274538	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,988,481		1,988,481	.989845	.989845	
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	883,994		883,994	1.187199	1.187199	
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	27,841,056		27,841,056			
102	LESS OBSERVATION BEDS						
103	TOTAL	27,841,056		27,841,056			

ST A NE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	13,195,698		13,195,698		
40	ANCILLARY SRVC COST CNTRS					
41	ANESTHESIOLOGY					
44	RADIOLOGY-DIAGNOSTIC LABORATORY	421,318		421,318		
51	OCCUPATIONAL THERAPY	1,081,572		1,081,572		
53	ELECTROCARDIOLOGY	6,906		6,906		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,968,288		1,968,288		
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	1,049,477		1,049,477		
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
.01	SUBTOTAL	17,723,259		17,723,259		
.02	LESS OBSERVATION BEDS					
.03	TOTAL	17,723,259		17,723,259		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	24,194,155		24,194,155			
40	ANCILLARY SRVC COST CNTRS						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	390,861		390,861	1.077923	1.077923	
53	OCCUPATIONAL THERAPY	358,410		358,410	3.017695	3.017695	
54	ELECTROCARDIOLOGY	25,155		25,155	.274538	.274538	
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS	1,988,481		1,988,481	.989845	.989845	
60	PSYCHIATRIC/PSYCHOLOGICAL	883,994		883,994	1.187199	1.187199	
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
65	EMERGENCY						
101	OBSERVATION BEDS (NON-DIS						
102	OTHER REIMBURS COST CNTRS						
103	AMBULANCE SERVICES						
	SUBTOTAL	27,841,056		27,841,056			
	LESS OBSERVATION BEDS						
	TOTAL	27,841,056		27,841,056			

ST A VE 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
40	ANCELLARY SRVC COST CNTRS						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC						421,318
51	LABORATORY	421,318	4,167	417,151			1,081,572
53	OCCUPATIONAL THERAPY	1,081,572	17,296	1,064,276			6,906
54	ELECTROCARDIOLOGY	6,906	11	6,895			
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						1,968,288
59	DRUGS CHARGED TO PATIENTS	1,968,288	8,811	1,959,477			1,049,477
60	PSYCHIATRIC/PSYCHOLOGICAL	1,049,477	6,468	1,043,009			
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
65	EMERGENCY						
01	OBSERVATION BEDS (NON-DIS)						
02	OTHER REIMBURS COST CNTRS						
03	AMBULANCE SERVICES						4,527,561
	SUBTOTAL	4,527,561	36,753	4,490,808			
	LESS OBSERVATION BEDS						4,527,561
	TOTAL	4,527,561	36,753	4,490,808			

POST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	390,861	1.077923	1.077923
51	OCCUPATIONAL THERAPY	358,410	3.017695	3.017695
53	ELECTROCARDIOLOGY	25,155	.274538	.274538
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,988,481	.989845	.989845
56	DRUGS CHARGED TO PATIENTS	883,994	1.187199	1.187199
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	3,646,901		
102	LESS OBSERVATION BEDS			
103	TOTAL	3,646,901		

ST A NE 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
40	ANCILLARY SRVC COST CNTRS						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	421,318	4,167	417,151	417	24,195	396,706
53	OCCUPATIONAL THERAPY	1,081,572	17,296	1,064,276	1,730	61,728	1,018,114
54	ELECTROCARDIOLOGY	6,906	11	6,895	1	400	6,505
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS	1,968,288	8,811	1,959,477	881	113,650	1,853,757
60	PSYCHIATRIC/PSYCHOLOGICAL	1,049,477	6,468	1,043,009	647	60,495	988,335
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
65	EMERGENCY						
.01	OBSERVATION BEDS (NON-DIS						
.02	OTHER REIMBURS COST CNTRS						
.03	AMBULANCE SERVICES						
	SUBTOTAL	4,527,561	36,753	4,490,808	3,676	260,468	4,263,417
	LESS OBSERVATION BEDS						
	TOTAL	4,527,561	36,753	4,490,808	3,676	260,468	4,263,417

LINE NO.	COST CENTER DESCRIPTION	TOTAL	OUTPAT COST	I/P PT B COST
		CHARGES	TO CHRGRATIO	TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	390,861	1.014954	1.076856
51	OCCUPATIONAL THERAPY	358,410	2.840641	3.012868
53	ELECTROCARDIOLOGY	25,155	.258597	.274498
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,988,481	.932248	.989402
59	PSYCHIATRIC/PSYCHOLOGICAL	883,994	1.118034	1.186467
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	3,646,901		
102	LESS OBSERVATION BEDS			
103	TOTAL	3,646,901		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO:
I 51-4009
I

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007

I PREPARED 11/20/2007
I WORKSHEET D
I PART I

TITLE XVIII, PART A

TEFRA

ST A NE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				231,542		231,542
.01	TOTAL				231,542		231,542

TITLE XVIII, PART A

COST 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	32,850	2,296			7.05	16,187
101	TOTAL	32,850	2,296				16,187

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 51-4009
 I PERIOD: FROM 7/1/2006 TO 6/30/2007
 I COMPONENT NO: 51-4009
 I
 I
 I

I WORKSHEET D
 I PART II
 I

TITLE XVIII, PART A

HOSPITAL

TEFRA

ST A NE 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
	ANCILLARY SRVC COST CNTRS						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY		4,167	390,861	54,546		
51	OCCUPATIONAL THERAPY		17,296	358,410	6,750		
53	ELECTROCARDIOLOGY		11	25,155	5,025		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		8,811	1,988,481	138,712		
59	PSYCHIATRIC/PSYCHOLOGICAL		6,468	883,994	50,530		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
01	TOTAL		36,753	3,646,901	255,563		

TITLE XVIII, PART A HOSPITAL

LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY	.010661	582
51	OCCUPATIONAL THERAPY	.048258	326
53	ELECTROCARDIOLOGY	.000437	2
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.004431	615
59	PSYCHIATRIC/PSYCHOLOGICAL	.007317	370
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,895

LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					32,850	
101	TOTAL					32,850	

LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	2,296
101	TOTAL		2,296

TITLE XVIII, PART A HOSPITAL

TEFRA

LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL COST	NRS HEALTH COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
40	ANCILLARY SRVC COST CNTRS							
41	ANESTHESIOLOGY	1	1.01	2	2.01	2.02	2.03	
44	RADIOLOGY-DIAGNOSTIC LABORATORY							
51	OCCUPATIONAL THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS)							
65	OTHER REIMBURS COST CNTRS							
01	AMBULANCE SERVICES							
	TOTAL							

TITLE XVIII, PART A

HOSPITAL

TEFRA

COST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 4	TEFRA		INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01		RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01		
	ANCILLARY SRVC COST CNTRS							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY			390,861			54,546	
51	OCCUPATIONAL THERAPY			358,410			6,750	
53	ELECTROCARDIOLOGY			25,155			5,025	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			1,988,481			138,712	
59	PSYCHIATRIC/PSYCHOLOGICAL			883,994			50,530	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			3,646,901			255,563	

TITLE XVIII, PART A

HOSPITAL

TEFRA

ST A NE 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
	ANCILLARY SRVC COST CNTRS						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
L01	TOTAL						

TITLE XVIII PART A HOSPITAL TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	32,850
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,850
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,850
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,296
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	13,195,698
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)	13,195,698
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,090,150
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,090,150
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.547763
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	733.34
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	13,195,698

TITLE XVIII PART A

HOSPITAL

TEFRA

ART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					401.70
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					922,303
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					922,303

	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				
					277,837
49	TOTAL PROGRAM INPATIENT COSTS				
					1,200,140

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				16,187
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				1,895
52	TOTAL PROGRAM EXCLUDABLE COST				18,082
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				1,182,058

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES				115
55	TARGET AMOUNT PER DISCHARGE				12,093.49
56	TARGET AMOUNT				1,390,751
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT				208,693
58	BONUS PAYMENT				27,815
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET				13,763.11
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET				10,907.70
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.				13,908
58.04	RELIEF PAYMENT				
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT				1,241,863
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				

TITLE XVIII PART A HOSPITAL 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 401.70
- 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		13,195,698			
87 NEW CAPITAL-RELATED COST	231,542	13,195,698	.017547		
88 NON PHYSICIAN ANESTHETIST		13,195,698			
89 MEDICAL EDUCATION		13,195,698			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	32,850
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,850
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,850
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)	292
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	13,195,698
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)	13,195,698
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,090,150
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,090,150
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.547763
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	733.34
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	13,195,698

TITLE XIX - I/P HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					401.70
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					117,296
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					117,296

		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					45,645
49	TOTAL PROGRAM INPATIENT COSTS					162,941

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

ART 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

ART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 401.70
- 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 11/20/2007
 I 51-4009 I FROM 7/1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 51-4009 I

TITLE XVIII, PART A

HOSPITAL

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		1,664,600	
40	ANCILLARY SRVC COST CNTRS			
41	ANESTHESIOLOGY			
44	RADIOLOGY-DIAGNOSTIC	1.077923	54,546	58,796
51	LABORATORY	3.017695	6,750	20,369
53	OCCUPATIONAL THERAPY	.274538	5,025	1,380
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.989845	138,712	137,303
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.187199	50,530	59,989
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES		255,563	277,837
102	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		255,563	

ST A NE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		276,950	
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	1.077923	4,289	4,623
44	LABORATORY	3.017695	3,554	10,725
51	OCCUPATIONAL THERAPY	.274538	278	76
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.989845	21,650	21,430
56	DRUGS CHARGED TO PATIENTS	1.187199	7,405	8,791
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES		37,176	45,645
L01	TOTAL			
L02	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		37,176	
L03	NET CHARGES			

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		1,214,469		NONE
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			
	ADJUSTMENTS TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		1,214,469		
	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			
	TENTATIVE TO PROGRAM	.99			
	SUBTOTAL		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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,241,863
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	620,932
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)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	669,076
1.09	NET IPF PPS OUTLIER PAYMENTS	5,129
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)	90.000000
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)	674,205
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	869,304
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	434,652
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)	1,295,137
1.35	INPATIENT REHABILITATION FACILITY (IRF) 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 $\{(1 + (LINE 1.39/1.40))\}$ 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)	1,295,137
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,295,137
7	DEDUCTIBLES	50,384
8	SUBTOTAL	1,244,753
9	COINSURANCE	60,494
10	SUBTOTAL	1,184,259
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	84,810
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,367
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	84,810
12	SUBTOTAL	1,243,626
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)	1,243,626
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,214,469
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	29,157
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/20/2007
I	51-4009	I	FROM 7/1/2006	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	51-4009	I		I	

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

- 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.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	695,525			
29 SALARIES, WAGES & FEES PAYABLE	2,589,083			
30 PAYROLL TAXES PAYABLE	270,350			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	17,892			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	3,572,850			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	3,572,850			
43 TOTAL LIABILITIES				
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-284,578			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-284,578			
52 TOTAL LIABILITIES AND FUND BALANCES	3,288,272			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 51-4009
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/20/2007 WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-58,743		
2 NET INCOME (LOSS)		-225,835		
3 TOTAL		-284,578		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-284,578		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-284,578		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	24,194,155		24,194,155
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	24,194,155		24,194,155
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	24,194,155		24,194,155
17 00 ANCILLARY SERVICES	4,350,770		4,350,770
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	28,544,925		28,544,925

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	23,378,945
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	23,378,945

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2007
I 51-4009 I FROM 7/ 1/2006 I WORKSHEET G-3
I I TO 6/30/2007 I

DESCRIPTION	
1	TOTAL PATIENT REVENUES 28,544,925
2	LESS: ALLOWANCES AND DISCOUNTS ON 26,806,132
3	NET PATIENT REVENUES 1,738,793
4	LESS: TOTAL OPERATING EXPENSES 23,378,945
5	NET INCOME FROM SERVICE TO PATIENT -21,640,152
	OTHER INCOME
6	CONTRIBUTIONS, DONATIONS, BEQUES
7	INCOME FROM INVESTMENTS
8	REVENUE FROM TELEPHONE AND TELEG
9	REVENUE FROM TELEVISION AND RADI
10	PURCHASE DISCOUNTS
11	REBATES AND REFUNDS OF EXPENSES
12	PARKING LOT RECEIPTS
13	REVENUE FROM LAUNDRY AND LINEN S
14	REVENUE FROM MEALS SOLD TO EMPLO 108,880
15	REVENUE FROM RENTAL OF LIVING QU
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS
17	REVENUE FROM SALE OF DRUGS TO OT
18	REVENUE FROM SALE OF MEDICAL REC
19	TUITION (FEES, SALE OF TEXTBOOKS
20	REVENUE FROM GIFTS, FLOWER, COFFE
21	RENTAL OF VENDING MACHINES
22	RENTAL OF HOSPITAL SPACE
23	GOVERNMENTAL APPROPRIATIONS
24	MISC 88,935
24.01	NET APPROPRIATIONS 21,216,502
25	TOTAL OTHER INCOME 21,414,317
26	TOTAL -225,835
	OTHER EXPENSES
27	
28	
29	
30	TOTAL OTHER EXPENSES
31	NET INCOME (OR LOSS) FOR THE PERIO -225,835

**WELCH
COMMUNITY HOSPITAL**

**MEDICARE/MEDICAID COST REPORT
(CMS 2552-96)**

FOR THE YEAR ENDED JUNE 30, 2007

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INDEPENDENT ACCOUNTANT'S REPORT

Walt Garrett
Welch Community Hospital
Welch, West Virginia 24801

We have compiled the balance sheet, summary of revenues and expenses and related supporting schedules of Welch Emergency Hospital as of June 30, 2007, and for the year then ended included in the accompanying prescribed form, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statements including related schedules are presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

ARNETT & FOSTER, P.L.L.C.
Arnett + Foster, P.L.L.C.

Charleston, West Virginia
November 28, 2007

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EDIT LISTING

FILE: H:\CLIENT\02388\MCOST\WCH07-1\WCH07.MCR[X:W2]

SEVERITY	PAGE	WORKSHEET	PART	PROGRAM	PROVIDER	LINE	COL	EXPLANATION	ERROR
EVERITY	62	A-8-2				14	2	NOTE: "RURAL" PROVIDER BASED ON 5-2, LINE 21.03	573
***TNFO**	11	A-8				ALL	ALL	ADJUSTMENTS SHOULD BE NEGATIVE	16
NG	76	D-4		XIX	HOSP	ALL	ALL	WORKSHEET NOT ENTERED	1
JS	43	D	II	XIX	HOSP	ALL	ALL	WORKSHEET NOT ENTERED	1
SERIOUS	85	E-3	III	XIX	HOSP	31	1	ITEM NOT COMPLETED	4
SERIOUS	70	D-1		XIX	NF	ALL	ALL	STATISTICS NOT ENTERED FOR THIS PROGRAM AND PROVIDER	49
WARNING	85	E-3	III	XIX	HOSP	31	1	ITEM NOT COMPLETED	4
SERIOUS	85	E-3	III	XIX	HOSP	31	1	ITEM NOT COMPLETED	4
SERIOUS	85	E-3	III	XIX	HOSP	31	1	ITEM NOT COMPLETED	4
SERIOUS	85	E-3	III	XIX	HOSP	10	1	ITEM NOT COMPLETED	4
SERIOUS	85	E-3	III	XIX	HOSP	31	1	ITEM NOT COMPLETED	4
SERIOUS	85	E-3	III	XIX	HOSP	31	1	ITEM NOT COMPLETED	4
						TOTAL LEVEL I ERRORS	0		
						TOTAL LEVEL II ERRORS	0		
						TOTAL SERIOUS ERRORS	8		
						TOTAL WARNING ERRORS	2		
						TOTAL EDIT ERRORS	10		

Info warning no impact; Rural provider is correctly reflected on wls S-2.
 Related party adjustment for state indirect costs is positive and is correct.
 Title XIX is not settled on the cost report. Payment is due with no settlement.
 Attempted unsuccessfully to delete worksheets.

HCRIS EDIT LISTING

FILE: H:\CLIENT\02388\MCOST\WCH07-1\WCH07.MCR[X:W2]

EVERITY	PAGE	WORKSHEET	PART PROGRAM	PROVIDER	LINE	COL	EXPLANATION	ERROR
SERIOUS	14	S-3	III		13	2	WKSHT S-3, PT II, LINE 13 MUST BE COMPLETED	230
			TOTAL CONSISTENCY ERRORS					0
			TOTAL RELATIONAL ERRORS					0
			TOTAL SERIOUS ERRORS					1
			TOTAL WARNING ERRORS					0
			TOTAL HCRIS ERRORS					1

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	51-0086	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/28/2007 TIME 15:45

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: WELCH COMMUNITY HOSPITAL 51-0086 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 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.

[Signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
TITLE
DATE 11/29/07

ECR ENCRYPTION INFORMATION
DATE: 11/28/2007 TIME 15:45

CU87S5BF2UftA.NwLk5HexHHBLGa80
nZKaE0SU:vHII1oo.QP0vCZki7aN6j
CvjE0S72P40hp2ky

PI ENCRYPTION INFORMATION
DATE: 11/28/2007 TIME 15:45

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eGor303AMB94P5rdaxePu9Iqq6vO.m
awXRadwZjq0wNOVC

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	6
1 HOSPITAL	0		-13,053		-2,695	0
6 HOSPITAL-BASED NF	0		0		0	220,227
9 RHC	0		0		127,176	276,960
100 TOTAL	0		-13,053		124,481	497,187

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: 454 MCDOWELL STREET P.O. BOX:
 .01 CITY: WELCH STATE: WV ZIP CODE: 24801- COUNTY: MCDOWELL

S	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
						V	XVIII	XIX
.00	HOSPITAL	WELCH COMMUNITY HOSPITAL	51-0086	2.01	11/ 7/1985	O	P	P
.00	HOSPITAL-BASED NF	WELCH COMMUNITY HOSPITAL	51-5132		7/ 1/1985	N	O	O
.00	HOSPITAL-BASED RHC	WELCH COMMUNITY HOSPITAL	51-3979		7/ 1/1994	O	O	O

COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007
 TYPE OF CONTROL 1 10 2

TYPE OF HOSPITAL/SUBPROVIDER
 1 HOSPITAL 1
 1 SUBPROVIDER 2

OTHER INFORMATION
 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.
 .01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
 .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).
 .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. Y
 .04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
 .05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
 .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
 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 .02 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 .03 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 .04 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 .05 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 .06 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE. // //
 .07 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
 .01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
 .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.
 .03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 .04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 .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)
 .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)
 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.
 .01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2006 ENDING: 6/30/2007
 .02 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // //
 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 // //

	1	2	3	4
.01	0	0.0000	0.0000	
.01	0.00	0		
.03			0.00%	Y/N
.04			0.00%	
.05			0.00%	
.06			0.00%	
.01			N	
.02			N	
.03				
.04				
.01			N	
.02			N	
.03			N	
.04				
.05				
.01			N	
.02			N	
.03			N	
.04			N	
.01			N	
.02			N	
.03			N	
.04			N	
.01			N	
.02			N	
.03			N	
.04			N	
	V	XVIII	XIX	
	1	2	3	
	N	Y	N	
.01	N	N	N	
.01	N	N	N	

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

- 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
- 01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 02 STREET: P.O. BOX:
- 03 CITY: STATE: ZIP CODE: Y
- ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
- ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 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.
- 01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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
00 HOSPITAL	N	N	N	N	N

- DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 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 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
- 01 MDH PERIOD: BEGINNING: / / ENDING: / /
- LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 0
- PREMIUMS: 0
- PAID LOSSES: 0
- AND/OR SELF INSURANCE: 0
- 02 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
- DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEES
	0	1	2	3	4	5	6	7	8
01	7/1/2006		N		0.00				0
02					0.00				0
03					0.00				0

- ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? N
- 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.
- 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)(ii)(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).
- 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
- ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? N
- ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 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)(ii)(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).

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
ADULTS & PEDIATRICS	42	15,330				1,909	816
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF						1,909	816
ADULTS & PED-SB NF						562	178
TOTAL ADULTS AND PEDS	42	15,330					203
INTENSIVE CARE UNIT	7	2,555					1,197
NURSERY						2,471	
TOTAL	49	17,885					17,590
RPCH VISITS							5,147
NURSING FACILITY	59	21,535				2,678	
RURAL HEALTH CLINIC							
TOTAL	108						329
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
01 AMBULANCE TRIPS							
02 AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
ADULTS & PEDIATRICS			3,519				
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF			3,519				
ADULTS & PED-SB NF			939				
TOTAL ADULTS AND PEDS			235				
INTENSIVE CARE UNIT			4,693				
NURSERY							
TOTAL			17,590				
RPCH VISITS			14,771				
NURSING FACILITY							
RURAL HEALTH CLINIC							
TOTAL	23	306	658	322	336		
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
01 AMBULANCE TRIPS							
02 AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
ADULTS & PEDIATRICS							963
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS							
INTENSIVE CARE UNIT							
NURSERY							
TOTAL		240.36			399	328	963
RPCH VISITS							
NURSING FACILITY		43.01					
RURAL HEALTH CLINIC		10.34					
TOTAL		293.71					
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
01 AMBULANCE TRIPS							
02 AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

RT II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	8,702,247		8,702,247	610,924.77	14.24	
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	243,332		243,332	4,480.48	54.31	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,076,083		1,076,083	93,165.87	11.55	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	2,823,555		2,823,555			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	411,547		411,547			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
19.01 PART A TEACHING PHYSICIANS						CMS 339
19.02 PHYSICIAN PART B	93,062		93,062			CMS 339
20 WAGE-RELATED COSTS (RHC/FOHC) INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS						
22.01 ADMINISTRATIVE & GENERAL	1,107,289		1,107,289	83,096.52	13.33	
23 MAINTENANCE & REPAIRS	339,012		339,012	25,671.93	13.21	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	320,537		320,537	37,033.05	8.66	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	253,636		253,636	28,271.71	8.97	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	377,937		377,937	17,695.43	21.36	
31 CENTRAL SERVICE AND SUPPLY	92,527		92,527	7,922.90	11.68	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	264,755		264,755	24,132.72	10.97	
34 SOCIAL SERVICE	76,220		76,220	4,823.44	15.80	
35 OTHER GENERAL SERVICE						
RT III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	8,458,915		8,458,915	606,444.29	13.95	
2 EXCLUDED AREA SALARIES	1,076,083		1,076,083	93,165.87	11.55	
3 SUBTOTAL SALARIES	7,382,832		7,382,832	513,278.42	14.38	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	2,823,555		2,823,555		38.24	
6 TOTAL	10,206,387		10,206,387	513,278.42	19.88	
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	2,831,913		2,831,913	228,647.70	12.39	

RHC 1

ADDRESS AND IDENTIFICATION
 STREET: 454 MCDOWELL STREET STATE: WV ZIP CODE: 24801 COUNTY: MCDOWELL
 CITY: WELCH
 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:	GRANT AWARD	DATE
1	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ADENUPE, OLUMADE	I24976
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	EELLS, DAVID	A72339
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	GOPAL, VEERARAGHAVAN	G63882
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SEID, ETTAHADIEH	C78300
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SALIH, SALWA	G66426
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JONES, KIMBERLY	F07752
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SHERWOOD, LEO	G19410
9.07 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	MOHAMMADI, FARAZ	H10247
9.08 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	JOHNSON, EUGENE	E97757
9.09 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	NANDA, SHRI	H46613
9.10 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	SHARMA, CHANDRA	D49362
9.11 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ABDUL-JALIL, MAJESTER	I62658
9.12 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	OYCO, JOSE	D49228
9.13 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	YADAV, YOGINDER	H48003
9.14 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	ALMEHMI, AMMAR	I12478
9.15 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DASARO, ANTHONY	H07418

PHYSICIAN NAME	HOURS OF SUPERVISION
----------------	----------------------

1 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)	TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
2	CLINIC	900	900	900	900	900	900	900	900	900	900	900	900	900	900
2	WALK-IN CLINIC	900	500	900	500	900	500	900	500	900	500	900	500	900	500
2..	INTERNAL MEDICINE	900	500	900	500	900	500	900	500	900	500	900	500	900	500

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

3 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

4 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

5 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

6 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

7 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR SERVICES RENDERED ON OR AFTER 7/1/2001? IF YES, SEE INSTRUCTIONS.

DESCRIPTION

1	UNCOMPENSATED CARE INFORMATION	
2	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?	
17	UNCOMPENSATED CARE REVENUES	9,261,451
17.01	REVENUE FROM UNCOMPENSATED CARE	
18	GROSS MEDICAID REVENUES	
19	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
20	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
21	RESTRICTED GRANTS	
22	NON-RESTRICTED GRANTS	9,261,451
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
23	UNCOMPENSATED CARE COST	
24	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	.746713
25	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	
26	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
27	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	7,340,069
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	5,480,925
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,261,451
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,915,646
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,480,925
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR		522,992	522,992		522,992
0100	OLD CAP REL COSTS-BLDG & FIXT					
0200	OLD CAP REL COSTS-MVBLE EQUIP					
0300	NEW CAP REL COSTS-BLDG & FIXT				102,492	102,492
0400	NEW CAP REL COSTS-MVBLE EQUIP				-107,325	3,220,839
0500	EMPLOYEE BENEFITS		3,328,164	3,328,164	2,971	2,299,311
0600	ADMINISTRATIVE & GENERAL	1,107,289	1,189,051	2,296,340	-4,477	459,288
0700	MAINTENANCE & REPAIRS	339,012	124,753	463,765		277,089
0800	OPERATION OF PLANT		277,089	277,089		702,451
0900	LAUNDRY & LINEN SERVICE	320,537	382,012	702,549	-98	488,212
1100	DIETARY	253,636	236,509	490,145	-1,933	
1200	CAFETERIA				-9,248	416,694
1400	NURSING ADMINISTRATION	377,937	48,005	425,942	-26,392	96,083
1500	CENTRAL SERVICES & SUPPLY	92,527	29,948	122,475	-441,251	557,042
1600	PHARMACY		998,293	998,293	-5,935	386,177
1700	MEDICAL RECORDS & LIBRARY	264,755	127,357	392,112	-3	76,876
1800	SOCIAL SERVICE	76,220	659	76,879	314,389	314,389
2000	NONPHYSICIAN ANESTHETISTS					
	INPAT ROUTINE SRVC CNTRS		247,732	1,859,006	-92,596	1,766,410
2500	ADULTS & PEDIATRICS	1,611,274	32,702	568,199	-28,999	539,200
2600	INTENSIVE CARE UNIT	535,497	5,972	5,972	-5,789	183
3300	NURSERY		106,371	1,137,541	-7,445	1,130,096
3500	NURSING FACILITY	1,031,170				
	ANCILLARY SRVC COST CNTRS					
3700	OPERATING ROOM	357,539	603,632	961,171	-155,606	805,565
3900	DELIVERY ROOM & LABOR ROOM				59,185	59,185
4000	ANESTHESIOLOGY		324,781	324,781	-321,802	2,979
4100	RADIOLOGY-DIAGNOSTIC	420,917	643,328	1,064,245	-26,123	1,038,122
4400	LABORATORY	367,746	1,064,983	1,432,729	-5,489	1,427,240
4900	RESPIRATORY THERAPY	339,546	135,464	475,010	-102,130	372,880
5000	PHYSICAL THERAPY					
5200	SPEECH PATHOLOGY					
5400	ELECTROENCEPHALOGRAPHY				463,836	463,836
5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				508,069	508,069
5600	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
6000	CLINIC	51,764	7,220	58,984	8,583	67,567
6100	EMERGENCY	801,336	873,499	1,674,835	-103,397	1,571,438
6200	OBSERVATION BEDS (NON-DISTINCT PART)					
4950						
63.50	RURAL HEALTH CLINIC	308,632	1,799,169	2,107,801	-13,487	2,094,314
	SPEC PURPOSE COST CENTERS					
8800	INTEREST EXPENSE					
9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,657,334	13,109,685	21,767,019	-0-	21,767,019
	NONREIMBURS COST CENTERS					
9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN			54,477		54,477
.00	DRUG CLINIC	44,913	9,564	54,477		
.01	TOTAL	8,702,247	13,119,249	21,821,496	-0-	21,821,496

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 51-0086
I

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007
I

I PREPARED 11/28/2007
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT	-9	522,983
0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		102,492
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,798,704
5 0500	EMPLOYEE BENEFITS	-422,135	4,751,124
6 0600	ADMINISTRATIVE & GENERAL	2,451,813	459,288
7 0700	MAINTENANCE & REPAIRS		277,089
8 0800	OPERATION OF PLANT		702,451
9 0900	LAUNDRY & LINEN SERVICE		425,347
11 1100	DIETARY	-62,865	
12 1200	CAFETERIA		416,694
14 1400	NURSING ADMINISTRATION		96,083
15 1500	CENTRAL SERVICES & SUPPLY		557,042
16 1600	PHARMACY	-68	386,109
17 1700	MEDICAL RECORDS & LIBRARY		76,876
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS	-314,389	
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-336,394	1,430,016
26 2600	INTENSIVE CARE UNIT		539,200
33 3300	NURSERY		183
35 3500	NURSING FACILITY		1,130,096
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-430,362	375,203
39 3900	DELIVERY ROOM & LABOR ROOM		59,185
40 4000	ANESTHESIOLOGY		2,979
41 4100	RADIOLOGY-DIAGNOSTIC	-336,507	701,615
44 4400	LABORATORY	-90,058	1,337,182
49 4900	RESPIRATORY THERAPY		372,880
50 5000	PHYSICAL THERAPY		
52 5200	SPEECH PATHOLOGY		
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-438	463,398
56 5600	DRUGS CHARGED TO PATIENTS		508,069
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		67,567
61 6100	EMERGENCY	-761,136	810,302
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 6300			
63.50 6310	RURAL HEALTH CLINIC		2,094,314
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-302,548	21,464,471
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		54,477
00 7950	DRUG CLINIC		
01	TOTAL	-302,548	21,518,948

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007
 I 51-0086 I FROM 7/ 1/2006 I NOT A CMS WORKSHEET
 I I TO 6/30/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
J	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C	2500	
25	ADULTS & PEDIATRICS	2600	
26	INTENSIVE CARE UNIT	3300	
33	NURSERY	3500	
35	NURSING FACILITY		
	ANCILLARY SRVC COST.	3700	
37	OPERATING ROOM	3900	
39	DELIVERY ROOM & LABOR ROOM	4000	
40	ANESTHESIOLOGY	4100	
41	RADIOLOGY-DIAGNOSTIC	4400	
44	LABORATORY	4900	
49	RESPIRATORY THERAPY	5000	
50	PHYSICAL THERAPY	5200	
52	SPEECH PATHOLOGY	5400	
54	ELECTROENCEPHALOGRAPHY	5500	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5600	
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST	6000	
60	CLINIC	6100	
61	EMERGENCY	6200	
62	OBSERVATION BEDS (NON-DISTINCT PART)	4950	
63		6310	OTHER OUTPATIENT SERVICE COST CENTER RURAL HEALTH CLINIC #####
63.50	RURAL HEALTH CLINIC		
	SPEC PURPOSE COST CE	8800	
88	INTEREST EXPENSE	9000	
90	OTHER CAPITAL RELATED COSTS	0000	
95	SUBTOTALS		
	NONREIMBURS COST CEN	9600	
9	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7950	
0L	DRUG CLINIC	0000	OTHER NONREIMBURSABLE COST CENTERS
01	TOTAL		

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS CRNA FEES	B	NONPHYSICIAN ANESTHETISTS	20			314,389
2 TO RECLASS ADMISSION KITS	C	ADULTS & PEDIATRICS	25			7,101
3 TO RECLASS DCP	D	DRUGS CHARGED TO PATIENTS	56			508,069
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 TO RECLASS MSCP	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			463,836
15						
16						
17						
18						
19						
20						
21						
22						
23						
24 TO RECLASS RENTAL EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4			102,492
25						
26						
27						
28						
29						
30						
31 TO RECLASS RENTAL EXPENSE	F					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41 TO RECLASS PHYSICIAN BENEFITS	G	ADULTS & PEDIATRICS	25			93,062
42 TO RECLASS PHYSICIAN BENEFITS	H	CLINIC	60			14,263
43 TO RECLASS MEDICAL DIRECTOR COST	I	ADMINISTRATIVE & GENERAL	6			35,040
44 TO RECLASS OB SALARY TO LABOR & DELI	J	DELIVERY ROOM & LABOR ROOM	39		45,723	13,462
45					45,723	1,551,714
46 TOTAL RECLASSIFICATIONS						

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 RECLASS CRNA FEES	B	ANESTHESIOLOGY	40			314,389	
2 TO RECLASS ADMISSION KITS	C	CENTRAL SERVICES & SUPPLY	15			7,101	
3 TO RECLASS DCP	D	DIETARY	11			1,466	
		PHARMACY	16			414,228	
		NURSING ADMINISTRATION	14			1,170	
		ADULTS & PEDIATRICS	25			18,139	
		INTENSIVE CARE UNIT	26			4,391	9
		OPERATING ROOM	37			223	
		ANESTHESIOLOGY	40			111	
		RADIOLOGY-DIAGNOSTIC	41			6,851	
		LABORATORY	44			356	
		RESPIRATORY THERAPY	49			40,791	
		EMERGENCY	61			20,213	
		RURAL HEALTH CLINIC	63.50			84	
		ADMINISTRATIVE & GENERAL	6			46	
6 TO RECLASS MSCP	E	ADMINISTRATIVE & GENERAL	6			2,833	
		MAINTENANCE & REPAIRS	7			164	
		LAUNDRY & LINEN SERVICE	9			98	
		DIETARY	11			467	
		NURSING ADMINISTRATION	14			627	
		CENTRAL SERVICES & SUPPLY	15			19,291	
		PHARMACY	16			27,023	
		MEDICAL RECORDS & LIBRARY	17			2	
		SOCIAL SERVICE	18			3	
		ADULTS & PEDIATRICS	25			64,794	
		INTENSIVE CARE UNIT	26			24,608	
		NURSERY	33			5,789	
		OPERATING ROOM	37			152,252	
		ANESTHESIOLOGY	40			7,302	
		RADIOLOGY-DIAGNOSTIC	41			19,272	
		RESPIRATORY THERAPY	49			43,684	
		CLINIC	60			5,337	
		EMERGENCY	61			77,251	
		RURAL HEALTH CLINIC	63.50			13,039	
5 TO RECLASS RENTAL EXPENSE	F	ADMINISTRATIVE & GENERAL	6			29,190	10
1 TO RECLASS RENTAL EXPENSE	F	MAINTENANCE & REPAIRS	7			4,313	10
		NURSING ADMINISTRATION	14			7,451	10
		MEDICAL RECORDS & LIBRARY	17			5,933	10
		ADULTS & PEDIATRICS	25			15,601	10
		NURSING FACILITY	35			7,445	10
		OPERATING ROOM	37			3,131	10
		LABORATORY	44			5,133	10
		RESPIRATORY THERAPY	49			17,655	10
		CLINIC	60			343	10
		EMERGENCY	61			5,933	10
		RURAL HEALTH CLINIC	63.50			364	10
2 TO RECLASS PHYSICIAN BENEFITS	G	EMPLOYEE BENEFITS	5			93,062	
3 TO RECLASS PHYSICIAN BENEFITS	H	EMPLOYEE BENEFITS	5			14,263	
4 TO RECLASS MEDICAL DIRECTOR COST	I	ADULTS & PEDIATRICS	25		45,723	35,040	
5 TO RECLASS OB SALARY TO LABOR & DELI	J	ADULTS & PEDIATRICS	25		45,723	13,462	
6 TOTAL RECLASSIFICATIONS						1,551,714	

(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.

RECLASS CODE: B
EXPLANATION : TO RECLASS CRNA FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	314,389
TOTAL RECLASSIFICATIONS FOR CODE B			314,389

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ANESTHESIOLOGY	40	314,389
		314,389

RECLASS CODE: C
EXPLANATION : TO RECLASS ADMISSION KITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	7,101
TOTAL RECLASSIFICATIONS FOR CODE C			7,101

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	7,101
		7,101

RECLASS CODE: D
EXPLANATION : TO RECLASS DCP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	508,069
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			508,069

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,466
PHARMACY	16	414,228
NURSING ADMINISTRATION	14	1,170
ADULTS & PEDIATRICS	25	18,139
INTENSIVE CARE UNIT	26	4,391
OPERATING ROOM	37	223
ANESTHESIOLOGY	40	111
RADIOLOGY-DIAGNOSTIC	41	6,851
LABORATORY	44	356
RESPIRATORY THERAPY	49	40,791
EMERGENCY	61	20,213
RURAL HEALTH CLINIC	63.50	84
ADMINISTRATIVE & GENERAL	6	46
		508,069

RECLASS CODE: E
EXPLANATION : TO RECLASS MSCP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	463,836
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			463,836

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	2,833
MAINTENANCE & REPAIRS	7	164
LAUNDRY & LINEN SERVICE	9	98
DIETARY	11	467
NURSING ADMINISTRATION	14	627
CENTRAL SERVICES & SUPPLY	15	19,291
PHARMACY	16	27,023
MEDICAL RECORDS & LIBRARY	17	2
SOCIAL SERVICE	18	3
ADULTS & PEDIATRICS	25	64,794
INTENSIVE CARE UNIT	26	24,608
NURSERY	33	5,789
OPERATING ROOM	37	152,252
ANESTHESIOLOGY	40	7,302
RADIOLOGY-DIAGNOSTIC	41	19,272
RESPIRATORY THERAPY	49	43,684
CLINIC	60	5,337
EMERGENCY	61	77,251
RURAL HEALTH CLINIC	63.50	13,039
		463,836

RECLASS CODE: F
EXPLANATION : TO RECLASS RENTAL EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	102,492
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			102,492

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	29,190
MAINTENANCE & REPAIRS	7	4,313
NURSING ADMINISTRATION	14	7,451
MEDICAL RECORDS & LIBRARY	17	5,933
ADULTS & PEDIATRICS	25	15,601
NURSING FACILITY	35	7,445
OPERATING ROOM	37	3,131
LABORATORY	44	5,133
RESPIRATORY THERAPY	49	17,655
CLINIC	60	343
EMERGENCY	61	5,933
RURAL HEALTH CLINIC	63.50	364
		102,492

RECLASS CODE: G
EXPLANATION : TO RECLASS PHYSICIAN BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	93,062
TOTAL RECLASSIFICATIONS FOR CODE G			93,062

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	93,062
		93,062

RECLASS CODE: H
EXPLANATION : TO RECLASS PHYSICIAN BENEFITS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CLINIC	14,263
TOTAL RECLASSIFICATIONS FOR CODE H		14,263

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	14,263

RECLASS CODE: I
EXPLANATION : TO RECLASS MEDICAL DIRECTOR COST

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	35,040
TOTAL RECLASSIFICATIONS FOR CODE I		35,040

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	35,040

RECLASS CODE: J
EXPLANATION : TO RECLASS OB SALARY TO LABOR & DELI

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	59,185
TOTAL RECLASSIFICATIONS FOR CODE J		59,185

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	59,185

T I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	124,600					124,600	
2 LAND IMPROVEMENTS	559,871			286,748		559,871	
3 BUILDINGS & FIXTURE	6,911,332	286,748				7,198,080	
4 BUILDING IMPROVEMEN				112,096		6,277,032	
5 FIXED EQUIPMENT	6,164,936	112,096		4,148		2,916,992	
6 MOVABLE EQUIPMENT	2,912,844	4,148		402,992		17,076,575	
7 SUBTOTAL	16,673,583	402,992					
8 RECONCILING ITEMS				402,992		17,076,575	
9 TOTAL	16,673,583	402,992		402,992			

T II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	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							

RT III - RECONCILIATION OF CAPITAL COST CENTERS

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

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 1 OLD CAP REL COSTS-BL	522,983						522,983
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL		102,492					102,492
4 NEW CAP REL COSTS-MV	522,983	102,492					625,475
5 TOTAL							

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

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 1 OLD CAP REL COSTS-BL	522,992						522,992
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL							
4 NEW CAP REL COSTS-MV	522,992						522,992
5 TOTAL							

All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
 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).

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
2 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
3 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
4 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
5 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
6 INVESTMENT INCOME-OTHER						
7 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,854	ADMINISTRATIVE & GENERAL	6		
8 REFUNDS AND REBATES OF EXPENSES						
9 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
10 TELEPHONE SERVICES						
11 TELEVISION AND RADIO SERVICE						
12 PARKING LOT	A-8-2	-1,954,457				
13 PROVIDER BASED PHYSICIAN ADJUSTMENT						
14 SALE OF SCRAP, WASTE, ETC.	A-8-1	2,033,076				
15 RELATED ORGANIZATION TRANSACTIONS						
16 LAUNDRY AND LINEN SERVICE	B	-62,865	DIETARY	11		
17 CAFETERIA--EMPLOYEES AND GUESTS						
18 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-438	MEDICAL SUPPLIES CHARGED	55		
19 SALE OF MED AND SURG SUPPLIES						
20 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-68	MEDICAL RECORDS & LIBRARY	17		
21 SALE OF MEDICAL RECORDS & ABSTRACTS						
22 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)						
23 VENDING MACHINES						
24 INCOME FROM IMPOSITION OF INTEREST						
25 INTRST EXP ON MEDICARE OVERPAYMENTS	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3		**COST CENTER DELETED**	89		
28 ADJUSTMENT FOR HHA PHYSICAL THERAPY			OLD CAP REL COSTS-BLDG &	1		
29 UTILIZATION REVIEW-PHYSICIAN COMP			OLD CAP REL COSTS-MVBLE E	2		
30 DEPRECIATION-OLD BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
31 DEPRECIATION-OLD MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
32 DEPRECIATION-NEW BLDGS AND FIXTURES			NONPHYSICIAN ANESTHETISTS	20		
33 DEPRECIATION-NEW MOVABLE EQUIP	A	-314,389				
34 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	51		
35 PHYSICIANS' ASSISTANT	A-8-4		SPEECH PATHOLOGY	52		
36 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		ADMINISTRATIVE & GENERAL	6		
37 ADJUSTMENT FOR SPEECH PATHOLOGY	B	-5	ADMINISTRATIVE & GENERAL	6		
38 OTHER INCOME	A	-1,113	EMPLOYEE BENEFITS	5		
39 PATIENT PHONES SALARIES	A	-426	OLD CAP REL COSTS-BLDG &	1	9	
40 PATIENT PHONES BENEFITS	A	-9				
41 PATIENT PHONES DEPRECIATION						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
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)		-302,548				

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

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

NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	1,041,332	1,463,041	-421,709	
6	ADMINISTRATIVE & GENERAL	A & G	2,454,785		2,454,785	
TOTALS			3,496,117	1,463,041	2,033,076	

* 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.

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 (3)	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME (4)	PERCENTAGE OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
1					
2					
3					
4					
5					
A	WV DIVISION OF HEALTH	0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

I PROVIDER NO:
I 51-0086
I

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007

I PREPARED 11/28/2007
I WORKSHEET A-8-2
I GROUP 1

PROVIDER BASED PHYSICIAN ADJUSTMENTS

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1

LINE NO.	SHT A DESCRIPTION	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
			12	13	14	15	16	17	18
37	SURGERY	11							430,362
41	RADIOLOGY								336,507
44	LAB								90,058
61	ER								761,136
25	ROUTINE								336,394
	TOTAL								1,954,457

COST ALLOCATION STATISTICS

I PROVIDER NO: I
 I 51-0086 I
 I I

I PERIOD: I
 I FROM 7/ 1/2006 I
 I TO 6/30/2007 I

I PREPARED 11/28/2007 I
 I NOT A CMS WORKSHEET I
 I I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
L1	DIETARY	7	MEALS	SERVED	ENTERED
L2	CAFETERIA	8	MEALS	SERVED	ENTERED
L4	NURSING ADMINISTRATION	10	DIRECT	NRSING HRS	ENTERED
L5	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUIS.	ENTERED
L6	PHARMACY	12	COSTED	REQUIS.	ENTERED
L7	MEDICAL RECORDS & LIBRARY	13	TIME	SPENT	ENTERED
L8	SOCIAL SERVICE	14	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
51-0086

PERIOD:
FROM 7/ 1/2006
TO 6/30/2007

PREPARED 11/28/2007
WORKSHEET B
PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	5	5a.00
00 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &	522,983	522,983					
03 OLD CAP REL COSTS-MVBLE E							
04 NEW CAP REL COSTS-BLDG &	102,492				102,492		
05 NEW CAP REL COSTS-MVBLE E	2,798,704					2,798,704	
06 EMPLOYEE BENEFITS	4,751,124	43,426			8,510	367,658	5,170,718
07 ADMINISTRATIVE & GENERAL	459,288	27,325			5,355	112,677	604,645
08 MAINTENANCE & REPAIRS	277,089						277,089
09 OPERATION OF PLANT	702,451	7,816			1,532	106,536	818,335
10 LAUNDRY & LINEN SERVICE	425,347	31,660			6,204	84,300	547,511
11 DIETARY							
12 CAFETERIA	416,694	8,324			1,631	125,614	552,263
14 NURSING ADMINISTRATION	96,083	7,598			1,489	30,753	135,923
15 CENTRAL SERVICES & SUPPLY	557,042	7,400			1,450		565,892
16 PHARMACY	386,109	8,774			1,719	87,996	484,598
17 MEDICAL RECORDS & LIBRARY	76,876	1,123			220	25,333	103,552
18 SOCIAL SERVICE							
20 NONPHYSICIAN ANESTHETISTS							
25 INPAT ROUTINE SRVC CNTRS					20,291	439,461	1,993,309
26 ADULTS & PEDIATRICS	1,430,016	103,541			1,942	177,982	729,034
33 INTENSIVE CARE UNIT	539,200	9,910			1,160	342,728	349,991
35 NURSERY	183	5,920					1,265,783
37 NURSING FACILITY	1,130,096	113,450			22,237		
39 ANCILLARY SRVC COST CNTRS							
40 OPERATING ROOM	375,203	46,696			9,151	118,835	549,885
41 DELIVERY ROOM & LABOR ROO	59,185	24,775			4,855	15,197	104,012
44 ANESTHESIOLOGY	2,979						2,979
49 RADIOLOGY-DIAGNOSTIC	701,615	15,288			2,996	139,899	859,798
50 LABORATORY	1,337,182	11,648			2,283	122,227	1,473,340
52 RESPIRATORY THERAPY	372,880	4,301			843	112,854	490,878
54 PHYSICAL THERAPY							
55 SPEECH PATHOLOGY							
56 ELECTROENCEPHALOGRAPHY							463,398
60 MEDICAL SUPPLIES CHARGED	463,398						508,069
61 DRUGS CHARGED TO PATIENTS	508,069						
62 OUTPAT SERVICE COST CNTRS							
63 CLINIC	67,567	4,592			900	4,809	77,868
63 EMERGENCY	810,302	17,105			3,352	266,338	1,097,097
63 OBSERVATION BEDS (NON-DIS							
50 RURAL HEALTH CLINIC	2,094,314	13,458			2,637	102,579	2,212,988
95 SPEC PURPOSE COST CENTERS					100,757	2,783,776	21,438,955
95 SUBTOTALS	21,464,471	514,130					
9 NONREIMBURS COST CENTERS						311	1,897
01 GIFT, FLOWER, COFFEE SHOP	54,477	1,586			1,424	14,928	78,096
01 DRUG CLINIC		7,267					
02 CROSS FOOT ADJUSTMENT							
02 NEGATIVE COST CENTER							
03 TOTAL	21,518,948	522,983			102,492	2,798,704	21,518,948

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	7	8	9	11	12	14
GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
04 NEW CAP REL COSTS-BLDG &							
05 NEW CAP REL COSTS-MVBLE E							
06 EMPLOYEE BENEFITS							
07 ADMINISTRATIVE & GENERAL	5,170,718						
08 MAINTENANCE & REPAIRS	191,241	795,886					
09 OPERATION OF PLANT	87,639		364,728				
10 LAUNDRY & LINEN SERVICE	258,828	13,755	6,303	1,097,221			
11 DIETARY	173,170	55,718	25,534	6,425	808,358		
12 CAFETERIA					257,957	257,957	
13 NURSING ADMINISTRATION	174,673	14,650	6,714			10,456	758,756
14 CENTRAL SERVICES & SUPPLY	42,991	13,371	6,128	8,464		4,677	
15 PHARMACY	178,984	13,023	5,968				
16 MEDICAL RECORDS & LIBRARY	153,272	15,441	7,076			14,248	
17 SOCIAL SERVICE	32,752	1,977	906			2,850	
18 NONPHYSICIAN ANESTHETISTS							
19 INPAT ROUTINE SRVC CNTRS							
20 ADULTS & PEDIATRICS	630,456	182,222	83,506	165,330	122,938	52,790	265,439
25 INTENSIVE CARE UNIT	230,583	17,441	7,993	44,448		18,028	107,911
26 NURSERY	110,697	10,418	4,774				
33 NURSING FACILITY	400,349	199,664	91,499	658,566	427,463	52,823	114,453
37 ANCILLARY SRVC COST CNTRS							
39 OPERATING ROOM	173,921	82,181	37,661	61,836		11,716	55,499
40 DELIVERY ROOM & LABOR ROD	32,898	43,602	19,981				
41 ANESTHESIOLOGY	942						
42 RADIOLOGY-DIAGNOSTIC	271,942	26,905	12,330	34,022		16,564	
43 LABORATORY	465,997	20,499	9,394	69		15,474	
44 RESPIRATORY THERAPY	155,258	7,569	3,469	81		11,682	
45 PHYSICAL THERAPY							
46 SPEECH PATHOLOGY							
47 ELECTROENCEPHALOGRAPHY							
48 MEDICAL SUPPLIES CHARGED	146,566						
49 DRUGS CHARGED TO PATIENTS	160,695						
50 OUTPAT SERVICE COST CNTRS							
51 CLINIC	24,629	8,081	3,703			1,703	10,218
52 EMERGENCY	346,996	30,103	13,795	115,903		30,051	145,253
53 OBSERVATION BEDS (NON-DIS							
54 RURAL HEALTH CLINIC	699,938	23,685	10,854	2,077		12,704	59,983
55 SPEC PURPOSE COST CENTERS							
56 SUBTOTALS	5,145,417	780,305	357,588	1,097,221	808,358	255,766	758,756
57 NONREIMBURS COST CENTERS							
58 GIFT, FLOWER, COFFEE SHOP	600	2,791	1,279				
59 DRUG CLINIC	24,701	12,790	5,861			2,191	
60 CROSS FOOT ADJUSTMENT							
61 NEGATIVE COST CENTER							
62 TOTAL	5,170,718	795,886	364,728	1,097,221	808,358	257,957	758,756

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26
	15	16	17	18	20	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	211,554						
016 PHARMACY	146	764,013					
017 MEDICAL RECORDS & LIBRARY	1,234		675,869				
018 SOCIAL SERVICE	70			142,107			
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS	1,591		114,908	59,693		3,672,182	
026 ADULTS & PEDIATRICS	339			15,631		1,171,408	
033 INTENSIVE CARE UNIT						475,880	
035 NURSERY	1,195	13,057	33,782	39,792		3,298,426	
037 NURSING FACILITY						993,087	
039 ANCILLARY SRVC COST CNTRS						269,501	
040 OPERATING ROOM	113		20,275			3,921	
041 DELIVERY ROOM & LABOR ROD			67,593	1,415		1,289,837	
044 ANESTHESIOLOGY	683		67,593			2,087,026	
049 RADIOLOGY-DIAGNOSTIC	878		101,375			702,817	
050 LABORATORY	98		33,782				
052 RESPIRATORY THERAPY							
054 PHYSICAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROENCEPHALOGRAPHY						812,831	
060 MEDICAL SUPPLIES CHARGED	202,867					1,419,720	
061 DRUGS CHARGED TO PATIENTS		750,956					
062 OUTPAT SERVICE COST CNTRS						193,971	
063 CLINIC	176		67,593			1,894,501	
066 EMERGENCY	1,140		101,375	12,788			
067 OBSERVATION BEDS (NON-DIS							
068 RURAL HEALTH CLINIC	1,024		67,593	12,788		3,103,634	
069 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	211,554	764,013	675,869	142,107		21,388,742	
100 NONREIMBURS COST CENTERS						6,567	
101 GIFT, FLOWER, COFFEE SHOP						123,639	
102 DRUG CLINIC							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 TOTAL	211,554	764,013	675,869	142,107		21,518,948	

COST CENTER DESCRIPTION		TOTAL
		27
01	GENERAL SERVICE COST CNTR	
02	OLD CAP REL COSTS-BLDG &	
03	OLD CAP REL COSTS-MVBLE E	
04	NEW CAP REL COSTS-BLDG &	
05	NEW CAP REL COSTS-MVBLE E	
06	EMPLOYEE BENEFITS	
07	ADMINISTRATIVE & GENERAL	
08	MAINTENANCE & REPAIRS	
09	OPERATION OF PLANT	
10	LAUNDRY & LINEN SERVICE	
11	DIETARY	
12	CAFETERIA	
13	NURSING ADMINISTRATION	
14	CENTRAL SERVICES & SUPPLY	
15	PHARMACY	
16	MEDICAL RECORDS & LIBRARY	
17	SOCIAL SERVICE	
18	NONPHYSICIAN ANESTHETISTS	
19	INPAT ROUTINE SRVC CNTRS	
20	ADULTS & PEDIATRICS	3,672,182
21	INTENSIVE CARE UNIT	1,171,408
22	NURSERY	475,880
23	NURSING FACILITY	3,298,426
24	ANCILLARY SRVC COST CNTRS	
25	OPERATING ROOM	993,087
26	DELIVERY ROOM & LABOR RDM	269,501
27	ANESTHESIOLOGY	3,921
28	RADIOLOGY-DIAGNOSTIC	1,289,837
29	LABORATORY	2,087,026
30	RESPIRATORY THERAPY	702,817
31	PHYSICAL THERAPY	
32	SPEECH PATHOLOGY	
33	ELECTROENCEPHALOGRAPHY	
34	MEDICAL SUPPLIES CHARGED	812,831
35	DRUGS CHARGED TO PATIENTS	1,419,720
36	OUTPAT SERVICE COST CNTRS	
37	CLINIC	193,971
38	EMERGENCY	1,894,501
39	OBSERVATION BEDS (NON-DIS	
40	50 RURAL HEALTH CLINIC	3,103,634
41	SPEC PURPOSE COST CENTERS	
42	SUBTOTALS	21,388,742
43	NONREIMBURS COST CENTERS	
44	GIFT, FLOWER, COFFEE SHOP	6,567
45	DRUG CLINIC	123,639
46	CROSS FOOT ADJUSTMENT	
47	NEGATIVE COST CENTER	
48	TOTAL	21,518,948

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS						43,426	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS		43,426				27,325	
008 OPERATION OF PLANT		27,325					
009 LAUNDRY & LINEN SERVICE						7,816	
011 DIETARY						31,660	
012 CAFETERIA							8,324
014 NURSING ADMINISTRATION		8,324				7,598	
015 CENTRAL SERVICES & SUPPLY		7,598				7,400	
016 PHARMACY		7,400				8,774	
017 MEDICAL RECORDS & LIBRARY		8,774				1,123	
018 SOCIAL SERVICE		1,123					
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS						103,541	
026 ADULTS & PEDIATRICS		103,541				9,910	
033 INTENSIVE CARE UNIT		9,910				5,920	
035 NURSERY		5,920				113,450	
037 NURSING FACILITY		113,450					
039 ANCILLARY SRVC COST CNTRS						46,696	
040 OPERATING ROOM		46,696				24,775	
041 DELIVERY ROOM & LABOR ROO		24,775					
044 ANESTHESIOLOGY						15,288	
049 RADIOLOGY-DIAGNOSTIC		15,288				11,648	
050 LABORATORY		11,648				4,301	
054 RESPIRATORY THERAPY		4,301					
055 PHYSICAL THERAPY							
056 SPEECH PATHOLOGY							
060 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED							
062 DRUGS CHARGED TO PATIENTS							
063 OUTPAT SERVICE COST CNTRS						4,592	
063 CLINIC		4,592				17,105	
063 EMERGENCY		17,105					
063 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						13,458	
063 SPEC PURPOSE COST CENTERS		13,458					
095 SUBTOTALS						514,130	
019 NONREIMBURS COST CENTERS		514,130					
001 GIFT, FLOWER, COFFEE SHOP						1,586	
006 DRUG CLINIC						7,267	
001 CROSS FOOT ADJUSTMENTS							
002 NEGATIVE COST CENTER							
003 TOTAL		522,983				522,983	

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	7	8	9	11	12	14
01 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
04 NEW CAP REL COSTS-BLDG &							
05 NEW CAP REL COSTS-MVBLE E							
06 EMPLOYEE BENEFITS							
07 ADMINISTRATIVE & GENERAL	43,426						
08 MAINTENANCE & REPAIRS	1,606	28,931	736				
09 OPERATION OF PLANT	736						
10 LAUNDRY & LINEN SERVICE	2,173	500	13	10,502			
11 DIETARY	1,454	2,025	52	61	35,252		
12 CAFETERIA					11,249	11,249	
13 NURSING ADMINISTRATION	1,467	533	14			456	10,794
14 CENTRAL SERVICES & SUPPLY	361	486	12	81		204	
15 PHARMACY	1,503	473	12				
16 MEDICAL RECORDS & LIBRARY	1,287	561	14			621	
17 SOCIAL SERVICE	275	72	2			124	
18 NONPHYSICIAN ANESTHETISTS							
19 INPAT ROUTINE SRVC CNTRS							
20 ADULTS & PEDIATRICS	5,294	6,624	169	1,582	5,361	2,302	3,777
25 INTENSIVE CARE UNIT	1,936	634	16	425		786	1,535
26 NURSERY	930	379	10				
33 NURSING FACILITY	3,362	7,259	183	6,304	18,642	2,305	1,628
35 ANCILLARY SRVC COST CNTRS							
37 OPERATING ROOM	1,460	2,987	76	592		511	790
39 DELIVERY ROOM & LABOR ROD		1,585	40				
40 ANESTHESIOLOGY	8						
41 RADIOLOGY-DIAGNOSTIC	2,284	978	25	326		722	
44 LABORATORY	3,913	745	19	1		675	
49 RESPIRATORY THERAPY	1,304	275	7	1		509	
50 PHYSICAL THERAPY							
52 SPEECH PATHOLOGY							
54 ELECTROENCEPHALOGRAPHY							
55 MEDICAL SUPPLIES CHARGED	1,231						
56 DRUGS CHARGED TO PATIENTS	1,349						
OUTPAT SERVICE COST CNTRS							
160 CLINIC	207	294	7			74	145
161 EMERGENCY	2,914	1,094	28	1,109		1,310	2,066
162 OBSERVATION BEDS (NON-DIS							
163 50 RURAL HEALTH CLINIC	5,884	861	22	20		554	853
195 SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	5	101	3				
DRUG CLINIC	207	465	12			96	
CROSS FOOT ADJUSTMENTS							
02 NEGATIVE COST CENTER							
03 TOTAL	43,426	28,931	736	10,502	35,252	11,249	10,794

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	20	25	26
GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
04 NEW CAP REL COSTS-BLDG &							
05 NEW CAP REL COSTS-MVBLE E							
06 EMPLOYEE BENEFITS							
07 ADMINISTRATIVE & GENERAL							
08 MAINTENANCE & REPAIRS							
09 OPERATION OF PLANT							
10 LAUNDRY & LINEN SERVICE							
11 DIETARY							
12 CAFETERIA							
14 NURSING ADMINISTRATION							
15 CENTRAL SERVICES & SUPPLY	8,742						
16 PHARMACY	6	9,394					
17 MEDICAL RECORDS & LIBRARY	51		11,308				
18 SOCIAL SERVICE	3			1,599			
20 NONPHYSICIAN ANESTHETISTS							
25 INPAT ROUTINE SRVC CNTRS						131,310	
ADULTS & PEDIATRICS	66		1,923		671	15,432	
26 INTENSIVE CARE UNIT	14				176	7,239	
33 NURSERY						154,356	
35 NURSING FACILITY	49	161	565		448		
ANCILLARY SRVC COST CNTRS						53,456	
37 OPERATING ROOM	5		339			27,823	
39 DELIVERY ROOM & LABOR ROD			1,131		16	8	
40 ANESTHESIOLOGY						20,782	
41 RADIOLOGY-DIAGNOSTIC	28		1,131			18,733	
44 LABORATORY	36		1,696			6,966	
49 RESPIRATORY THERAPY	4		565				
50 PHYSICAL THERAPY							
52 SPEECH PATHOLOGY							
54 ELECTROENCEPHALOGRAPHY						9,615	
55 MEDICAL SUPPLIES CHARGED	8,384					10,582	
56 DRUGS CHARGED TO PATIENTS		9,233					
OUTPAT SERVICE COST CNTRS						6,457	
60 CLINIC	7		1,131			27,513	
61 EMERGENCY	47		1,696		144		
62 OBSERVATION BEDS (NON-DIS							
63							
63 50 RURAL HEALTH CLINIC	42		1,131		144	22,969	
95 SPEC PURPOSE COST CENTERS	8,742	9,394	11,308	1,599		513,241	
NONREIMBURS COST CENTERS						1,695	
9 GIFT, FLOWER, COFFEE SHOP						8,047	
0 DRUG CLINIC							
01 CROSS FOOT ADJUSTMENTS							
02 NEGATIVE COST CENTER							
03 TOTAL	8,742	9,394	11,308	1,599		522,983	

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
011 LAUNDRY & LINEN SERVICE	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
018 MEDICAL RECORDS & LIBRARY	
020 SOCIAL SERVICE	
025 NONPHYSICIAN ANESTHETISTS	
026 INPAT ROUTINE SRVC CNTRS	131,310
033 ADULTS & PEDIATRICS	15,432
035 INTENSIVE CARE UNIT	7,239
037 NURSERY	154,356
039 NURSING FACILITY	
040 ANCILLARY SRVC COST CNTRS	
041 OPERATING ROOM	53,456
044 DELIVERY ROOM & LABOR ROD	27,823
049 ANESTHESIOLOGY	8
050 RADIOLOGY-DIAGNOSTIC	20,782
052 LABORATORY	18,733
055 RESPIRATORY THERAPY	6,966
056 PHYSICAL THERAPY	
060 SPEECH PATHOLOGY	
061 ELECTROENCEPHALOGRAPHY	9,615
062 MEDICAL SUPPLIES CHARGED	10,582
063 DRUGS CHARGED TO PATIENTS	
065 OUTPAT SERVICE COST CNTRS	
066 CLINIC	6,457
067 EMERGENCY	27,513
068 OBSERVATION BEDS (NON-DIS	
069	
50 063 RURAL HEALTH CLINIC	22,969
070 SPEC PURPOSE COST CENTERS	
075 SUBTOTALS	513,241
080 NONREIMBURS COST CENTERS	
085 GIFT, FLOWER, COFFEE SHOP	1,695
090 DRUG CLINIC	8,047
095 CROSS FOOT ADJUSTMENTS	
100 NEGATIVE COST CENTER	
105 TOTAL	522,983

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007
 I 51-0086 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	0	1	2	3	4		
00- GENERAL SERVICE COST CNTR							
02- OLD CAP REL COSTS-BLDG &							
03- OLD CAP REL COSTS-MVBLE E							
04- NEW CAP REL COSTS-BLDG &							
05- NEW CAP REL COSTS-MVBLE E							
06- EMPLOYEE BENEFITS					8,510	8,510	
07- ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS					5,355	5,355	
08- OPERATION OF PLANT					1,532	1,532	
09- LAUNDRY & LINEN SERVICE					6,204	6,204	
11- DIETARY							
12- CAFETERIA					1,631	1,631	
14- NURSING ADMINISTRATION					1,489	1,489	
15- CENTRAL SERVICES & SUPPLY					1,450	1,450	
16- PHARMACY					1,719	1,719	
17- MEDICAL RECORDS & LIBRARY					220	220	
18- SOCIAL SERVICE							
20- NONPHYSICIAN ANESTHETISTS							
25- INPAT ROUTINE SRVC CNTRS					20,291	20,291	
26- ADULTS & PEDIATRICS					1,942	1,942	
33- INTENSIVE CARE UNIT					1,160	1,160	
35- NURSERY					22,237	22,237	
37- NURSING FACILITY							
39- ANCILLARY SRVC COST CNTRS					9,151	9,151	
40- OPERATING ROOM					4,855	4,855	
41- DELIVERY ROOM & LABOR ROO							
44- ANESTHESIOLOGY					2,996	2,996	
49- RADIOLOGY-DIAGNOSTIC					2,283	2,283	
50- LABORATORY					843	843	
52- RESPIRATORY THERAPY							
54- PHYSICAL THERAPY							
55- SPEECH PATHOLOGY							
56- ELECTROENCEPHALOGRAPHY							
60- MEDICAL SUPPLIES CHARGED							
61- DRUGS CHARGED TO PATIENTS							
63- OUTPAT SERVICE COST CNTRS					900	900	
63- CLINIC					3,352	3,352	
63- EMERGENCY							
63- OBSERVATION BEDS (NON-DIS							
63- 50 RURAL HEALTH CLINIC					2,637	2,637	
63- SPEC PURPOSE COST CENTERS							
95- SUBTOTALS					100,757	100,757	
95- NONREIMBURS COST CENTERS							
95- GIFT, FLOWER, COFFEE SHOP					311	311	
95- DRUG CLINIC					1,424	1,424	
01- CROSS FOOT ADJUSTMENTS							
02- NEGATIVE COST CENTER							
03- TOTAL					102,492	102,492	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	7	8	9	11	12	14
GENERAL SERVICE COST CNTR							
OLD CAP REL COSTS-BLDG &							
OLD CAP REL COSTS-MVBLE E							
NEW CAP REL COSTS-BLDG &							
NEW CAP REL COSTS-MVBLE E							
EMPLOYEE BENEFITS							
ADMINISTRATIVE & GENERAL	8,510						
MAINTENANCE & REPAIRS	315	5,670					
OPERATION OF PLANT	144		144				
LAUNDRY & LINEN SERVICE	426	98	2	2,058			
DIETARY	285	397	10	12	6,908		
CAFETERIA					2,204	2,204	
NURSING ADMINISTRATION	288	104	3			89	2,115
CENTRAL SERVICES & SUPPLY	71	95	2	16		40	
PHARMACY	295	93	2			122	
MEDICAL RECORDS & LIBRARY	252	110	3			24	
SOCIAL SERVICE	54	14					
NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,039	1,298	33	310	1,051	451	740
INTENSIVE CARE UNIT	380	124	3	83		154	301
NURSERY	182	74	2				
NURSING FACILITY	659	1,423	38	1,236	3,653	450	319
ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	286	585	15	116		100	155
DELIVERY ROOM & LABOR ROO	54	311	8				
ANESTHESIOLOGY	2						
RADIOLOGY-DIAGNOSTIC	448	192	5	64		142	
LABORATORY	768	146	4			132	
RESPIRATORY THERAPY	256	54	1			100	
PHYSICAL THERAPY							
SPEECH PATHOLOGY							
ELECTROENCEPHALOGRAPHY							
MEDICAL SUPPLIES CHARGED	241						
DRUGS CHARGED TO PATIENTS	265						
OUTPAT SERVICE COST CNTRS							
CLINIC	41	58	1			15	28
EMERGENCY	572	214	5	217		257	405
OBSERVATION BEDS (NON-DIS							
RURAL HEALTH CLINIC							
SPEC PURPOSE COST CENTERS	1,145	169	4	4		109	167
SUBTOTALS	8,468	5,559	141	2,058	6,908	2,185	2,115
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	1	20	1			19	
DRUG CLINIC	41	91	2				
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	8,510	5,670	144	2,058	6,908	2,204	2,115

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	20	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,713						
016 PHARMACY	1	1,841					
017 MEDICAL RECORDS & LIBRARY	10		2,216				
018 SOCIAL SERVICE	1			313			
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS			376		132	25,734	
026 ADULTS & PEDIATRICS	13				34	3,024	
027 INTENSIVE CARE UNIT	3					1,418	
033 NURSERY		31	111		88	30,255	
035 NURSING FACILITY	10						
037 ANCILLARY SRVC COST CNTRS			66			10,475	
039 OPERATING ROOM	1		222		3	5,453	
040 DELIVERY ROOM & LABOR ROO						2	
041 ANESTHESIOLOGY			222			4,075	
044 RADIOLOGY-DIAGNOSTIC	6		332			3,672	
049 LABORATORY	7		111			1,366	
050 RESPIRATORY THERAPY	1						
052 PHYSICAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROENCEPHALOGRAPHY						1,883	
056 MEDICAL SUPPLIES CHARGED	1,642					2,075	
060 DRUGS CHARGED TO PATIENTS		1,810					
061 OUTPAT SERVICE COST CNTRS			222			1,266	
062 CLINIC	1		332		28	5,391	
063 EMERGENCY	9						
063 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC			222		28	4,493	
095 SPEC PURPOSE COST CENTERS	1,713	1,841	2,216		313	100,582	
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS						333	
000 GIFT, FLOWER, COFFEE SHOP						1,577	
001 DRUG CLINIC							
002 CROSS FOOT ADJUSTMENTS							
003 NEGATIVE COST CENTER	1,713	1,841	2,216		313	102,492	
003 TOTAL							

	COST CENTER DESCRIPTION	TOTAL
		27
	GENERAL SERVICE COST CNTR	
1	OLD CAP REL COSTS-BLDG &	
12	OLD CAP REL COSTS-MVBLE E	
13	NEW CAP REL COSTS-BLDG &	
14	NEW CAP REL COSTS-MVBLE E	
15	EMPLOYEE BENEFITS	
16	ADMINISTRATIVE & GENERAL	
17	MAINTENANCE & REPAIRS	
18	OPERATION OF PLANT	
19	LAUNDRY & LINEN SERVICE	
.1	DIETARY	
.2	CAFETERIA	
.4	NURSING ADMINISTRATION	
.5	CENTRAL SERVICES & SUPPLY	
.6	PHARMACY	
L7	MEDICAL RECORDS & LIBRARY	
L8	SOCIAL SERVICE	
20	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
25	ADULTS & PEDIATRICS	25,734
26	INTENSIVE CARE UNIT	3,024
33	NURSERY	1,418
35	NURSING FACILITY	30,255
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	10,475
39	DELIVERY ROOM & LABOR ROO	5,453
40	ANESTHESIOLOGY	2
41	RADIOLOGY-DIAGNOSTIC	4,075
44	LABORATORY	3,672
49	RESPIRATORY THERAPY	1,366
50	PHYSICAL THERAPY	
52	SPEECH PATHOLOGY	
54	ELECTROENCEPHALOGRAPHY	
55	MEDICAL SUPPLIES CHARGED	1,883
56	DRUGS CHARGED TO PATIENTS	2,075
	OUTPAT SERVICE COST CNTRS	
50	CLINIC	1,266
51	EMERGENCY	5,391
52	OBSERVATION BEDS (NON-DIS	
53	50 RURAL HEALTH CLINIC	4,493
	SPEC PURPOSE COST CENTERS	
95	SUBTOTALS	100,582
	NONREIMBURS COST CENTERS	
9f	GIFT, FLOWER, COFFEE SHOP	333
0c	DRUG CLINIC	1,577
D1	CROSS FOOT ADJUSTMENTS	
D2	NEGATIVE COST CENTER	
03	TOTAL	102,492

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007
 I 51-0086 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST CNTR						
01 OLD CAP REL COSTS-BLDG &	79,159					
02 OLD CAP REL COSTS-MVBLE E		79,159				
03 NEW CAP REL COSTS-BLDG &			79,159			
04 NEW CAP REL COSTS-MVBLE E				79,159		
05 EMPLOYEE BENEFITS					8,420,508	
06 ADMINISTRATIVE & GENERAL	6,573	6,573	6,573	6,573	1,106,176	-5,170,718
07 MAINTENANCE & REPAIRS	4,136	4,136	4,136	4,136	339,012	
08 OPERATION OF PLANT						
09 LAUNDRY & LINEN SERVICE	1,183	1,183	1,183	1,183	320,537	
11 DIETARY	4,792	4,792	4,792	4,792	253,636	
12 CAFETERIA						
14 NURSING ADMINISTRATION	1,260	1,260	1,260	1,260	377,937	
15 CENTRAL SERVICES & SUPPLY	1,150	1,150	1,150	1,150	92,527	
16 PHARMACY	1,120	1,120	1,120	1,120		
17 MEDICAL RECORDS & LIBRARY	1,328	1,328	1,328	1,328	264,755	
18 SOCIAL SERVICE	170	170	170	170	76,220	
20 NONPHYSICIAN ANESTHETISTS						
25 INPAT ROUTINE SRVC CNTRS						
26 ADULTS & PEDIATRICS	15,672	15,672	15,672	15,672	1,322,219	
33 INTENSIVE CARE UNIT	1,500	1,500	1,500	1,500	535,498	
35 NURSERY	896	896	896	896	1,031,170	
37 NURSING FACILITY	17,172	17,172	17,172	17,172		
39 ANCILLARY SRVC COST CNTRS						
40 OPERATING ROOM	7,068	7,068	7,068	7,068	357,539	
41 DELIVERY ROOM & LABOR ROO	3,750	3,750	3,750	3,750	45,723	
44 ANESTHESIOLOGY						
49 RADIOLOGY-DIAGNOSTIC	2,314	2,314	2,314	2,314	420,917	
50 LABORATORY	1,763	1,763	1,763	1,763	367,746	
52 RESPIRATORY THERAPY	651	651	651	651	339,546	
54 PHYSICAL THERAPY						
55 SPEECH PATHOLOGY						
56 ELECTROENCEPHALOGRAPHY						
60 MEDICAL SUPPLIES CHARGED						
61 DRUGS CHARGED TO PATIENTS						
62 OUTPAT SERVICE COST CNTRS						
63 CLINIC	695	695	695	695	14,469	
65 EMERGENCY	2,589	2,589	2,589	2,589	801,336	
67 OBSERVATION BEDS (NON-DIS						
95 RURAL HEALTH CLINIC	2,037	2,037	2,037	2,037	308,632	
96 SPEC PURPOSE COST CENTERS						
00 SUBTOTALS	77,819	77,819	77,819	77,819	8,375,595	-5,170,718
01 NONREIMBURS COST CENTERS						
02 GIFT, FLOWER, COFFEE SHOP	240	240	240	240		
03 DRUG CLINIC	1,100	1,100	1,100	1,100	44,913	
04 CROSS FOOT ADJUSTMENT						
05 NEGATIVE COST CENTER						
06 COST TO BE ALLOCATED	522,983			102,492	2,798,704	
07 (WRKSHT B, PART I)						
08 UNIT COST MULTIPLIER	6.606741			1.294761	.332368	
09 (WRKSHT B, PT I)						
10 COST TO BE ALLOCATED						
11 (WRKSHT B, PART II)						
12 UNIT COST MULTIPLIER						
13 (WRKSHT B, PT II)						
14 COST TO BE ALLOCATED						
15 (WRKSHT B, PART III)						
16 UNIT COST MULTIPLIER						
17 (WRKSHT B, PT III)						

COST ALLOCATION -- STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)
	6	7	8	9	11	12	14
01 GENERAL SERVICE COST CNTR							
02 OLD CAP REL COSTS-BLDG &							
03 OLD CAP REL COSTS-MVBLE E							
04 NEW CAP REL COSTS-BLDG &							
05 NEW CAP REL COSTS-MVBLE E							
06 EMPLOYEE BENEFITS							
07 ADMINISTRATIVE & GENERAL	16,348,230						
08 MAINTENANCE & REPAIRS	604,645	68,450					
09 OPERATION OF PLANT	277,089		68,450				
10 LAUNDRY & LINEN SERVICE	818,335	1,183	1,183	351,299			
11 DIETARY	547,511	4,792	4,792	2,057		99,570	
12 CAFETERIA						31,774	22,722
13 NURSING ADMINISTRATION	552,263	1,260	1,260				921
14 CENTRAL SERVICES & SUPPLY	135,923	1,150	1,150	2,710			412
15 PHARMACY	565,892	1,120	1,120				1,255
16 MEDICAL RECORDS & LIBRARY	484,598	1,328	1,328				251
17 SOCIAL SERVICE	103,552	170	170				
18 NONPHYSICIAN ANESTHETISTS							
19 INPAT ROUTINE SRVC CNTRS							
20 ADULTS & PEDIATRICS	1,993,309	15,672	15,672	52,934		15,143	4,650
21 INTENSIVE CARE UNIT	729,034	1,500	1,500	14,231			1,588
22 NURSERY	349,991	896	896				
23 NURSING FACILITY	1,265,783	17,172	17,172	210,854		52,653	4,653
24 ANCILLARY SRVC COST CNTRS							
25 OPERATING ROOM	549,885	7,068	7,068	19,798			1,032
26 DELIVERY ROOM & LABOR ROO	104,012	3,750	3,750				
27 ANESTHESIOLOGY	2,979						
28 RADIOLOGY-DIAGNOSTIC	859,798	2,314	2,314	10,893			1,459
29 LABORATORY	1,473,340	1,763	1,763	22			1,363
30 RESPIRATORY THERAPY	490,878	651	651	26			1,029
31 PHYSICAL THERAPY							
32 SPEECH PATHOLOGY							
33 ELECTROENCEPHALOGRAPHY							
34 MEDICAL SUPPLIES CHARGED	463,398						
35 DRUGS CHARGED TO PATIENTS	508,069						
36 OUTPAT SERVICE COST CNTRS							
37 CLINIC	77,868	695	695				150
38 EMERGENCY	1,097,097	2,589	2,589	37,109			2,647
39 OBSERVATION BEDS (NON-DIS							
40 RURAL HEALTH CLINIC	2,212,988	2,037	2,037	665			1,119
41 SPEC PURPOSE COST CENTERS							
42 SUBTOTALS	16,268,237	67,110	67,110	351,299		99,570	22,529
43 NONREIMBURS COST CENTERS							
44 GIFT, FLOWER, COFFEE SHOP	1,897	240	240				193
45 DRUG CLINIC	78,096	1,100	1,100				
46 CROSS FOOT ADJUSTMENT							
47 NEGATIVE COST CENTER							
48 COST TO BE ALLOCATED	5,170,718	795,886	364,728	1,097,221		808,358	257,957
49 (WRKSHT B, PART I)							
50 UNIT COST MULTIPLIER		11.627261		3.123325		11.352742	
51 (WRKSHT B, PT I)	.316286		5.328386		8.118490		73.508622
52 COST TO BE ALLOCATED	43,426	28,931	736	10,502		35,252	11,249
53 (WRKSHT B, PART II)							
54 UNIT COST MULTIPLIER		.422659		.029895		.495071	
55 (WRKSHT B, PT II)	.002656		.010752		.354042		1.045728
56 COST TO BE ALLOCATED	8,510	5,670	144	2,058		6,908	2,115
57 (WRKSHT B, PART III)							
58 UNIT COST MULTIPLIER		.082834		.005858		.096999	
59 (WRKSHT B, PT III)	.000521		.002104		.069378		.204902

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	15	16	17	18	20
		(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME)SPENT	(TIME)SPENT	(ASSIGNED)TIME
	GENERAL SERVICE COST CNTR					
01	OLD CAP REL COSTS-BLDG &					
02	OLD CAP REL COSTS-MVBLE E					
03	NEW CAP REL COSTS-BLDG &					
04	NEW CAP REL COSTS-MVBLE E					
05	EMPLOYEE BENEFITS					
06	ADMINISTRATIVE & GENERAL					
07	MAINTENANCE & REPAIRS					
08	OPERATION OF PLANT					
09	LAUNDRY & LINEN SERVICE					
11	DIETARY					
12	CAFETERIA					
14	NURSING ADMINISTRATION					
15	CENTRAL SERVICES & SUPPLY	1,094,256				
16	PHARMACY	756	516,903			
17	MEDICAL RECORDS & LIBRARY	6,384		23,668		
18	SOCIAL SERVICE	364			10,146	
20	NONPHYSICIAN ANESTHETISTS					100
25	INPAT ROUTINE SRVC CNTRS			4,024		4,262
26	ADULTS & PEDIATRICS	8,229				1,116
26	INTENSIVE CARE UNIT	1,755				
33	NURSERY		8,834	1,183		2,841
35	NURSING FACILITY	6,179				
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	583		710		
39	DELIVERY ROOM & LABOR ROO			2,367		101
40	ANESTHESIOLOGY	2				100
41	RADIOLOGY-DIAGNOSTIC	3,534		2,367		
44	LABORATORY	4,541		3,550		
49	RESPIRATORY THERAPY	506		1,183		
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,049,317				
56	DRUGS CHARGED TO PATIENTS		508,069			
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	910		2,367		
62	EMERGENCY	5,899		3,550		913
67	OBSERVATION BEDS (NON-DIS					
6) RURAL HEALTH CLINIC	5,297		2,367		913
95	SPEC PURPOSE COST CENTERS	1,094,256	516,903	23,668	10,146	100
96	NONREIMBURS COST CENTERS					
00	GIFT, FLOWER, COFFEE SHOP					
01	DRUG CLINIC					
02	CROSS FOOT ADJUSTMENT					
03	NEGATIVE COST CENTER					
03	COST TO BE ALLOCATED	211,554	764,013	675,869	142,107	
04	(PER WRKSHT B, PART I)					
04	UNIT COST MULTIPLIER		1.478059		14.006209	
05	(WRKSHT B, PT I)	.193331		28.556236		
05	COST TO BE ALLOCATED	8,742	9,394	11,308	1,599	
06	(PER WRKSHT B, PART II)					
06	UNIT COST MULTIPLIER		.018174		.157599	
07	(WRKSHT B, PT II)	.007989		.477776		
07	COST TO BE ALLOCATED	1,713	1,841	2,216	313	
08	(PER WRKSHT B, PART III)					
08	UNIT COST MULTIPLIER		.003562		.030850	
	(WRKSHT B, PT III)	.001565		.093629		

ST A WE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL: 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
2'	INPAT ROUTINE SRVC CNTRS	3,672,182		3,672,182		3,672,182
21	ADULTS & PEDIATRICS	1,171,408		1,171,408		1,171,408
33	INTENSIVE CARE UNIT	475,880		475,880		475,880
35	NURSERY	3,298,426		3,298,426		3,298,426
	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	993,087		993,087		993,087
39	DELIVERY ROOM & LABOR ROD	269,501		269,501		269,501
40		3,921		3,921		3,921
41	ANESTHESIOLOGY	1,289,837		1,289,837		1,289,837
44	RADIOLOGY-DIAGNOSTIC	2,087,026		2,087,026		2,087,026
49	LABORATORY	702,817		702,817		702,817
50	RESPIRATORY THERAPY					
52	PHYSICAL THERAPY					
54	SPEECH PATHOLOGY					
55	ELECTROENCEPHALOGRAPHY	812,831		812,831		812,831
56	MEDICAL SUPPLIES CHARGED	1,419,720		1,419,720		1,419,720
	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	193,971		193,971		193,971
61	EMERGENCY	1,894,501		1,894,501		1,894,501
62	OBSERVATION BEDS (NON-DIS	578,474		578,474		578,474
63						
63	50 RURAL HEALTH CLINIC	3,103,634		3,103,634		3,103,634
	OTHER REIMBURS COST CNTRS					
01	SUBTOTAL	21,967,216		21,967,216		21,967,216
02	LESS OBSERVATION BEDS	578,474		578,474		578,474
03	TOTAL	21,388,742		21,388,742		21,388,742

ST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	878,248		878,248			
26	INTENSIVE CARE UNIT	537,097		537,097			
33	NURSERY	72,542		72,542			
35	NURSING FACILITY	3,503,412		3,503,412			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	88,054	346,128	434,182	2.287260	2.287260	2.287260
39	DELIVERY ROOM & LABOR ROO	51,902		51,902	5.192497	5.192497	5.192497
40	ANESTHESIOLOGY	69,771	217,892	287,663	.013631	.013631	.013631
41	RADIOLOGY-DIAGNOSTIC	350,193	4,177,971	4,528,164	.284848	.284848	.284848
44	LABORATORY	1,012,278	6,302,321	7,314,599	.285323	.285323	.285323
49	RESPIRATORY THERAPY	1,031,459	2,258,229	3,289,688	.213642	.213642	.213642
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY				.764111	.764111	.764111
55	MEDICAL SUPPLIES CHARGED	308,463	755,297	1,063,760	.377938	.377938	.377938
56	DRUGS CHARGED TO PATIENTS	1,570,392	2,186,100	3,756,492			
60	OUTPAT SERVICE COST CNTRS CLINIC	900	134,798	135,698	1.429432	1.429432	1.429432
61	EMERGENCY	117,398	1,271,103	1,388,501	1.364422	1.364422	1.364422
62	OBSERVATION BEDS (NON-DIS	17,276	440,445	457,721	1.263814	1.263814	1.263814
63	50 RURAL HEALTH CLINIC		944,176	944,176	3.287135	3.287135	3.287135
.01	OTHER REIMBURS COST CNTRS						
.02	SUBTOTAL	9,609,385	19,034,460	28,643,845			
.03	LESS OBSERVATION BEDS	9,609,385	19,034,460	28,643,845			
	TOTAL						

T A E NO.	COST CENTER DESCRIPTION	WKST B, COL. 27 1	PT I THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
1	INPAT ROUTINE SRVC CNTRS	3,672,182		3,672,182		3,672,182
2	ADULTS & PEDIATRICS	1,171,408		1,171,408		1,171,408
3	INTENSIVE CARE UNIT	475,880		475,880		475,880
4	NURSERY	3,298,426		3,298,426		3,298,426
5	NURSING FACILITY					
6	ANCILLARY SRVC COST CNTRS	993,087		993,087		993,087
7	OPERATING ROOM	269,501		269,501		269,501
8	DELIVERY ROOM & LABOR ROO	3,921		3,921		3,921
9	ANESTHESIOLOGY	1,289,837		1,289,837		1,289,837
10	RADIOLOGY-DIAGNOSTIC	2,087,026		2,087,026		2,087,026
11	LABORATORY	702,817		702,817		702,817
12	RESPIRATORY THERAPY					
13	PHYSICAL THERAPY					
14	SPEECH PATHOLOGY					
15	ELECTROENCEPHALOGRAPHY	812,831		812,831		812,831
16	MEDICAL SUPPLIES CHARGED	1,419,720		1,419,720		1,419,720
17	DRUGS CHARGED TO PATIENTS					
18	OUTPAT SERVICE COST CNTRS	193,971		193,971		193,971
19	CLINIC	1,894,501		1,894,501		1,894,501
20	EMERGENCY	578,474		578,474		578,474
21	OBSERVATION BEDS (NON-DIS					
22		3,103,634		3,103,634		3,103,634
23	50 RURAL HEALTH CLINIC					
24	OTHER REIMBURS COST CNTRS	21,967,216		21,967,216		21,967,216
25	SUBTOTAL	578,474		578,474		578,474
26	LESS OBSERVATION BEDS	21,388,742		21,388,742		21,388,742
27	TOTAL					

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
2	INPAT ROUTINE SRVC CNTRS	878,248		878,248			
26	ADULTS & PEDIATRICS	537,097		537,097			
33	INTENSIVE CARE UNIT	72,542		72,542			
35	NURSERY	3,503,412		3,503,412			
	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	88,054	346,128	434,182	2.287260	2.287260	2.287260
39	DELIVERY ROOM & LABOR ROO	51,902		51,902	5.192497	5.192497	5.192497
40	ANESTHESIOLOGY	69,771	217,892	287,663	.013631	.013631	.013631
41	RADIOLOGY-DIAGNOSTIC	350,193	4,177,971	4,528,164	.284848	.284848	.284848
44	LABORATORY	1,012,278	6,302,321	7,314,599	.285323	.285323	.285323
49	RESPIRATORY THERAPY	1,031,459	2,258,229	3,289,688	.213642	.213642	.213642
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	308,463	755,297	1,063,760	.764111	.764111	.764111
56	DRUGS CHARGED TO PATIENTS	1,570,392	2,186,100	3,756,492	.377938	.377938	.377938
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	900	134,798	135,698	1.429432	1.429432	1.429432
61	EMERGENCY	117,398	1,271,103	1,388,501	1.364422	1.364422	1.364422
62	OBSERVATION BEDS (NON-DIS	17,276	440,445	457,721	1.263814	1.263814	1.263814
63	50 RURAL HEALTH CLINIC		944,176	944,176	3.287135	3.287135	3.287135
.01	OTHER REIMBURS COST CNTRS						
.02	SUBTOTAL	9,609,385	19,034,460	28,643,845			
.03	LESS OBSERVATION BEDS						
	TOTAL	9,609,385	19,034,460	28,643,845			

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
	ANCILLARY SRVC COST CNTRS						993,087
37	OPERATING ROOM	993,087	63,931	929,156			269,501
39	DELIVERY ROOM & LABOR ROO	269,501	33,276	236,225			3,921
40	ANESTHESIOLOGY	3,921	10	3,911			1,289,837
41	RADIOLOGY-DIAGNOSTIC	1,289,837	24,857	1,264,980			2,087,026
44	LABORATORY	2,087,026	22,405	2,064,621			702,817
49	RESPIRATORY THERAPY	702,817	8,332	694,485			
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY			801,333			812,831
55	MEDICAL SUPPLIES CHARGED	812,831	11,498	1,407,063			1,419,720
56	DRUGS CHARGED TO PATIENTS	1,419,720	12,657				
	OUTPAT SERVICE COST CNTRS						193,971
60	CLINIC	193,971	7,723	186,248			1,894,501
61	EMERGENCY	1,894,501	32,904	1,861,597			578,474
62	OBSERVATION BEDS (NON-DIS	578,474	24,739	553,735			
63							3,103,634
63	50 RURAL HEALTH CLINIC	3,103,634	27,462	3,076,172			
	OTHER REIMBURS COST CNTRS						13,349,320
01	SUBTOTAL	13,349,320	269,794	13,079,526			578,474
02	LESS OBSERVATION BEDS	578,474	24,739	553,735			12,770,846
03	TOTAL	12,770,846	245,055	12,525,791			

ST A NE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	434,182	2.287260	2.287260
	DELIVERY ROOM & LABOR ROO	51,902	5.192497	5.192497
39				
40	ANESTHESIOLOGY	287,663	.013631	.013631
41	RADIOLOGY-DIAGNOSTIC	4,528,164	.284848	.284848
44	LABORATORY	7,314,599	.285323	.285323
49	RESPIRATORY THERAPY	3,289,688	.213642	.213642
50	PHYSICAL THERAPY			
52	SPEECH PATHOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,063,760	.764111	.764111
56	DRUGS CHARGED TO PATIENTS	3,756,492	.377938	.377938
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	135,698	1.429432	1.429432
61	EMERGENCY	1,388,501	1.364422	1.364422
62	OBSERVATION BEDS (NON-DIS	457,721	1.263814	1.263814
63				
63	50 RURAL HEALTH CLINIC	944,176	3.287135	3.287135
	OTHER REIMBURS COST CNTRS			
01	SUBTOTAL	23,652,546		
02	LESS OBSERVATION BEDS	457,721		
03	TOTAL	23,194,825		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR WELCH COMMUNITY HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 51-0086
 **NOT A CMS WORKSHEET ** (09/2000).
 I PERIOD: I PREPARED 11/28/2007
 I FROM 7/1/2006 I WORKSHEET C
 I TO 6/30/2007 I PART II

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	993,087	63,931	929,156			993,087
39	OPERATING ROOM	269,501	33,276	236,225			269,501
40	DELIVERY ROOM & LABOR ROO	3,921	10	3,911			3,921
41	ANESTHESIOLOGY	1,289,837	24,857	1,264,980			1,289,837
44	RADIOLOGY-DIAGNOSTIC	2,087,026	22,405	2,064,621			2,087,026
49	LABORATORY	702,817	8,332	694,485			702,817
50	RESPIRATORY THERAPY						
52	PHYSICAL THERAPY						
54	SPEECH PATHOLOGY						
55	ELECTROENCEPHALOGRAPHY	812,831	11,498	801,333			812,831
56	MEDICAL SUPPLIES CHARGED	1,419,720	12,657	1,407,063			1,419,720
60	DRUGS CHARGED TO PATIENTS						
61	OUTPAT SERVICE COST CNTRS	193,971	7,723	186,248			193,971
62	CLINIC	1,894,501	32,904	1,861,597			1,894,501
63	EMERGENCY	578,474	24,739	553,735			578,474
63	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC	3,103,634	27,462	3,076,172			3,103,634
01	OTHER REIMBURS COST CNTRS						
02	SUBTOTAL	13,349,320	269,794	13,079,526			13,349,320
03	LESS OBSERVATION BEDS	578,474	24,739	553,735			578,474
03	TOTAL	12,770,846	245,055	12,525,791			12,770,846

LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	434,182	2.287260	2.287260
39	DELIVERY ROOM & LABOR ROO	51,902	5.192497	5.192497
40	ANESTHESIOLOGY	287,663	.013631	.013631
41	RADIOLOGY-DIAGNOSTIC	4,528,164	.284848	.284848
44	LABORATORY	7,314,599	.285323	.285323
49	RESPIRATORY THERAPY	3,289,688	.213642	.213642
50	PHYSICAL THERAPY			
52	SPEECH PATHOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,063,760	.764111	.764111
56	DRUGS CHARGED TO PATIENTS	3,756,492	.377938	.377938
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	135,698	1.429432	1.429432
61	EMERGENCY	1,388,501	1.364422	1.364422
62	OBSERVATION BEDS (NON-DIS	457,721	1.263814	1.263814
63	50 RURAL HEALTH CLINIC	944,176	3.287135	3.287135
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	23,652,546		
102	LESS OBSERVATION BEDS	457,721		
103	TOTAL	23,194,825		

PPS

TITLE XVIII, PART A

IT A IF	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
15	INPAT ROUTINE SRVC CNTRS	131,310		131,310	25,734		25,734
16	ADULTS & PEDIATRICS	15,432		15,432	3,024		3,024
13	INTENSIVE CARE UNIT	7,239		7,239	1,418		1,418
11	NURSERY	153,981		153,981	30,176		30,176
	TOTAL						

PPS

TITLE XVIII, PART 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
2	INPAT ROUTINE SRVC CNTRS	4,177	1,909	31.44	60,019	6.16	11,759
26	ADULTS & PEDIATRICS	939	562	16.43	9,234	3.22	1,810
33	INTENSIVE CARE UNIT	235		30.80		6.03	
01	NURSERY	5,351	2,471		69,253		13,569
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

T A	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	COSTS 6
	ANCILLARY SRVC COST CNTRS	53,456	10,475	434,182	41,601	.123119	5,122
7	OPERATING ROOM	27,823	5,453	51,902	374	.536068	200
9	DELIVERY ROOM & LABOR ROO	8	2	287,663	49,786	.000028	1
0	ANESTHESIOLOGY	20,782	4,075	4,528,164	350,193	.004589	1,607
1	RADIOLOGY-DIAGNOSTIC	18,733	3,672	7,314,599	1,012,278	.002561	2,592
4	LABORATORY	6,966	1,366	3,289,688	1,031,459	.002118	2,185
9	RESPIRATORY THERAPY						
0	PHYSICAL THERAPY						
2	SPEECH PATHOLOGY						
4	ELECTROENCEPHALOGRAPHY	9,615	1,883	1,063,760	232,513	.009039	2,102
5	MEDICAL SUPPLIES CHARGED	10,582	2,075	3,756,492	1,448,362	.002817	4,080
6	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS	6,457	1,266	135,698	900	.047584	43
50	CLINIC	27,513	5,391	1,388,501	117,398	.019815	2,326
51	EMERGENCY	20,685	4,054	457,721	17,276	.045191	781
52	OBSERVATION BEDS (NON-DIS						
53							
53	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS	202,620	39,712	22,708,370	4,302,140		21,039
01	TOTAL						

TITLE XVIII, PART A

HOSPITAL

LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
3.	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM		.024126	1,004
39	DELIVERY ROOM & LABOR ROD		.105063	39
40	ANESTHESIOLOGY		.000007	
41	RADIOLOGY-DIAGNOSTIC		.000900	315
44	LABORATORY		.000502	508
49	RESPIRATORY THERAPY		.000415	428
50	PHYSICAL THERAPY			
52	SPEECH PATHOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED		.001770	412
56	DRUGS CHARGED TO PATIENTS		.000552	799
	OUTPAT SERVICE COST CNTRS			
60	CLINIC		.009330	8
61	EMERGENCY		.003883	456
62	OBSERVATION BEDS (NON-DIS		.008857	153
63				
50	RURAL HEALTH CLINIC			
63	OTHER REIMBURS COST CNTRS			
01	TOTAL			4,122

PPS

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

PPS

T A E 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
	INPAT ROUTINE SRVC CNTRS					4,177	
5	ADULTS & PEDIATRICS					939	
6	INTENSIVE CARE UNIT					235	
3	NURSERY					17,590	
5	NURSING FACILITY					22,941	
1	TOTAL						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR WELCH COMMUNITY HOSPITAL
 APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)
 PROVIDER NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/28/2007
 WORKSHEET D
 PART III

ST A VE	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		1,909
26	INTENSIVE CARE UNIT		562
33	NURSERY		
35	NURSING FACILITY		
01	TOTAL		2,471

ALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR WELCH COMMUNITY HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)
 PROVIDER NO: 51-0086
 COMPONENT NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/28/2007
 WORKSHEET D
 PART IV

TITLE XVIII, PART A

HOSPITAL

PPS

FA E NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
7	OPERATING ROOM											
3	DELIVERY ROOM & LABOR ROO											
3	ANESTHESIOLOGY											
1	RADIOLOGY-DIAGNOSTIC											
4	LABORATORY											
3	RESPIRATORY THERAPY											
3	PHYSICAL THERAPY											
2	SPEECH PATHOLOGY											
4	ELECTROENCEPHALOGRAPHY											
5	MEDICAL SUPPLIES CHARGED											
6	DRUGS CHARGED TO PATIENTS											
	OUTPAT SERVICE COST CNTRS											
0	CLINIC											
1	EMERGENCY											
2	OBSERVATION BEDS (NON-DIS											
3												
3	50 RURAL HEALTH CLINIC											
	OTHER REIMBURS COST CNTRS											
1	TOTAL											

TITLE XVIII, PART A		HOSPITAL		PPS			INPAT PROG	INPAT PROG
IE	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	CHARGE 6	PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS			434,182			41,601	
	OPERATING ROOM			51,902			374	
	DELIVERY ROOM & LABOR ROO			287,663			49,786	
	ANESTHESIOLOGY			4,528,164			350,193	
	RADIOLOGY-DIAGNOSTIC			7,314,599			1,012,278	
	LABORATORY			3,289,688			1,031,459	
	RESPIRATORY THERAPY							
	PHYSICAL THERAPY							
	SPEECH PATHOLOGY						232,513	
	ELECTROENCEPHALOGRAPHY			1,063,760			1,448,362	
	MEDICAL SUPPLIES CHARGED			3,756,492				
	DRUGS CHARGED TO PATIENTS						900	
	OUTPAT SERVICE COST CNTRS			135,698			117,398	
	CLINIC			1,388,501			17,276	
	EMERGENCY			457,721				
	OBSERVATION BEDS (NON-DIS							
50	RURAL HEALTH CLINIC						4,302,140	
	OTHER REIMBURS COST CNTRS			22,708,370				
	TOTAL							

TITLE XVIII, PART A

HOSPITAL

T A E NO.	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
		CHARGES 8	D,V COL 5.03 8.01	D,V COL 5.04 8.02	PASS THRU COST 9	* COL 5 9.01	* COL 5 9.02
7	ANCILLARY SRVC COST CNTRS	28,754					
9	OPERATING ROOM						
0	DELIVERY ROOM & LABOR ROO	23,434					
1	ANESTHESIOLOGY	742,998					
4	RADIOLOGY-DIAGNOSTIC	7,834					
9	LABORATORY	219,898					
0	RESPIRATORY THERAPY						
2	PHYSICAL THERAPY						
4	SPEECH PATHOLOGY						
5	ELECTROENCEPHALOGRAPHY	132,385					
6	MEDICAL SUPPLIES CHARGED	339,438					
30	DRUGS CHARGED TO PATIENTS						
31	OUTPAT SERVICE COST CNTRS	39,601					
32	CLINIC	257,903					
33	EMERGENCY	62,084					
33	OBSERVATION BEDS (NON-DIS						
31	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS	1,854,329					
	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 COMPONENT NO: 51-0086

WORKSHEET D
 PART V

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	2.287260	2.287260			
37 OPERATING ROOM	5.192497	5.192497			
39 DELIVERY ROOM & LABOR ROOM	.013631	.013631			
40 ANESTHESIOLOGY	.284848	.284848			
41 RADIOLOGY-DIAGNOSTIC	.285323	.285323			
44 LABORATORY	.213642	.213642			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
54 ELECTROENCEPHALOGRAPHY	.764111	.764111			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.377938	.377938			
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.429432	1.429432			
61 EMERGENCY	1.364422	1.364422			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.263814	1.263814			
63					
50 RURAL HEALTH CLINIC					
01 SUBTOTAL					
02 CRNA CHARGES					
03 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
04 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

PROVIDER NO: 51-0086
 COMPONENT NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
ANCILLARY SRVC COST CNTRS		28,754			
OPERATING ROOM					
DELIVERY ROOM & LABOR ROOM		23,434			
ANESTHESIOLOGY		742,998			
RADIOLOGY-DIAGNOSTIC		7,834			
LABORATORY		219,898			
RESPIRATORY THERAPY					
PHYSICAL THERAPY					
SPEECH PATHOLOGY					
ELECTROENCEPHALOGRAPHY		132,385			
MEDICAL SUPPLIES CHARGED TO PATIENTS		339,438			
DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS		39,601			
CLINIC		257,903			
EMERGENCY		62,084			
OBSERVATION BEDS (NON-DISTINCT PART)					
50 RURAL HEALTH CLINIC		1,854,329			
SUBTOTAL					
CRNA CHARGES					
LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES		1,854,329			
NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
A) ANCILLARY SRVC COST CNTRS				65,768	
37 OPERATING ROOM				319	
39 DELIVERY ROOM & LABOR ROOM				211,641	
40 ANESTHESIOLOGY				2,235	
41 RADIOLOGY-DIAGNOSTIC				46,979	
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY				101,157	
54 ELECTROENCEPHALOGRAPHY				128,287	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				56,607	
OUTPAT SERVICE COST CNTRS				351,889	
60 CLINIC				78,463	
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63					
63 50 RURAL HEALTH CLINIC				1,043,345	
.01 SUBTOTAL					
.02 CRNA CHARGES					
.03 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				1,043,345	
.04 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

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

Cost Center Description	9.03	10	11
ANCILLARY SRVC COST CNTRS			
OPERATING ROOM			
DELIVERY ROOM & LABOR ROOM			
ANESTHESIOLOGY			
RADIOLOGY-DIAGNOSTIC			
LABORATORY			
RESPIRATORY THERAPY			
PHYSICAL THERAPY			
SPEECH PATHOLOGY			
ELECTROENCEPHALOGRAPHY			
MEDICAL SUPPLIES CHARGED TO PATIENTS			
DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
CLINIC			
EMERGENCY			
OBSERVATION BEDS (NON-DISTINCT PART)			
50 RURAL HEALTH CLINIC			
SUBTOTAL			
CRNA CHARGES			
LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL
 PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.377938
2	PROGRAM VACCINE CHARGES		8,190
3	PROGRAM COSTS		3,095

TITLE XIX

ST A VF	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	131,310		131,310	25,734		25,734
26	ADULTS & PEDIATRICS	15,432		15,432	3,024		3,024
33	INTENSIVE CARE UNIT	7,239		7,239	1,418		1,418
01	NURSERY	153,981		153,981	30,176		30,176
	TOTAL						

KST A INE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
.	INPAT ROUTINE SRVC CNTRS	4,177	816	31.44	25,655	6.16	5,027
2L	ADULTS & PEDIATRICS	939	178	16.43	2,925	3.22	573
33	INTENSIVE CARE UNIT	235	203	30.80	6,252	6.03	1,224
101	NURSERY	5,351	1,197		34,832		6,824
	TOTAL						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR WELCH COMMUNITY HOSPITAL
 APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

IN LIEU OF FORM CMS-2552-96(11/1998)
 PROVIDER NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/28/2007
 WORKSHEET D
 PART III

PPS

ST A VE 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					4,177	
26	ADULTS & PEDIATRICS					939	
33	INTENSIVE CARE UNIT					235	
35	NURSERY					17,590	
01	NURSING FACILITY					22,941	
	TOTAL						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR WELCH COMMUNITY HOSPITAL
 APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

IN LIEU OF FORM CMS-2552-96(11/1998)
 PROVIDER NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/28/2007
 WORKSHEET D
 PART III

LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
2	ADULTS & PEDIATRICS	816	
2	INTENSIVE CARE UNIT	178	
33	NURSERY	203	
35	NURSING FACILITY	17,590	
01	TOTAL	18,787	

TITLE XVIII PART A HOSPITAL PPS

- ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,177
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,177
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,177
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)	1,909
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	3,672,182
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)	3,672,182
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,136,468
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,136,468
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,231,223
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	272.08
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,672,182
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

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 879.14
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,678,278
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM 1,678,278
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	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	1,171,408	939	1,247.51	562	701,101
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,615,071
49 TOTAL PROGRAM INPATIENT COSTS					3,994,450

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 82,822
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 25,161
 52 TOTAL PROGRAM EXCLUDABLE COST 107,983
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,886,467

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
 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

TITLE XVIII PART A HOSPITAL PPS

II - 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

ART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 658
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 879.14
- 85 OBSERVATION BED COST 578,474

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	131,310	3,672,182	.035758	578,474	20,685
87 NEW CAPITAL-RELATED COST	25,734	3,672,182	.007008	578,474	4,054
88 NON PHYSICIAN ANESTHETIST		3,672,182		578,474	
89 MEDICAL EDUCATION		3,672,182		578,474	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

2	- ALL PROVIDER COMPONENTS	1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,177
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,177
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,177
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)	816
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
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)	235
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	203
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	
	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,672,182
	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)	3,672,182
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,136,468
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,136,468
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,231,223
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	272.08
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,672,182
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P

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 879.14
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 717,378
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 717,378

	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)	475,880	235	2,025.02	203	411,079
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,171,408	939	1,247.51	178	222,057
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,350,514
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 41,656
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST 41,656
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,308,858

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
 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

TITLE XIX - I/P HOSPITAL PPS

II - 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

ART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 658
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 879.14
- 85 OBSERVATION BED COST 578,474

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	131,310	3,672,182	.035758	578,474	20,685
87 NEW CAPITAL-RELATED COST	25,734	3,672,182	.007008	578,474	4,054
88 NON PHYSICIAN ANESTHETIST		3,672,182		578,474	
89 MEDICAL EDUCATION		3,672,182		578,474	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

I PROVIDER NO: I PERIOD:
 I 51-0086 I FROM 7/ 1/2006 I
 I COMPONENT NO: I TO 6/30/2007 I
 I 51-5132 I

TITLE XIX - I/P NF OTHER

- ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	17,590
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,590
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,590
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)	17,590
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	3,298,426
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)	3,298,426
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,503,412
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,503,412
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.941490
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	199.17
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,298,426

TITLE XIX - I/P

NF

OTHER

II - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,298,426
	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	187.52
67	PROGRAM ROUTINE SERVICE COST	3,298,477
68	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	3,298,477
69	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	184,611
70	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	10.50
71	PER DIEM CAPITAL-RELATED COSTS	184,695
72	PROGRAM CAPITAL-RELATED COSTS	3,113,782
73	INPATIENT ROUTINE SERVICE COST	3,113,782
74	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	999.99
75	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	17,589,824
76	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	3,298,477
77	INPATIENT ROUTINE SERVICE COST LIMITATION	3,298,477
78	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,298,477
79	PROGRAM INPATIENT ANCILLARY SERVICES	3,298,477
80	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	3,298,477
81	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,298,477
82		

ART 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 ICF/MR OTHER

- ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

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

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
- 18 DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER
- 20 DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH
- 22 DECEMBER 31 OF THE COST REPORTING PERIOD
- 23 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
- 24 DECEMBER 31 OF THE COST REPORTING PERIOD
- 25 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 26 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- 27 REPORTING PERIOD
- 28 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
- 29 REPORTING PERIOD
- 30 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- 31 REPORTING PERIOD
- 32 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
- 33 REPORTING PERIOD
- 34 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 35 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 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

TITLE XIX - I/P ICF/MR OTHER
 AP II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	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					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 3 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

TITLE XIX - I/P ICF/MR OTHER

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

ART 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 11/28/2007
 I 51-0086 I FROM 7/1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 51-0086 I

TITLE XVIII, PART A HOSPITAL

PPS.

LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
2	INPAT ROUTINE SRVC CNTRS		530,340	
26	ADULTS & PEDIATRICS		343,944	
	INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS	2.287260	41,601	95,152
	OPERATING ROOM	5.192497	374	1,942
39	DELIVERY ROOM & LABOR ROOM	.013631	49,786	679
40	ANESTHESIOLOGY	.284848	350,193	99,752
41	RADIOLOGY-DIAGNOSTIC	.285323	1,012,278	288,826
44	LABORATORY	.213642	1,031,459	220,363
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
52	SPEECH PATHOLOGY			
54	ELECTROENCEPHALOGRAPHY	.764111	232,513	177,666
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.377938	1,448,362	547,391
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS		900	1,286
60	CLINIC	1.429432	117,398	160,180
61	EMERGENCY	1.364422	17,276	21,834
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.263814		
63				
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS		4,302,140	1,615,071
.01	TOTAL			
.02	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		4,302,140	
.03	NET CHARGES			

RT A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION 1 1.01

1	DRG AMOUNT	513,746
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 AND BEFORE JANUARY 1	360,706
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	963,940
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	115,890
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	48.08
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	
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. 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 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)	12.76
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	24.33
4.02	SUM OF LINES 4 AND 4.01	37.09
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	12.00
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	220,607
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.	
	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	335.00
	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
6	TOTAL ADDITIONAL PAYMENT	2,174,889
6	SUBTOTAL (SEE INSTRUCTIONS)	2,493,892
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		

ART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	2,493,892	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	158,822	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	2,652,714	
17 PRIMARY PAYER PAYMENTS	16,717	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,635,997	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	238,760	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	35,198	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	83,084	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	58,159	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	42,614	
22 SUBTOTAL	2,420,198	
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	2,420,198	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,433,251	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-13,053	
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

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007
 I 51-0086 I FROM 7/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2007 I PART B
 I 51-0086 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,095
1	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,043,345
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	580,607
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.890
1.04	LINE 1.01 TIMES LINE 1.03.	928,577
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	62.53
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)	3,095
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	8,190
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	8,190
	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	8,190
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,095
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,095
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	580,607
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	162,769
19	SUBTOTAL (SEE INSTRUCTIONS)	420,933
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	420,933
24	PRIMARY PAYER PAYMENTS	318
25	SUBTOTAL	420,615
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	12,337
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,636
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,103
28	SUBTOTAL	429,251
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	429,251
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	431,946
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-2,695
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,385,627		431,946
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	50,173		
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	2,549		
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	47,624		NONE
4 TOTAL INTERIM PAYMENTS		2,433,251		431,946
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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 COMPONENT NO: -
 PREPARED 11/28/2007
 WORKSHEET E-3
 PART III

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

TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
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- 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
- 10 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

- PROSPECTIVE PAYMENT AMOUNT
- 24 OTHER THAN OUTLIER PAYMENTS
- 25 OUTLIER PAYMENTS
- 26 PROGRAM CAPITAL PAYMENTS
- 27 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
- 28 ROUTINE SERVICE OTHER PASS THROUGH COSTS
- 29 ANCILLARY SERVICE OTHER PASS THROUGH COSTS
- 30 SUBTOTAL
- 31 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)
- 32 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE
- 33 XVIII ENTER AMOUNT FROM LINE 30
- 34 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 34 EXCESS OF REASONABLE COST
- 35 SUBTOTAL
- 36 COINSURANCE
- 37 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19
- 38 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 38.01 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING
- 38.02 BEFORE 10/01/05 (SEE INSTRUCTIONS)
- 38.03 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 39 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING
- 40 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)
- 41 UTILIZATION REVIEW
- 42 SUBTOTAL (SEE INSTRUCTIONS)
- 43 INPATIENT ROUTINE SERVICE COST
- 44 MEDICARE INPATIENT ROUTINE CHARGES
- 45 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 46 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 47 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 48 FOR PAYMENT OF PART A SERVICES
- 49 RATIO OF LINE 43 TO 44
- 50 TOTAL CUSTOMARY CHARGES
- 51 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 52 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 53 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
- 54 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 55 OTHER ADJUSTMENTS (SPECIFY)
- 56 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
- 57 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 58 SUBTOTAL
- 59 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)
- 60 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 61 TOTAL AMOUNT PAYABLE TO THE PROVIDER
- 62 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 63 INTERIM PAYMENTS
- 64 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 65 BALANCE DUE PROVIDER/PROGRAM
- 66 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
- 67 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 51-0086
 COMPONENT NO: 51-5132
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/28/2007
 WORKSHEET E-3
 PART III

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

	TITLE XIX	NF	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		3,298,477	
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)		3,298,477	
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS		3,298,477	
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		3,518,000	
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		3,518,000	
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		3,518,000	
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		219,523	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		3,298,477	
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		3,298,477	
	SUBTOTAL			
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		3,298,477	
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		3,298,477	
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		3,298,477	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
44	PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
46	FOR PAYMENT OF PART A SERVICES			
47	RATIO OF LINE 43 TO 44			
48	TOTAL CUSTOMARY CHARGES			
49	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
50	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
51	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
52	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
53	OTHER ADJUSTMENTS (SPECIFY)			
54	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
55	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		3,298,477	
56	SUBTOTAL			
57	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
58	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		3,298,477	
59	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		3,078,250	
	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		220,227	
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				
	CASH ON HAND AND IN BANKS	-8,429			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,306,391			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,616,756			
7	INVENTORY	434,441			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	115,647			
	FIXED ASSETS				
12	LAND	124,600			
12.01	LAND IMPROVEMENTS	559,871			
13	LESS ACCUMULATED DEPRECIATION	-553,422			
14	BUILDINGS	7,198,080			
14.01	LESS ACCUMULATED DEPRECIATION	-5,245,550			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	6,277,032			
16.01	LESS ACCUMULATED DEPRECIATION	-5,569,254			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	2,916,992			
18.01	LESS ACCUMULATED DEPRECIATION	-2,793,750			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	2,914,599			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	3,030,246			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	1,536,521			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE	2,945,573			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	26,440			
36 TOTAL CURRENT LIABILITIES	4,508,534			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	4,508,534			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-1,478,288			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-1,478,288			
52 TOTAL LIABILITIES AND FUND BALANCES	3,030,246			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1 FUND BALANCE AT BEGINNING		2,719,847		
2 OF PERIOD				
3 NET INCOME (LOSS)		-4,198,135		
4 TOTAL		-1,478,288		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-1,478,288		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17 TOTAL DEDUCTIONS				
18 FUND BALANCE AT END OF		-1,478,288		
19 PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
) HOSPITAL	1,136,468		1,136,468
4 JO SWING BED - SNF			
5 00 SWING BED - NF			
7 00 NURSING FACILITY	3,503,412		3,503,412
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,639,880		4,639,880
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	537,097		537,097
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	537,097		537,097
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,176,977		5,176,977
17 00 ANCILLARY SERVICES	3,452,714	17,256,997	20,709,711
18 00 OUTPATIENT SERVICES	21,705	2,156,348	2,178,053
18 50 RURAL HEALTH CLINIC		944,176	944,176
24 00			
25 00 TOTAL PATIENT REVENUES	8,651,396	20,357,521	29,008,917

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	21,821,496
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	21,821,496

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 51-0086
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/28/2007
 WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	29,008,917
	LESS: ALLOWANCES AND DISCOUNTS ON	11,460,470
	NET PATIENT REVENUES	17,548,447
	LESS: TOTAL OPERATING EXPENSES	21,821,496
5	NET INCOME FROM SERVICE TO PATIENT	-4,273,049
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	9,459
8	REVENUE FROM TELEPHONE AND TELEG	225
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	1,854
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	62,865
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	438
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	68
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	5
25	TOTAL OTHER INCOME	74,914
26	TOTAL	-4,198,135
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-4,198,135

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

RT I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	157,999
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	823
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	12.21
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	158,822

RT 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	

RT 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	

RT 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)	

TITLE XIX HOSPITAL

RT I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
	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	.00
	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	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
RT II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	.000000
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	
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	
RT 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	
RT 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	
	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)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN				
3 PHYSICIAN ASSISTANT	308,632		308,632	
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS				
10 SUBTOTAL (SUM OF LINES 1-9)	308,632		308,632	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT		1,779,227	1,779,227	
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT				
14 SUBTOTAL (SUM OF LINES 11-13)		1,779,227	1,779,227	
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		13,039	13,039	-13,039
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS				
21 ALLOWABLE GME COSTS		13,039	13,039	-13,039
22 SUBTOTAL (SUM OF LINES 15-20)		13,039	13,039	-13,039
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	308,632	1,792,266	2,100,898	-13,039
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY		84	84	-84
25 DENTAL				
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		84	84	-84
29 FACILITY OVERHEAD				
30 FACILITY COSTS				
31 ADMINISTRATIVE COSTS		6,819	6,819	-364
32 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		6,819	6,819	-364
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	308,632	1,799,169	2,107,801	-13,487
	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7	
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN				
3 PHYSICIAN ASSISTANT	308,632		308,632	
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS				
10 SUBTOTAL (SUM OF LINES 1-9)	308,632		308,632	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT	1,779,227		1,779,227	
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT				
14 SUBTOTAL (SUM OF LINES 11-13)	1,779,227		1,779,227	
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES				
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS				
21 ALLOWABLE GME COSTS				
22 SUBTOTAL (SUM OF LINES 15-20)				
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	2,087,859		2,087,859	
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY				
25 DENTAL				
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
29 FACILITY OVERHEAD				
30 FACILITY COSTS				
31 ADMINISTRATIVE COSTS	6,455		6,455	
32 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	6,455		6,455	
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	2,094,314		2,094,314	

LOCATION OF OVERHEAD
 TO RHC/FQHC SERVICES

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1			4,200	
2	1.36	4,386	2,100	2,856
3	.65	1,903	2,100	1,365
4	2.01	6,289		4,221
5				
6				
7				
8	2.01	6,289		
9		8,482		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10		2,087,859		
11				
12		2,087,859		
13	1.000000			
14		6,455		
15		1,009,320		
16		1,015,775		
17				
18		1,015,775		
19		1,015,775		
20		3,103,634		
		GREATER OF COL. 2 OR COL. 4		
		5		
POSITIONS				
1				
2				
3				
4		6,289		
5				
6				
7				
8		6,289		
9		8,482		

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

TITLE XVIII RHC 1

	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	3,103,634
	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	8,296
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3,095,338
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	6,289
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	8,482
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,771
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	209.56

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	72.76 74.29
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	209.56 209.56
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	1,339 1,339
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	280,601 280,601
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	561,202
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	19,958
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	541,244
	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	432,995
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	3,268
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	436,263
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	436,263
25	INTERIM PAYMENTS	309,087
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	127,176
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

PROVIDER NO: 51-0086
PERIOD: FROM 7/1/2006 TO 6/30/2007
COMPONENT NO: 51-3979

WORKSHEET M-3

TITLE XIX

RHC 1

FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES	EDUCATION PASS THROUGH COST.	
TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	3,103,634	
COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	8,296	
TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	3,095,338	
TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	6,289	
PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	8,482	
TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,771	
ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	209.56	
	CALCULATION OF LIMIT (1)	
	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	72.76	74.29
RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	209.56	209.56
CALCULATION OF SETTLEMENT	5,147	
PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	1,078,605	
PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		
PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		1,078,605
TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		
PRIMARY PAYER AMOUNT		
LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		1,078,605
NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		1,078,605
REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		
PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		1,078,605
TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		
REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
OTHER ADJUSTMENTS (SPECIFY)		1,078,605
NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		801,645
INTERIM PAYMENTS		
TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		276,960
BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		
PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2		

1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007
 I 51-0086 I FROM 7/ 1/2006 I WORKSHEET M-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 51-3979 I I

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	308,632	308,632
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000333	.002634
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	103	813
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,083	3,582
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,186	4,395
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	2,087,859	2,087,859
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,015,775	1,015,775
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000568	.002105
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	577	2,138
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,763	6,533
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	38	301
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	46.39	21.70
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	19	110
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	881	2,387
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		8,296
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		3,268

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES
 [X] RHC [] FQHC

IN LIEU OF FORM CMS-2552-96 M-5 (11/1998)
 PROVIDER NO: 51-0086 I PERIOD: I PREPARED 11/28/2007
 COMPONENT NO: 51-3979 I FROM 7/1/2006 I TO 6/30/2007 I WORKSHEET M-5

RHC 1

DESCRIPTION

PART B
 MM/DD/YYYY 1 AMOUNT 2
 309,087
 NONE

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
 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.
 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	.99

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)	.01
TOTAL MEDICARE PROGRAM LIABILITY	.02

NONE
 309,087
 NONE

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

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.