

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0173		FROM 10/16/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/10/2009 TIME 12:27

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:  
 CLARIAN ARNETT HOSPITAL 15-0173

FOR THE COST REPORTING PERIOD BEGINNING 10/16/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	B	TITLE XVIII	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	3,406,982			830,479
100	TOTAL	0	3,406,982		-667	830,479

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.







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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0173  
PERIOD: FROM 10/16/2008 TO 12/31/2008  
PREPARED 6/10/2009  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	99	5,804					90
2 HMO						1,298	208
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	99	5,804				1,298	90
6 INTENSIVE CARE UNIT	10	569				103	1
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	7	439					2
11 NURSERY							32
12 TOTAL	116	6,812				1,401	125
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	116						
26 OBSERVATION BED DAYS							7
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,336				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,336				
6 INTENSIVE CARE UNIT			278				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			184				
11 NURSERY			379				
12 TOTAL			4,177				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS		7	149	12	137		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO					340	115	1,207
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		336.00			340	115	1,207
13 RPCH VISITS							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
14 SUBPROVIDER	9	10	11	12	13	14	15	
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (								
21 HOSPICE								
23 CORF								
25 TOTAL		336.00						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	25,751,558		25,751,558	698,880.00	36.85	
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	988,092		988,092	5,043.41	195.92	
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	11,504,736	-61,336	11,443,400	173,285.89	66.04	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	594,590		594,590	9,018.55	65.93	Arnett Temp Svcs
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	3,786,430		3,786,430	110,024.00	34.41	Arnett Related Org WP 20
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,996,664		2,996,664			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,550,305		1,550,305			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	128,691		128,691			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,678,329		1,678,329	48,394.72	34.68	
22 ADMINISTRATIVE & GENERAL	2,695,420		2,695,420	84,522.42	31.89	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	221,756		221,756	16,069.28	13.80	
25 LAUNDRY & LINEN SERVICE		11,469	11,469	612.01	18.74	
26 HOUSEKEEPING	96,284		96,284	3,906.04	24.65	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	370,725	92,735	463,460	16,182.26	28.64	
31 CENTRAL SERVICE AND SUPPLY	260,144	-11,469	248,675	12,706.95	19.57	
32 PHARMACY	377,898		377,898	9,567.04	39.50	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	12,139		12,139	453.46	26.77	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	24,763,466		24,763,466	693,836.59	35.69	
2 EXCLUDED AREA SALARIES	11,504,736	-61,336	11,443,400	173,285.89	66.04	
3 SUBTOTAL SALARIES	13,258,730	61,336	13,320,066	520,550.70	25.59	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,381,020		4,381,020	119,042.55	36.80	
5 SUBTOTAL WAGE-RELATED COSTS	2,996,664		2,996,664		22.50	
6 TOTAL	20,636,414	61,336	20,697,750	639,593.25	32.36	
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	5,712,695	92,735	5,805,430	192,414.18	30.17	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	370,962
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	370,962
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.943237
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	2,931,242

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,764,856
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,161,150
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,095,240
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,764,856

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0173

PERIOD: FROM 10/16/2008 TO 12/31/2008

PREPARED 6/10/2009 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				-707,311	-707,311
3.01	0301	NEW CAP REL COSTS-BLDG & FIXT				800,344	800,344
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				3,225,881	3,225,881
4.01	0401	NEW CAP REL COSTS-MVBLE EQUIP				1,315,966	1,315,966
5	0500	EMPLOYEE BENEFITS	1,678,329		4,072,349	-13,478	4,058,871
6	0600	ADMINISTRATIVE & GENERAL	2,695,420	29,531,157	32,226,577	-3,748,792	28,477,785
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	21,444	3,476,266	3,497,710	-2,272,086	1,225,624
8.01	0801	OPERATION OF PLANT	200,312	1,655,404	1,855,716	-1,167,596	688,120
9	0900	LAUNDRY & LINEN SERVICE				64,225	64,225
10	1000	HOUSEKEEPING	96,284	455,970	552,254		552,254
11	1100	DIETARY		555,733	555,733	-423,304	132,429
12	1200	CAFETERIA				423,304	423,304
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	370,725	370,406	741,131	108,566	849,697
15	1500	CENTRAL SERVICES & SUPPLY	260,144	206,709	466,853	2,634,227	3,101,080
16	1600	PHARMACY	377,898	342,097	719,995	20,471	740,466
17	1700	MEDICAL RECORDS & LIBRARY					
18	1800	SOCIAL SERVICE	12,139	1,379	13,518		13,518
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,337,999	1,227,057	3,565,056	-323,961	3,241,095
26	2600	INTENSIVE CARE UNIT	386,998	320,259	707,257		707,257
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
30	2060	NEONATAL INTENSIVE CARE UNIT	363,639	172,224	535,863	-138	535,725
31	3100	SUBPROVIDER					
33	3300	NURSERY				320,075	320,075
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	481,137	860,275	1,341,412	-4,037	1,337,375
37.01	3701	OPERATING ROOM	284,804	419,938	704,742	-747	703,995
38	3800	RECOVERY ROOM	62,379	51,262	113,641		113,641
38.01	3801	RECOVERY ROOM	160,055	37,054	197,109		197,109
39	3900	DELIVERY ROOM & LABOR ROOM	515,677	306,475	822,152	-80	822,072
40	4000	ANESTHESIOLOGY	1,072,789	196,800	1,269,589		1,269,589
40.01	4001	ANESTHESIOLOGY		35,978	35,978		35,978
41	4100	RADIOLOGY-DIAGNOSTIC	579,094	394,451	973,545		973,545
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE	61,459	58,848	120,307		120,307
44	4400	LABORATORY	797,399	1,229,899	2,027,298	84,133	2,111,431
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.	142,817	234,751	377,568	-108,906	268,662
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	264,070	93,427	357,497	-2,130	355,367
50	5000	PHYSICAL THERAPY	72,941	9,420	82,361		82,361
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	83,406	31,817	115,223		115,223
54	5400	ELECTROENCEPHALOGRAPHY	20,088	11,684	31,772		31,772
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	3120	CARDIAC CATHETERIZATION LABORATORY	157,909	309,354	467,263		467,263
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	689,467	1,089,716	1,779,183	-17	1,779,166
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0173  
PERIOD: FROM 10/16/2008 TO 12/31/2008  
PREPARED 6/10/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	14,246,822	46,079,830	60,326,652	224,609	60,551,261
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	11,451,953	4,859,755	16,311,708	-210,265	16,101,443
99	9900 NONPAID WORKERS					
100	7950 MARKETING AND PUBLIC RELATIONS	52,783	164,643	217,426	-14,344	203,082
101	TOTAL	25,751,558	51,104,228	76,855,786	-0-	76,855,786

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/10/2009  
I 15-0173 I FROM 10/16/2008 I WORKSHEET A  
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	11,899,028	11,191,717
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		800,344
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	575,644	3,801,525
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP		1,315,966
5 0500	EMPLOYEE BENEFITS	-231,185	3,827,686
6 0600	ADMINISTRATIVE & GENERAL	-11,182,609	17,295,176
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-1,899	1,223,725
8.01 0801	OPERATION OF PLANT	-458	687,662
9 0900	LAUNDRY & LINEN SERVICE		64,225
10 1000	HOUSEKEEPING		552,254
11 1100	DIETARY		132,429
12 1200	CAFETERIA	-98,812	324,492
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		849,697
15 1500	CENTRAL SERVICES & SUPPLY		3,101,080
16 1600	PHARMACY		740,466
17 1700	MEDICAL RECORDS & LIBRARY		
18 1800	SOCIAL SERVICE		13,518
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		3,241,095
26 2600	INTENSIVE CARE UNIT		707,257
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2060	NEONATAL INTENSIVE CARE UNIT	-39,566	496,159
31 3100	SUBPROVIDER		
33 3300	NURSERY		320,075
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,337,375
37.01 3701	OPERATING ROOM		703,995
38 3800	RECOVERY ROOM		113,641
38.01 3801	RECOVERY ROOM		197,109
39 3900	DELIVERY ROOM & LABOR ROOM	-2,215	819,857
40 4000	ANESTHESIOLOGY	-891,690	377,899
40.01 4001	ANESTHESIOLOGY		35,978
41 4100	RADIOLOGY-DIAGNOSTIC		973,545
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		120,307
44 4400	LABORATORY		2,111,431
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		268,662
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		355,367
50 5000	PHYSICAL THERAPY		82,361
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		115,223
54 5400	ELECTROENCEPHALOGRAPHY		31,772
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 3120	CARDIAC CATHETERIZATION LABORATORY		467,263
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY		1,779,166
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0173  
PERIOD: FROM 10/16/2008 TO 12/31/2008  
PREPARED 6/10/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	SPEC PURPOSE COST CENTERS	6	7
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	26,238	60,577,499
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		16,101,443
99	9900 NONPAID WORKERS		
100	7950 MARKETING AND PUBLIC RELATIONS		203,082
101	TOTAL	26,238	76,882,024

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 NOT A CMS WORKSHEET

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	
8.01	OPERATION OF PLANT	0801	OPERATION OF PLANT
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	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPERATING ROOM	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
38.01	RECOVERY ROOM	3801	RECOVERY ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	ANESTHESIOLOGY	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
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	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	

## COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 6/10/2009
I 15-0173	I FROM 10/16/2008	I NOT A CMS WORKSHEET
I	I TO 12/31/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	MARKETING AND PUBLIC RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 10/16/2008  
TO 12/31/2008

PREPARED 6/10/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TELEPHONE EXPENSE	A	OPERATION OF PLANT	8		26,950
2					
3					
4					
5 ALLOWABLE ADVERTISING	B	ADMINISTRATIVE & GENERAL	6		14,340
6 EMPLOYEE BENEFIT RECLASS	C	EMPLOYEE BENEFITS	5		3,075
7					
8					
9					
10					
11 MEDICAL SUPPLIES FROM START-UP	D	CENTRAL SERVICES & SUPPLY	15		2,701,199
12		PHARMACY	16		20,477
13 PROPERTY TAX	E	NEW CAP REL COSTS-BLDG & FIXT	3		19,931
14		NEW CAP REL COSTS-BLDG & FIXT	3.01		95,612
15		NEW CAP REL COSTS-MVBLE EQUIP	4		3,892
16		NEW CAP REL COSTS-MVBLE EQUIP	4.01		10,001
17 INTAKE - ADMISSIONS TO IP UNITS	F	NURSING ADMINISTRATION	14	92,735	16,171
18 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		1,062,741
19		NEW CAP REL COSTS-BLDG & FIXT	3.01		427,207
20		NEW CAP REL COSTS-MVBLE EQUIP	4		1,213,627
21		NEW CAP REL COSTS-MVBLE EQUIP	4.01		949,391
22 LEASE EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3		76,271
23		NEW CAP REL COSTS-BLDG & FIXT	3.01		277,525
24		NEW CAP REL COSTS-MVBLE EQUIP	4		39,219
25		NEW CAP REL COSTS-MVBLE EQUIP	4.01		117,892
26					
27					
28					
29					
30					
31					
32					
33 CAFETERIA FROM DIETARY	I	CAFETERIA	12		423,304
34 NURSERY EXPENSE	J	NURSERY	33	176,920	143,155
35 LAB SERVICES RENDERED IN PHYS OFFICE	K	LABORATORY	44	61,336	24,146
1 LAUNDRY AND LINEN FROM SUPPLIES	L	LAUNDRY & LINEN SERVICE	9	11,469	52,756
2 BUILDING INSURANCE COSTS	M	NEW CAP REL COSTS-BLDG & FIXT	3		41,038
3		NEW CAP REL COSTS-MVBLE EQUIP	4		8,013
4					
5 INTEREST EXPENSE	N	NEW CAP REL COSTS-MVBLE EQUIP	4		1,961,130
6		NEW CAP REL COSTS-MVBLE EQUIP	4.01		238,682
7					
8 ACCRUED PTO	O	ADMINISTRATIVE & GENERAL	6		5,816
36 TOTAL RECLASSIFICATIONS				342,460	9,973,561

(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:  
150173

PERIOD:  
FROM 10/16/2008  
TO 12/31/2008

PREPARED 6/10/2009  
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 TELEPHONE EXPENSE	A	ADMINISTRATIVE & GENERAL	6		25,491	
2		LABORATORY	44		287	
3		PHYSICIANS' PRIVATE OFFICES	98		1,168	
4		MARKETING AND PUBLIC RELATIONS	100		4	
5 ALLOWABLE ADVERTISING	B	MARKETING AND PUBLIC RELATIONS	100		14,340	
6 EMPLOYEE BENEFIT RECLASS	C	PHARMACY	16		6	
7		OPERATING ROOM	37		57	
8		DELIVERY ROOM & LABOR ROOM	39		80	
9		EMERGENCY	61		17	
10		PHYSICIANS' PRIVATE OFFICES	98		2,915	
11 MEDICAL SUPPLIES FROM START-UP	D	ADMINISTRATIVE & GENERAL	6		2,721,676	
12						
13 PROPERTY TAX	E	OPERATION OF PLANT	8		5,838	13
14		OPERATION OF PLANT	8.01		123,598	13
15						13
16						13
17 INTAKE - ADMISSIONS TO IP UNITS	F	BLOOD STORING, PROCESSING & TRANS.	47	92,735	16,171	
18 DEPRECIATION	G	ADMINISTRATIVE & GENERAL	6		898,842	9
19		OPERATION OF PLANT	8.01		477,755	9
20		OPERATION OF PLANT	8		2,276,369	9
21						9
22 LEASE EXPENSE	H	EMPLOYEE BENEFITS	5		10,737	9
23		ADMINISTRATIVE & GENERAL	6		91,779	9
24		OPERATION OF PLANT	8.01		277,625	9
25		NURSING ADMINISTRATION	14		340	9
26		CENTRAL SERVICES & SUPPLY	15		2,747	9
27		ADULTS & PEDIATRICS	25		3,886	9
28		NEONATAL INTENSIVE CARE UNIT	30		138	9
29		OPERATING ROOM	37		3,980	9
30		OPERATING ROOM	37.01		747	9
31		RESPIRATORY THERAPY	49		2,130	9
32		PHYSICIANS' PRIVATE OFFICES	98		116,798	9
33 CAFETERIA FROM DIETARY	I	DIETARY	11		423,304	
34 NURSERY EXPENSE	J	ADULTS & PEDIATRICS	25	176,920	143,155	
35 LAB SERVICES RENDERED IN PHYS OFFICE	K	PHYSICIANS' PRIVATE OFFICES	98	61,336	24,146	
1 LAUNDRY AND LINEN FROM SUPPLIES	L	CENTRAL SERVICES & SUPPLY	15	11,469	52,756	
2 BUILDING INSURANCE COSTS	M	ADMINISTRATIVE & GENERAL	6		31,160	12
3		OPERATION OF PLANT	8		16,829	12
4		LABORATORY	44		1,062	12
5 INTEREST EXPENSE	N	NEW CAP REL COSTS-BLDG & FIXT	3		1,907,292	11
6		OPERATION OF PLANT	8.01		288,618	11
7		PHYSICIANS' PRIVATE OFFICES	98		3,902	11
8 ACCRUED PTO	O	EMPLOYEE BENEFITS	5		5,816	
36 TOTAL RECLASSIFICATIONS				342,460	9,973,561	

(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:  
150173

PERIOD:  
FROM 10/16/2008  
TO 12/31/2008

PREPARED 6/10/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TELEPHONE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	26,950
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			26,950

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	25,491	
LABORATORY	44	287	
PHYSICIANS' PRIVATE OFFICES	98	1,168	
MARKETING AND PUBLIC RELATIONS	100	4	
			26,950

RECLASS CODE: B  
EXPLANATION : ALLOWABLE ADVERTISING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	14,340
TOTAL RECLASSIFICATIONS FOR CODE B			14,340

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MARKETING AND PUBLIC RELATIONS	100	14,340	
			14,340

RECLASS CODE: C  
EXPLANATION : EMPLOYEE BENEFIT RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,075
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			3,075

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	6	
OPERATING ROOM	37	57	
DELIVERY ROOM & LABOR ROOM	39	80	
EMERGENCY	61	17	
PHYSICIANS' PRIVATE OFFICES	98	2,915	
			3,075

RECLASS CODE: D  
EXPLANATION : MEDICAL SUPPLIES FROM START-UP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	2,701,199
2.00	PHARMACY	16	20,477
TOTAL RECLASSIFICATIONS FOR CODE D			2,721,676

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,721,676	
			0
			2,721,676

RECLASS CODE: E  
EXPLANATION : PROPERTY TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	19,931
2.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	95,612
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,892
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	10,001
TOTAL RECLASSIFICATIONS FOR CODE E			129,436

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	5,838	
OPERATION OF PLANT	8.01	123,598	
			0
			0
			129,436

RECLASS CODE: F  
EXPLANATION : INTAKE - ADMISSIONS TO IP UNITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	108,906
TOTAL RECLASSIFICATIONS FOR CODE F			108,906

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
BLOOD STORING, PROCESSING & TR	47	108,906	
			108,906

RECLASS CODE: G  
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,062,741
2.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	427,207
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,213,627
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	949,391
TOTAL RECLASSIFICATIONS FOR CODE G			3,652,966

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	898,842	
OPERATION OF PLANT	8.01	477,755	
OPERATION OF PLANT	8	2,276,369	
			0
			3,652,966

RECLASS CODE: H  
EXPLANATION : LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	76,271

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	10,737	

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 10/16/2008  
TO 12/31/2008

PREPARED 6/10/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : LEASE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	277,525	ADMINISTRATIVE & GENERAL	6	91,779	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	39,219	OPERATION OF PLANT	8.01	277,625	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	117,892	NURSING ADMINISTRATION	14	340	
5.00			0	CENTRAL SERVICES & SUPPLY	15	2,747	
6.00			0	ADULTS & PEDIATRICS	25	3,886	
7.00			0	NEONATAL INTENSIVE CARE UNIT	30	138	
8.00			0	OPERATING ROOM	37	3,980	
9.00			0	OPERATING ROOM	37.01	747	
10.00			0	RESPIRATORY THERAPY	49	2,130	
11.00			0	PHYSICIANS' PRIVATE OFFICES	98	116,798	
TOTAL RECLASSIFICATIONS FOR CODE H			510,907				510,907

RECLASS CODE: I  
EXPLANATION : CAFETERIA FROM DIETARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	423,304	DIETARY	11	423,304	
TOTAL RECLASSIFICATIONS FOR CODE I			423,304				423,304

RECLASS CODE: J  
EXPLANATION : NURSERY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	320,075	ADULTS & PEDIATRICS	25	320,075	
TOTAL RECLASSIFICATIONS FOR CODE J			320,075				320,075

RECLASS CODE: K  
EXPLANATION : LAB SERVICES RENDERED IN PHYS OFFICE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	85,482	PHYSICIANS' PRIVATE OFFICES	98	85,482	
TOTAL RECLASSIFICATIONS FOR CODE K			85,482				85,482

RECLASS CODE: L  
EXPLANATION : LAUNDRY AND LINEN FROM SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	64,225	CENTRAL SERVICES & SUPPLY	15	64,225	
TOTAL RECLASSIFICATIONS FOR CODE L			64,225				64,225

RECLASS CODE: M  
EXPLANATION : BUILDING INSURANCE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	41,038	ADMINISTRATIVE & GENERAL	6	31,160	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,013	OPERATION OF PLANT	8	16,829	
3.00			0	LABORATORY	44	1,062	
TOTAL RECLASSIFICATIONS FOR CODE M			49,051				49,051

RECLASS CODE: N  
EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,961,130	NEW CAP REL COSTS-BLDG & FIXT	3	1,907,292	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	238,682	OPERATION OF PLANT	8.01	288,618	
3.00			0	PHYSICIANS' PRIVATE OFFICES	98	3,902	
TOTAL RECLASSIFICATIONS FOR CODE N			2,199,812				2,199,812

RECLASS CODE: O  
EXPLANATION : ACCRUED PTO

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	5,816	EMPLOYEE BENEFITS	5	5,816	
TOTAL RECLASSIFICATIONS FOR CODE O			5,816				5,816

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE		24,473,304		24,473,304		24,473,304	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT		185,060,694		185,060,694		185,060,694	
6 MOVABLE EQUIPMENT		7,847,095		7,847,095		7,847,095	
7 SUBTOTAL		217,381,093		217,381,093		217,381,093	
8 RECONCILING ITEMS							
9 TOTAL		217,381,093		217,381,093		217,381,093	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							8
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	168,955,875		168,955,875	.777233			
3 01	NEW CAP REL COSTS-BL	13,972,719		13,972,719	.064278			
4	NEW CAP REL COSTS-MV	32,990,931		32,990,931	.151765			
4 01	NEW CAP REL COSTS-MV	1,461,568		1,461,568	.006724			
5	TOTAL	217,381,093		217,381,093	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,139,012		9,991,736	41,038	19,931		11,191,717
3 01	NEW CAP REL COSTS-BL	704,732				95,612		800,344
4	NEW CAP REL COSTS-MV	1,828,490		1,961,130	8,013	3,892		3,801,525
4 01	NEW CAP REL COSTS-MV	1,067,283		238,682		10,001		1,315,966
5	TOTAL	4,739,517		12,191,548	49,051	129,436		17,109,552

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
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							

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			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	B	-3,019	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-122	OPERATION OF PLANT	8	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-988,092			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,641,016			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-98,812	CAFETERIA	12	
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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,777	OPERATION OF PLANT	8	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REV - CLASS & LECTURE	B	-2,215	DELIVERY ROOM & LABOR ROO	39	
38 REV - VENDING	B	-458	OPERATION OF PLANT	8.01	
39 REV - OTHER OPERATING	B	-30,724	ADMINISTRATIVE & GENERAL	6	
40 OCCUPATIONAL MEDICINE	B	-240,998	EMPLOYEE BENEFITS	5	
41 ACCRUED PTO TO HOME OFFICE	A	-1,248,561	EMPLOYEE BENEFITS	5	
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)		26,238			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3	NEW CAP REL COSTS-BLDG &	CAPITAL BLDG DEPREC & INT	11,899,028		11,899,028	11
2	4	NEW CAP REL COSTS-MVBLE E	CAPITAL EQUIP	575,644		575,644	9
3	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	1,324,332	9,122	1,315,210	
4	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	7,642,543	19,548,866	-11,906,323	
4.01	6	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	352,830		352,830	
4.02	6	ADMINISTRATIVE & GENERAL	HOUSEKEEPING	81,877		81,877	
4.03	6	ADMINISTRATIVE & GENERAL	CAFETERIA	11,933		11,933	
4.04	6	ADMINISTRATIVE & GENERAL	NURSING ADMINISTRATION	103,819		103,819	
4.05	6	ADMINISTRATIVE & GENERAL	CENTRAL SUPPLY	145,988	26,774	119,214	
4.06	6	ADMINISTRATIVE & GENERAL	PHARMACY		156,645	-156,645	
4.07	6	ADMINISTRATIVE & GENERAL	MEDICAL RECORDS	167,194		167,194	
4.08	6	ADMINISTRATIVE & GENERAL	LABORATORY	425,100	300,287	124,813	
4.09	6	ADMINISTRATIVE & GENERAL	PHYSICIAN PRIVATE OFFICES		46,278	-46,278	
4.10	6	ADMINISTRATIVE & GENERAL	MARKETING & PUBLIC RELATI		1,300	-1,300	
5		TOTALS		22,730,288	20,089,272	2,641,016	

\* 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 XVII.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED: 6/10/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	OCCUPATIONAL MEDICINE PHY	56,836	56,836					
2 30	NEONATOLOGY PHYSICIAN	39,566	39,566					
3 40	ANESTHESIOLOGIST	891,690	891,690					
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								
101	TOTAL	988,092	988,092					



COST ALLOCATION STATISTICS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 NOT A CMS WORKSHEET

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	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEET Non-H	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET Non-H	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
8.01	OPERATION OF PLANT	4	SQUARE FEET Non-H	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	11	FTE's	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	PATIENT REVENUES	NOT ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 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
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	11,191,717			11,191,717			
003 01 NEW CAP REL COSTS-BLDG &	800,344				800,344		
004 NEW CAP REL COSTS-MVBLE E	3,801,525					3,801,525	
004 01 NEW CAP REL COSTS-MVBLE E	1,315,966						1,315,966
005 EMPLOYEE BENEFITS	3,827,686			3,722	62,588	1,264	102,911
006 ADMINISTRATIVE & GENERAL	17,295,176			421,609	1,685	143,209	2,771
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,223,725			1,959,073		665,444	
008 01 OPERATION OF PLANT	687,662						
009 LAUNDRY & LINEN SERVICE	64,225			104,194		35,392	
010 HOUSEKEEPING	552,254			90,611		30,778	
011 DIETARY	132,429			238,776		81,106	
012 CAFETERIA	324,492			121,249		41,185	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	849,697			415,803		141,237	
015 CENTRAL SERVICES & SUPPLY	3,101,080			349,109		118,583	
016 PHARMACY	740,466			118,360		40,204	
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	13,518			4,500		1,529	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,241,095			2,566,875		871,899	
026 INTENSIVE CARE UNIT	707,257			331,276		112,526	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	496,159			266,610		90,560	
031 SUBPROVIDER							
033 NURSERY	320,075			26,083		8,860	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,337,375			969,495		329,311	
037 01 OPERATING ROOM	703,995				60,869		100,084
038 RECOVERY ROOM	113,641			114,944		39,043	
038 01 RECOVERY ROOM	197,109				5,306		8,724
039 DELIVERY ROOM & LABOR ROO	819,857			403,859		137,180	
040 ANESTHESIOLOGY	377,899			17,583		5,973	
040 01 ANESTHESIOLOGY	35,978				814		1,339
041 RADIOLOGY-DIAGNOSTIC	973,545			406,748		138,161	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	120,307			61,389		20,852	
044 LABORATORY	2,111,431			238,804	16,042	81,115	26,377
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	268,662			70,527		23,956	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	355,367			32,139		10,917	
050 PHYSICAL THERAPY	82,361			45,055		15,304	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	115,223			42,111		14,304	
054 ELECTROENCEPHALOGRAPHY	31,772						
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	467,263			1,112,550		377,903	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,779,166			622,024		211,285	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	3.01	4	4.01
093 SPEC PURPOSE COST CENTERS								
095 HOSPICE								
095 SUBTOTALS	60,577,499				11,155,078	147,304	3,789,080	242,206
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP					36,639		12,445	
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE	16,101,443					653,040		1,073,760
099 NONPAID WORKERS								
100 MARKETING AND PUBLIC RELATIONS	203,082							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	76,882,024				11,191,717	800,344	3,801,525	1,315,966

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	5a.00	6	7	8	8.01	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,998,171						
006 ADMINISTRATIVE & GENERAL	465,680	18,330,130	18,330,130				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,705	3,851,947	1,205,883		5,057,830		
008 01 OPERATION OF PLANT	34,607	722,269	226,112			948,381	
009 LAUNDRY & LINEN SERVICE	1,981	205,792	64,425		59,836		330,053
010 HOUSEKEEPING	16,635	690,278	216,097		52,036		
011 DIETARY		452,311	141,600		137,124		
012 CAFETERIA		486,926	152,436		69,631		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	80,071	1,486,808	465,457		238,786		
015 CENTRAL SERVICES & SUPPLY	42,963	3,611,735	1,130,683		200,485		
016 PHARMACY	65,288	964,318	301,887		67,972		
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	2,097	21,644	6,776		2,584		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	373,363	7,053,232	2,208,071		1,474,092		263,600
026 INTENSIVE CARE UNIT	66,860	1,217,919	381,279		190,244		21,967
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	55,989	909,318	284,669		153,108		14,539
031 SUBPROVIDER							
033 NURSERY	30,566	385,584	120,710		14,979		29,947
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	83,125	2,719,306	851,300		556,758		
037 01 OPERATING ROOM	49,205	914,153	286,183			78,426	
038 RECOVERY ROOM	10,777	278,405	87,157		66,009		
038 01 RECOVERY ROOM	27,652	238,791	74,755			6,836	
039 DELIVERY ROOM & LABOR ROO	89,092	1,449,988	453,930		231,927		
040 ANESTHESIOLOGY	31,288	432,743	135,474		10,098		
040 01 ANESTHESIOLOGY		38,131	11,937			1,049	
041 RADIOLOGY-DIAGNOSTIC	100,048	1,618,502	506,685		233,586		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	10,618	213,166	66,733		35,254		
044 LABORATORY	148,361	2,622,130	820,879		137,140	20,669	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	8,653	371,798	116,394		40,502		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	45,623	444,046	139,012		18,456		
050 PHYSICAL THERAPY	12,602	155,322	48,625		25,874		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	14,410	186,048	58,244		24,183		
054 ELECTROENCEPHALOGRAPHY	3,471	35,243	11,033				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	27,281	1,984,997	621,419		638,911		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	119,117	2,731,592	855,147		357,214		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	5a.00	6	7	8	8.01	9
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	2,021,128	56,824,572	12,050,992		5,036,789	106,980	330,053
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		49,084	15,366		21,041		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	1,967,924	19,796,167	6,197,341			841,401	
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC RELATIONS	9,119	212,201	66,431				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,998,171	76,882,024	18,330,130		5,057,830	948,381	330,053

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 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							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	958,411						
011 DIETARY	26,571	757,606					
012 CAFETERIA	13,493		722,486				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	46,271		51,948		2,289,270		
015 CENTRAL SERVICES & SUPPLY	38,849		30,397			5,012,149	
016 PHARMACY	13,171		28,668				1,376,016
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	501		998		6,098		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	285,646	699,329	201,475		1,240,014	413,155	
026 INTENSIVE CARE UNIT	36,865	58,277	29,233		179,926	139,697	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	29,669		24,877		151,644	64,738	
031 SUBPROVIDER							
033 NURSERY	2,903		16,396		100,874	37,821	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	107,887		41,106			1,121,310	
037 01 OPERATING ROOM			21,052			603,620	
038 RECOVERY ROOM	12,791		2,727		16,842	1,746	
038 01 RECOVERY ROOM			9,079			24,362	
039 DELIVERY ROOM & LABOR ROO	44,942		41,971		258,361	189,475	387
040 ANESTHESIOLOGY	1,957		11,574			56,033	
040 01 ANESTHESIOLOGY						47,941	
041 RADIOLOGY-DIAGNOSTIC	45,263		37,448			355,542	80,419
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	6,831		3,791			12,538	
044 LABORATORY	26,574		55,806			1,221,530	165,682
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	7,848		5,122			58,296	710,932
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,576		20,653			97,235	
050 PHYSICAL THERAPY	5,014		4,423			1,177	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,686		6,618			16,860	10,596
054 ELECTROENCEPHALOGRAPHY			1,497			2,669	
055 MEDICAL SUPPLIES CHARGED						996	
056 DRUGS CHARGED TO PATIENTS						31,008	376,887
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)							
059 CARDIAC CATHETERIZATION L	123,806		13,835			320,907	31,113
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	69,220		54,509		335,511	193,493	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	954,334	757,606	715,203		2,289,270	5,012,149	1,376,016
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,077						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC RELATIONS			7,283				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	958,411	757,606	722,486		2,289,270	5,012,149	1,376,016

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 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							
008 01 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		38,601					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		30,830					
026 INTENSIVE CARE UNIT		2,569					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U		1,700					
031 SUBPROVIDER							
033 NURSERY		3,502					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM							
038 RECOVERY ROOM							
038 01 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
040 01 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMEDICAL PRGM
	17	18	20	21	22	23	24
093 SPEC PURPOSE COST CENTERS							
093 HOSPI CE							
095 SUBTOTALS		38,601					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC RELATIONS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		38,601					

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	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 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			
008 01 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			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	13,869,444		13,869,444
026 INTENSIVE CARE UNIT	2,257,976		2,257,976
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
030 NEONATAL INTENSIVE CARE U	1,634,262		1,634,262
031 SUBPROVIDER			
033 NURSERY	712,716		712,716
034 SKILLED NURSING FACILITY			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	5,397,667		5,397,667
037 01 OPERATING ROOM	1,903,434		1,903,434
038 RECOVERY ROOM	465,677		465,677
038 01 RECOVERY ROOM	353,823		353,823
039 DELIVERY ROOM & LABOR ROO	2,670,981		2,670,981
040 ANESTHESIOLOGY	647,879		647,879
040 01 ANESTHESIOLOGY	99,058		99,058
041 RADIOLOGY-DIAGNOSTIC	2,877,445		2,877,445
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	338,313		338,313
044 LABORATORY	5,070,410		5,070,410
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	1,310,892		1,310,892
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	722,978		722,978
050 PHYSICAL THERAPY	240,435		240,435
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	307,235		307,235
054 ELECTROENCEPHALOGRAPHY	50,442		50,442
055 MEDICAL SUPPLIES CHARGED	996		996
056 DRUGS CHARGED TO PATIENTS	407,895		407,895
057 RENAL DIALYSIS			
058 ASC (NON-DISTINCT PART)			
059 CARDIAC CATHETERIZATION L	3,734,988		3,734,988
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC			
061 EMERGENCY	4,596,686		4,596,686
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP-REN			
067 DURABLE MEDICAL EQUIP-SOL			
069 CORF			
070 I&R SERVICES-NOT APPRVD P			
071 HOME HEALTH AGENCY			
082 LUNG ACQUISITION			
082 SPEC PURPOSE COST CENTERS			
083 KIDNEY ACQUISITION			
084 LIVER ACQUISITION			
085 HEART ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
	TO 12/31/2008	WORKSHEET B
		PART I

	SUBTOTAL	I & R COST POST STEP- DOWN ADJ	TOTAL
COST CENTER DESCRIPTION	25	26	27
093 SPEC PURPOSE COST CENTERS			
095 HOSPICE			
095 SUBTOTALS	49,671,632		49,671,632
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	89,568		89,568
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	26,834,909		26,834,909
099 NONPAID WORKERS			
100 MARKETING AND PUBLIC RELA	285,915		285,915
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	76,882,024		76,882,024

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				3,722	62,588	1,264	102,911
006 ADMINISTRATIVE & GENERAL				421,609	1,685	143,209	2,771
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				1,959,073		665,444	
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				104,194		35,392	
010 HOUSEKEEPING				90,611		30,778	
011 DIETARY				238,776		81,106	
012 CAFETERIA				121,249		41,185	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				415,803		141,237	
015 CENTRAL SERVICES & SUPPLY				349,109		118,583	
016 PHARMACY				118,360		40,204	
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE				4,500		1,529	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				2,566,875		871,899	
027 INTENSIVE CARE UNIT				331,276		112,526	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NEONATAL INTENSIVE CARE U				266,610		90,560	
033 SUBPROVIDER							
034 NURSERY				26,083		8,860	
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				969,495		329,311	
038 RECOVERY ROOM					60,869	39,043	100,084
038 01 RECOVERY ROOM				114,944	5,306		8,724
039 DELIVERY ROOM & LABOR ROO				403,859		137,180	
040 ANESTHESIOLOGY				17,583		5,973	
040 01 ANESTHESIOLOGY					814		1,339
041 RADIOLOGY-DIAGNOSTIC				406,748		138,161	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				61,389		20,852	
044 LABORATORY				238,804	16,042	81,115	26,377
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING				70,527		23,956	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				32,139		10,917	
050 PHYSICAL THERAPY				45,055		15,304	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				42,111		14,304	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L				1,112,550		377,903	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY				622,024		211,285	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01
093 SPEC PURPOSE COST CENTERS							
095 HOSPI CE							
095 SUBTOTALS				11,155,078	147,304	3,789,080	242,206
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				36,639		12,445	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					653,040		1,073,760
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC RELA							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				11,191,717	800,344	3,801,525	1,315,966

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4a	5	6	7	8	8.01	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	170,485	170,485					
006 ADMINISTRATIVE & GENERAL	569,274	19,857	589,131				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,624,517	158	38,758		2,663,433		
008 01 OPERATION OF PLANT		1,476	7,267			8,743	
009 LAUNDRY & LINEN SERVICE	139,586	84	2,071		31,509		173,250
010 HOUSEKEEPING	121,389	709	6,946		27,402		
011 DIETARY	319,882		4,551		72,209		
012 CAFETERIA	162,434		4,899		36,667		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	557,040	3,414	14,960		125,744		
015 CENTRAL SERVICES & SUPPLY	467,692	1,832	36,341		105,575		
016 PHARMACY	158,564	2,784	9,703		35,794		
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	6,029	89	218		1,361		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,438,774	15,921	70,970		776,252		138,367
026 INTENSIVE CARE UNIT	443,802	2,851	12,255		100,182		11,531
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	357,170	2,387	9,150		80,626		7,632
031 SUBPROVIDER							
033 NURSERY	34,943	1,303	3,880		7,888		15,720
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,298,806	3,545	27,362		293,186		
037 01 OPERATING ROOM	160,953	2,098	9,198			723	
038 RECOVERY ROOM	153,987	460	2,801		34,760		
038 01 RECOVERY ROOM	14,030	1,179	2,403			63	
039 DELIVERY ROOM & LABOR ROO	541,039	3,799	14,590		122,132		
040 ANESTHESIOLOGY	23,556	1,334	4,354		5,317		
040 01 ANESTHESIOLOGY	2,153		384			10	
041 RADIOLOGY-DIAGNOSTIC	544,909	4,266	16,285		123,005		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	82,241	453	2,145		18,565		
044 LABORATORY	362,338	6,326	26,384		72,217	191	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	94,483	369	3,741		21,328		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	43,056	1,945	4,468		9,719		
050 PHYSICAL THERAPY	60,359	537	1,563		13,625		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	56,415	614	1,872		12,735		
054 ELECTROENCEPHALOGRAPHY		148	355				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	1,490,453	1,163	19,973		336,448		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	833,309	5,079	27,485		188,107		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4a	5	6	7	8	8.01	9
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	15,333,668	86,180	387,332		2,652,353	987	173,250
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	49,084		494		11,080		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	1,726,800	83,916	199,170			7,756	
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC RELATIONS		389	2,135				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,109,552	170,485	589,131		2,663,433	8,743	173,250

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 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							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	156,446						
011 DIETARY	4,337	400,979					
012 CAFETERIA	2,202		206,202				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	7,553		14,826		723,537		
015 CENTRAL SERVICES & SUPPLY	6,342		8,676			626,458	
016 PHARMACY	2,150		8,182				217,177
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	82		285		1,927		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	46,627	370,134	57,503		391,914	51,639	
026 INTENSIVE CARE UNIT	6,018	30,845	8,343		56,867	17,460	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	4,843		7,100		47,928	8,091	
031 SUBPROVIDER							
033 NURSERY	474		4,680		31,882	4,727	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,611		11,732			140,150	
037 01 OPERATING ROOM			6,008			75,445	
038 RECOVERY ROOM	2,088		778		5,323	218	
038 01 RECOVERY ROOM			2,591			3,045	
039 DELIVERY ROOM & LABOR ROO	7,336		11,979		81,656	23,682	61
040 ANESTHESIOLOGY	319		3,303			7,003	
040 01 ANESTHESIOLOGY						5,992	
041 RADIOLOGY-DIAGNOSTIC	7,389		10,688			44,438	12,693
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1,115		1,082			1,567	
044 LABORATORY	4,338		15,927			152,681	26,150
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,281		1,462			7,286	112,206
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	584		5,894			12,153	
050 PHYSICAL THERAPY	818		1,262			147	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	765		1,889			2,107	1,672
054 ELECTROENCEPHALOGRAPHY			427			334	
055 MEDICAL SUPPLIES CHARGED						124	
056 DRUGS CHARGED TO PATIENTS						3,876	59,484
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	20,209		3,949			40,109	4,911
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	11,299		15,557		106,040	24,184	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
093 SPEC PURPOSE COST CENTERS							
095 HOSPI CE							
095 SUBTOTALS	155,780	400,979	204,123		723,537	626,458	217,177
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	666						
097 RESEARCH							
098 PHYSICI ANS' PRIVATE OFFI C							
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC RELA			2,079				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	156,446	400,979	206,202		723,537	626,458	217,177



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	17	18		20	21	22	23	24
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE								
095 SUBTOTALS				9,991				
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
100 MARKETING AND PUBLIC RELATIONS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL				9,991				

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B  
 PART III

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	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 &			
004 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			
008 01 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			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	5,366,080		5,366,080
026 INTENSIVE CARE UNIT	690,819		690,819
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
030 NEONATAL INTENSIVE CARE U	525,367		525,367
031 SUBPROVIDER			
033 NURSERY	106,404		106,404
034 SKILLED NURSING FACILITY			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,792,392		1,792,392
037 01 OPERATING ROOM	254,425		254,425
038 RECOVERY ROOM	200,415		200,415
038 01 RECOVERY ROOM	23,311		23,311
039 DELIVERY ROOM & LABOR ROO	806,274		806,274
040 ANESTHESIOLOGY	45,186		45,186
040 01 ANESTHESIOLOGY	8,539		8,539
041 RADIOLOGY-DIAGNOSTIC	763,673		763,673
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	107,168		107,168
044 LABORATORY	666,552		666,552
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	242,156		242,156
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	77,819		77,819
050 PHYSICAL THERAPY	78,311		78,311
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	78,069		78,069
054 ELECTROENCEPHALOGRAPHY	1,264		1,264
055 MEDICAL SUPPLIES CHARGED	124		124
056 DRUGS CHARGED TO PATIENTS	63,360		63,360
057 RENAL DIALYSIS			
058 ASC (NON-DISTINCT PART)			
059 CARDIAC CATHETERIZATION L	1,917,215		1,917,215
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC			
061 EMERGENCY	1,211,060		1,211,060
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP-REN			
067 DURABLE MEDICAL EQUIP-SOL			
069 CORF			
070 I&R SERVICES-NOT APPRVD P			
071 HOME HEALTH AGENCY			
082 LUNG ACQUISITION			
082 SPEC PURPOSE COST CENTERS			
083 KIDNEY ACQUISITION			
084 LIVER ACQUISITION			
085 HEART ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
093 SPEC PURPOSE COST CENTERS			
095 HOSPICE			
095 SUBTOTALS	15,025,983		15,025,983
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	61,324		61,324
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFICE	2,017,642		2,017,642
099 NONPAID WORKERS			
100 MARKETING AND PUBLIC RELATIONS	4,603		4,603
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	17,109,552		17,109,552

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 6/10/2009

15-0173

FROM 10/16/2008

WORKSHEET B-1

TO 12/31/2008

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 & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET Non-H )	OSTS-MVBLE E (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET Non-H )
	1	2	3	3.01	4	4.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			402,904			
003 01 NEW CAP REL COSTS-BLD				448,315		
004 NEW CAP REL COSTS-MVB					402,904	
004 01 NEW CAP REL COSTS-MVB						448,315
005 EMPLOYEE BENEFITS			134	35,059	134	35,059
006 ADMINISTRATIVE & GENE			15,178	944	15,178	944
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			70,527		70,527	
008 01 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI			3,751		3,751	
010 HOUSEKEEPING			3,262		3,262	
011 DIETARY			8,596		8,596	
012 CAFETERIA			4,365		4,365	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			14,969		14,969	
015 CENTRAL SERVICES & SU			12,568		12,568	
016 PHARMACY			4,261		4,261	
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE			162		162	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN			92,408		92,408	
026 ADULTS & PEDIATRICS			11,926		11,926	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA			9,598		9,598	
031 SUBPROVIDER						
033 NURSERY			939		939	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM			34,902	34,096	34,902	34,096
038 RECOVERY ROOM			4,138		4,138	
038 01 RECOVERY ROOM				2,972		2,972
039 DELIVERY ROOM & LABOR			14,539		14,539	
040 ANESTHESIOLOGY			633		633	
040 01 ANESTHESIOLOGY				456		456
041 RADIOLOGY-DIAGNOSTIC			14,643		14,643	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			2,210		2,210	
044 LABORATORY			8,597	8,986	8,597	8,986
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES			2,539		2,539	
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			1,157		1,157	
050 PHYSICAL THERAPY			1,622		1,622	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			1,516		1,516	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 CARDIAC CATHETERIZATI			40,052		40,052	
060 OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY			22,393		22,393	
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CEN						
KIDNEY ACQUISITION						

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	(DOLLAR VALUE	(SQUARE ) FEET	(SQUARE ) FEET Non-H )	(SQUARE FEET	(SQUARE ) FEET Non-H )
	1	2	3	3.01	4	4.01
084 SPEC PURPOSE COST CEN						
085 LIVER ACQUISITION						
086 HEART ACQUISITION						
092 OTHER ORGAN ACQUISITI						
093 AMBULATORY SURGICAL C						
095 HOSPICE						
096 SUBTOTALS			401,585	82,513	401,585	82,513
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE			1,319		1,319	
099 RESEARCH						
100 PHYSICIANS' PRIVATE O				365,802		365,802
101 NONPAID WORKERS						
102 MARKETING AND PUBLIC						
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED			11,191,717	800,344	3,801,525	1,315,966
106 (WRKSHT B, PART I)						
107 UNIT COST MULTIPLIER			27.777627		9.435312	
108 (WRKSHT B, PT I)				1.785227		2.935360
109 COST TO BE ALLOCATED						
110 (WRKSHT B, PART II)						
111 UNIT COST MULTIPLIER						
112 (WRKSHT B, PT II)						
113 COST TO BE ALLOCATED						
114 (WRKSHT B, PART III)						
115 UNIT COST MULTIPLIER						
116 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(GROSS SALARIES	S RECONCILIATION	( ACCUM. COST	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET Non-H )	(POUNDS OF LAUNDRY )
	5	6a.00	6	7	8	8.01	9
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	23,141,973						
006 ADMINISTRATIVE & GENERAL	2,695,420	-18,330,130	58,551,894				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	21,444		3,851,947		317,065		
008 01 OPERATION OF PLANT	200,312		722,269			412,312	
009 LAUNDRY & LINEN SERVICE	11,469		205,792		3,751		4,177
010 HOUSEKEEPING	96,284		690,278		3,262		
011 DIETARY			452,311		8,596		
012 CAFETERIA			486,926		4,365		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	463,460		1,486,808		14,969		
015 CENTRAL SERVICES & SUPPLIES	248,675		3,611,735		12,568		
016 PHARMACY	377,898		964,318		4,261		
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	12,139		21,644		162		
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	2,161,079		7,053,232		92,408		3,336
026 INTENSIVE CARE UNIT	386,998		1,217,919		11,926		278
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 NEONATAL INTENSIVE CARE UNIT	324,073		909,318		9,598		184
031 SUBPROVIDER							
033 NURSERY	176,920		385,584		939		379
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICU/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	481,137		2,719,306		34,902		
037 01 OPERATING ROOM	284,804		914,153			34,096	
038 RECOVERY ROOM	62,379		278,405		4,138		
038 01 RECOVERY ROOM	160,055		238,791			2,972	
039 DELIVERY ROOM & LABOR	515,677		1,449,988		14,539		
040 ANESTHESIOLOGY	181,099		432,743		633		
040 01 ANESTHESIOLOGY			38,131			456	
041 RADIOLOGY-DIAGNOSTIC	579,094		1,618,502		14,643		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	61,459		213,166		2,210		
044 LABORATORY	858,735		2,622,130		8,597	8,986	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	50,082		371,798		2,539		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	264,070		444,046		1,157		
050 PHYSICAL THERAPY	72,941		155,322		1,622		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	83,406		186,048		1,516		
054 ELECTROENCEPHALOGRAPHY	20,088		35,243				
055 MEDICAL SUPPLIES CHARACTERIZED BY CHARGE							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PARALLEL)							
059 CARDIAC CATHETERIZATION	157,909		1,984,997		40,052		
060 OUTPATIENT SERVICE COST CENTER							
061 CLINIC							
061 EMERGENCY	689,467		2,731,592		22,393		
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
064 OTHER REIMBURSABLE COST CENTER							
065 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTER							
KIDNEY ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		(GROSS SALARIES	S RECONCILIATION	( ACCUM. COST	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET Non-H )	(POUNDS OF LAUNDRY )
		5	6a.00	6	7	8	8.01	9
084	SPEC PURPOSE COST CENTER							
085	LIVER ACQUISITION							
086	HEART ACQUISITION							
092	OTHER ORGAN ACQUISITION							
093	AMBULATORY SURGICAL CENTER							
095	HOSPICE							
	SUBTOTALS	11,698,573	-18,330,130	38,494,442		315,746	46,510	4,177
096	NONREIMBURS COST CENTER							
097	GIFT, FLOWER, COFFEE			49,084		1,319		
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFICE	11,390,617		19,796,167			365,802	
099	NONPAID WORKERS							
100	MARKETING AND PUBLIC AFFAIRS	52,783		212,201				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,998,171		18,330,130		5,057,830	948,381	330,053
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER						2.300154	
	(WRKSHT B, PT I)	.172767		.313058		15.952029		79.016758
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	170,485		589,131		2,663,433	8,743	173,250
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER						.021205	
	(WRKSHT B, PT III)	.007367		.010062		8.400274		41.477137





COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(PATIENT ENUES)	REV(PATIENTS)	DAY(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	20	21	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE		4,177					
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS		3,336					
026 INTENSIVE CARE UNIT		278					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA		184					
031 SUBPROVIDER							
033 NURSERY		379					
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM							
037 01 OPERATING ROOM							
038 RECOVERY ROOM							
038 01 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
040 01 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 CARDIAC CATHETERIZATI							
OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(PATIENT ENUES	REV(PATIENT )S	DAY(ASSIGNED ) TIME	(ASSIGNED ) TIME	(ASSIGNED ) TIME	(ASSIGNED ) TIME	(ASSIGNED ) TIME
	17	18	20	21	22	23	24
084 SPEC PURPOSE COST CEN							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITI							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS		4,177					
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 MARKETING AND PUBLIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		38,601					
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		9.241322					
(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		9,991					
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		2.391908					
(WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,869,444		13,869,444		13,869,444
26	INTENSIVE CARE UNIT	2,257,976		2,257,976		2,257,976
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	1,634,262		1,634,262		1,634,262
31	SUBPROVIDER					
33	NURSERY	712,716		712,716		712,716
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,397,667		5,397,667		5,397,667
01	OPERATING ROOM	1,903,434		1,903,434		1,903,434
38	RECOVERY ROOM	465,677		465,677		465,677
01	RECOVERY ROOM	353,823		353,823		353,823
39	DELIVERY ROOM & LABOR ROO	2,670,981		2,670,981		2,670,981
40	ANESTHESIOLOGY	647,879		647,879		647,879
01	ANESTHESIOLOGY	99,058		99,058		99,058
41	RADIOLOGY-DIAGNOSTIC	2,877,445		2,877,445		2,877,445
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	338,313		338,313		338,313
44	LABORATORY	5,070,410		5,070,410		5,070,410
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,310,892		1,310,892		1,310,892
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	722,978		722,978		722,978
50	PHYSICAL THERAPY	240,435		240,435		240,435
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	307,235		307,235		307,235
54	ELECTROENCEPHALOGRAPHY	50,442		50,442		50,442
55	MEDICAL SUPPLIES CHARGED	996		996		996
56	DRUGS CHARGED TO PATIENTS	407,895		407,895		407,895
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L	3,734,988		3,734,988		3,734,988
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	4,596,686		4,596,686		4,596,686
62	OBSERVATION BEDS (NON-DIS	592,983		592,983		592,983
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	50,264,615		50,264,615		50,264,615
102	LESS OBSERVATION BEDS	592,983		592,983		592,983
103	TOTAL	49,671,632		49,671,632		49,671,632

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,241,517		4,241,517			
26	INTENSIVE CARE UNIT	1,162,594		1,162,594			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	394,981		394,981			
31	SUBPROVIDER						
33	NURSERY	325,192		325,192			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,396,331	1,618,891	4,015,222	1.344301	1.344301	1.344301
37	01 OPERATING ROOM	2,878	6,605,600	6,608,478	.288029	.288029	.288029
38	RECOVERY ROOM	218,591	226,175	444,766	1.047016	1.047016	1.047016
38	01 RECOVERY ROOM		741,874	741,874	.476931	.476931	.476931
39	DELIVERY ROOM & LABOR ROO	1,294,269	42,250	1,336,519	1.998461	1.998461	1.998461
40	ANESTHESIOLOGY	109,555	73,091	182,646	3.547184	3.547184	3.547184
40	01 ANESTHESIOLOGY		190,876	190,876	.518965	.518965	.518965
41	RADIOLOGY-DIAGNOSTIC	1,814,080	5,013,102	6,827,182	.421469	.421469	.421469
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	18,718	115,149	133,867	2.527232	2.527232	2.527232
44	LABORATORY	2,428,817	12,602,009	15,030,826	.337334	.337334	.337334
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	276,423	190,779	467,202	2.805836	2.805836	2.805836
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	876,780	41,652	918,432	.787187	.787187	.787187
50	PHYSICAL THERAPY	246,530	13,974	260,504	.922961	.922961	.922961
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	396,950	368,785	765,735	.401229	.401229	.401229
54	ELECTROENCEPHALOGRAPHY	39,170	4,132	43,302	1.164888	1.164888	1.164888
55	MEDICAL SUPPLIES CHARGED	6,855		6,855	.145295	.145295	.145295
56	DRUGS CHARGED TO PATIENTS	1,916,489	472,429	2,388,918	.170745	.170745	.170745
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	1,104,784	401,059	1,505,843	2.480330	2.480330	2.480330
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	985,646	3,470,767	4,456,413	1.031477	1.031477	1.031477
62	OBSERVATION BEDS (NON-DIS	14,276	196,780	211,056	2.809600	2.809600	2.809600
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	20,271,426	32,389,374	52,660,800			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,271,426	32,389,374	52,660,800			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
15-0173

PERIOD:  
FROM 10/16/2008  
TO 12/31/2008

PREPARED 6/10/2009  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,869,444		13,869,444		13,869,444
26	INTENSIVE CARE UNIT	2,257,976		2,257,976		2,257,976
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	1,634,262		1,634,262		1,634,262
31	SUBPROVIDER					
33	NURSERY	712,716		712,716		712,716
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,397,667		5,397,667		5,397,667
01	OPERATING ROOM	1,903,434		1,903,434		1,903,434
38	RECOVERY ROOM	465,677		465,677		465,677
01	RECOVERY ROOM	353,823		353,823		353,823
39	DELIVERY ROOM & LABOR ROO	2,670,981		2,670,981		2,670,981
40	ANESTHESIOLOGY	647,879		647,879		647,879
01	ANESTHESIOLOGY	99,058		99,058		99,058
41	RADIOLOGY-DIAGNOSTIC	2,877,445		2,877,445		2,877,445
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	338,313		338,313		338,313
44	LABORATORY	5,070,410		5,070,410		5,070,410
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,310,892		1,310,892		1,310,892
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	722,978		722,978		722,978
50	PHYSICAL THERAPY	240,435		240,435		240,435
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	307,235		307,235		307,235
54	ELECTROENCEPHALOGRAPHY	50,442		50,442		50,442
55	MEDICAL SUPPLIES CHARGED	996		996		996
56	DRUGS CHARGED TO PATIENTS	407,895		407,895		407,895
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L	3,734,988		3,734,988		3,734,988
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	4,596,686		4,596,686		4,596,686
62	OBSERVATION BEDS (NON-DIS	592,983		592,983		592,983
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	50,264,615		50,264,615		50,264,615
102	LESS OBSERVATION BEDS	592,983		592,983		592,983
103	TOTAL	49,671,632		49,671,632		49,671,632

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,241,517		4,241,517			
26	INTENSIVE CARE UNIT	1,162,594		1,162,594			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	394,981		394,981			
31	SUBPROVIDER						
33	NURSERY	325,192		325,192			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,396,331	1,618,891	4,015,222	1.344301	1.344301	1.344301
37	01 OPERATING ROOM	2,878	6,605,600	6,608,478	.288029	.288029	.288029
38	RECOVERY ROOM	218,591	226,175	444,766	1.047016	1.047016	1.047016
38	01 RECOVERY ROOM		741,874	741,874	.476931	.476931	.476931
39	DELIVERY ROOM & LABOR ROO	1,294,269	42,250	1,336,519	1.998461	1.998461	1.998461
40	ANESTHESIOLOGY	109,555	73,091	182,646	3.547184	3.547184	3.547184
40	01 ANESTHESIOLOGY		190,876	190,876	.518965	.518965	.518965
41	RADIOLOGY-DIAGNOSTIC	1,814,080	5,013,102	6,827,182	.421469	.421469	.421469
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	18,718	115,149	133,867	2.527232	2.527232	2.527232
44	LABORATORY	2,428,817	12,602,009	15,030,826	.337334	.337334	.337334
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	276,423	190,779	467,202	2.805836	2.805836	2.805836
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	876,780	41,652	918,432	.787187	.787187	.787187
50	PHYSICAL THERAPY	246,530	13,974	260,504	.922961	.922961	.922961
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	396,950	368,785	765,735	.401229	.401229	.401229
54	ELECTROENCEPHALOGRAPHY	39,170	4,132	43,302	1.164888	1.164888	1.164888
55	MEDICAL SUPPLIES CHARGED	6,855		6,855	.145295	.145295	.145295
56	DRUGS CHARGED TO PATIENTS	1,916,489	472,429	2,388,918	.170745	.170745	.170745
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	1,104,784	401,059	1,505,843	2.480330	2.480330	2.480330
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	985,646	3,470,767	4,456,413	1.031477	1.031477	1.031477
62	OBSERVATION BEDS (NON-DIS	14,276	196,780	211,056	2.809600	2.809600	2.809600
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	20,271,426	32,389,374	52,660,800			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,271,426	32,389,374	52,660,800			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,397,667	1,792,392	3,605,275			5,397,667
38	RECOVERY ROOM	465,677	200,415	265,262			465,677
38	RECOVERY ROOM	353,823	23,311	330,512			353,823
39	DELIVERY ROOM & LABOR ROO	2,670,981	806,274	1,864,707			2,670,981
40	ANESTHESIOLOGY	647,879	45,186	602,693			647,879
40	ANESTHESIOLOGY	99,058	8,539	90,519			99,058
41	RADIOLOGY-DIAGNOSTIC	2,877,445	763,673	2,113,772			2,877,445
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	338,313	107,168	231,145			338,313
44	LABORATORY	5,070,410	666,552	4,403,858			5,070,410
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,310,892	242,156	1,068,736			1,310,892
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	722,978	77,819	645,159			722,978
50	PHYSICAL THERAPY	240,435	78,311	162,124			240,435
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	307,235	78,069	229,166			307,235
54	ELECTROENCEPHALOGRAPHY	50,442	1,264	49,178			50,442
55	MEDICAL SUPPLIES CHARGED	996	124	872			996
56	DRUGS CHARGED TO PATIENTS	407,895	63,360	344,535			407,895
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	3,734,988	1,917,215	1,817,773			3,734,988
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,596,686	1,211,060	3,385,626			4,596,686
62	OBSERVATION BEDS (NON-DIS	592,983	229,425	363,558			592,983
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	31,790,217	8,566,738	23,223,479			31,790,217
102	LESS OBSERVATION BEDS	592,983	229,425	363,558			592,983
103	TOTAL	31,197,234	8,337,313	22,859,921			31,197,234



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,397,667	1,792,392	3,605,275	179,239	209,106	5,009,322
38	RECOVERY ROOM	465,677	200,415	265,262	20,042	15,385	430,250
38	RECOVERY ROOM	353,823	23,311	330,512	2,331	19,170	332,322
39	DELIVERY ROOM & LABOR ROO	2,670,981	806,274	1,864,707	80,627	108,153	2,482,201
40	ANESTHESIOLOGY	647,879	45,186	602,693	4,519	34,956	608,404
40	ANESTHESIOLOGY	99,058	8,539	90,519	854	5,250	92,954
41	RADIOLOGY-DIAGNOSTIC	2,877,445	763,673	2,113,772	76,367	122,599	2,678,479
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	338,313	107,168	231,145	10,717	13,406	314,190
44	LABORATORY	5,070,410	666,552	4,403,858	66,655	255,424	4,748,331
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,310,892	242,156	1,068,736	24,216	61,987	1,224,689
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	722,978	77,819	645,159	7,782	37,419	677,777
50	PHYSICAL THERAPY	240,435	78,311	162,124	7,831	9,403	223,201
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	307,235	78,069	229,166	7,807	13,292	286,136
54	ELECTROENCEPHALOGRAPHY	50,442	1,264	49,178	126	2,852	47,464
55	MEDICAL SUPPLIES CHARGED	996	124	872	12	51	933
56	DRUGS CHARGED TO PATIENTS	407,895	63,360	344,535	6,336	19,983	381,576
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	3,734,988	1,917,215	1,817,773	191,722	105,431	3,437,835
60	CLINIC						
61	EMERGENCY	4,596,686	1,211,060	3,385,626	121,106	196,366	4,279,214
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	592,983	229,425	363,558	22,943	21,086	548,954
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	31,790,217	8,566,738	23,223,479	856,675	1,346,962	29,586,580
102	LESS OBSERVATION BEDS	592,983	229,425	363,558	22,943	21,086	548,954
103	TOTAL	31,197,234	8,337,313	22,859,921	833,732	1,325,876	29,037,626

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,015,222	1.247583	1.299661
37 01	OPERATING ROOM	6,608,478	.269706	.284179
38	RECOVERY ROOM	444,766	.967363	1.001954
38 01	RECOVERY ROOM	741,874	.447949	.473789
39	DELIVERY ROOM & LABOR ROO	1,336,519	1.857213	1.938135
40	ANESTHESIOLOGY	182,646	3.331056	3.522442
40 01	ANESTHESIOLOGY	190,876	.486986	.514491
41	RADIOLOGY-DIAGNOSTIC	6,827,182	.392326	.410283
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	133,867	2.347031	2.447175
44	LABORATORY	15,030,826	.315906	.332900
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	467,202	2.621327	2.754004
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	918,432	.737972	.778714
50	PHYSICAL THERAPY	260,504	.856805	.892900
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	765,735	.373675	.391033
54	ELECTROENCEPHALOGRAPHY	43,302	1.096116	1.161979
55	MEDICAL SUPPLIES CHARGED	6,855	.136105	.143545
56	DRUGS CHARGED TO PATIENTS	2,388,918	.159728	.168092
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION L	1,505,843	2.282997	2.353012
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	4,456,413	.960237	1.004301
62	OBSERVATION BEDS (NON-DIS	211,056	2.600987	2.700895
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	46,536,516		
102	LESS OBSERVATION BEDS	211,056		
103	TOTAL	46,325,460		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				5,366,080		5,366,080
26	INTENSIVE CARE UNIT				690,819		690,819
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				525,367		525,367
31	SUBPROVIDER						
33	NURSERY				106,404		106,404
101	TOTAL				6,688,670		6,688,670

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,485	1,298			1,539.76	1,998,608
26	INTENSIVE CARE UNIT	278	103			2,484.96	255,951
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	184				2,855.26	
31	SUBPROVIDER						
33	NURSERY	379				280.75	
101	TOTAL	4,326	1,401				2,254,559

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0173  
 COMPONENT NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,792,392	4,015,222	898,648		
38	RECOVERY ROOM		254,425	6,608,478			
38	RECOVERY ROOM		200,415	444,766	78,620		
39	DELIVERY ROOM & LABOR ROO		23,311	741,874			
40	ANESTHESIOLOGY		806,274	1,336,519	5,565		
40	ANESTHESIOLOGY		45,186	182,646	36,246		
41	RADIOLOGY-DIAGNOSTIC		8,539	190,876			
42	RADIOLOGY-THERAPEUTIC		763,673	6,827,182	769,661		
43	RADIOISOTOPE		107,168	133,867	18,257		
44	LABORATORY		666,552	15,030,826	1,058,034		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		242,156	467,202	97,761		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		77,819	918,432	488,393		
50	PHYSICAL THERAPY		78,311	260,504	130,113		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		78,069	765,735	185,302		
54	ELECTROENCEPHALOGRAPHY		1,264	43,302	18,589		
55	MEDICAL SUPPLIES CHARGED		124	6,855	2,837		
56	DRUGS CHARGED TO PATIENTS		63,360	2,388,918	832,303		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L		1,917,215	1,505,843	691,373		
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		1,211,060	4,456,413	399,616		
62	OBSERVATION BEDS (NON-DIS		229,425	211,056	1,447		
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,566,738	46,536,516	5,712,765		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 COMPONENT NO: 15-0173  
 PREPARED 6/10/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.446399	401,156
37 01	OPERATING ROOM	.038500	
38	RECOVERY ROOM	.450608	35,427
38 01	RECOVERY ROOM	.031422	
39	DELIVERY ROOM & LABOR ROO	.603264	3,357
40	ANESTHESIOLOGY	.247397	8,967
40 01	ANESTHESIOLOGY	.044736	
41	RADIOLOGY-DIAGNOSTIC	.111858	86,093
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.800556	14,616
44	LABORATORY	.044346	46,920
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.518311	50,671
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.084730	41,382
50	PHYSICAL THERAPY	.300613	39,114
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.101953	18,892
54	ELECTROENCEPHALOGRAPHY	.029190	543
55	MEDICAL SUPPLIES CHARGED	.018089	51
56	DRUGS CHARGED TO PATIENTS	.026522	22,074
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	CARDIAC CATHETERIZATION L	1.273184	880,245
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
61	EMERGENCY	.271757	108,598
62	OBSERVATION BEDS (NON-DIS	1.087034	1,573
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,759,679

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

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,485	
26	INTENSIVE CARE UNIT					278	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					184	
31	SUBPROVIDER						
33	NURSERY					379	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					4,326	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		1,298
26	INTENSIVE CARE UNIT		103
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		1,401

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	OPERATING ROOM						
38		RECOVERY ROOM						
38	01	RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
40	01	ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		CARDIAC CATHETERIZATION L						
60		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM			4,015,222			898,648	
38	RECOVERY ROOM			6,608,478				
38	01 RECOVERY ROOM			444,766			78,620	
39	DELIVERY ROOM & LABOR ROO			741,874				
40	ANESTHESIOLOGY			1,336,519			5,565	
40	01 ANESTHESIOLOGY			182,646			36,246	
41	RADIOLOGY-DIAGNOSTIC			190,876				
42	RADIOLOGY-THERAPEUTIC			6,827,182			769,661	
43	RADIOISOTOPE			133,867			18,257	
44	LABORATORY			15,030,826			1,058,034	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			467,202			97,761	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			918,432			488,393	
50	PHYSICAL THERAPY			260,504			130,113	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			765,735			185,302	
54	ELECTROENCEPHALOGRAPHY			43,302			18,589	
55	MEDICAL SUPPLIES CHARGED			6,855			2,837	
56	DRUGS CHARGED TO PATIENTS			2,388,918			832,303	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	CARDIAC CATHETERIZATION L			1,505,843			691,373	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			4,456,413			399,616	
62	OBSERVATION BEDS (NON-DIS			211,056			1,447	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			46,536,516			5,712,765	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	318,957					
37 01	OPERATING ROOM	1,125,700					
38	RECOVERY ROOM	38,398					
38 01	RECOVERY ROOM	50,790					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	13,910					
40 01	ANESTHESIOLOGY	27,331					
41	RADIOLOGY-DIAGNOSTIC	807,741					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	51,511					
44	LABORATORY	120,632					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	57,049					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,579					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	102,866					
54	ELECTROENCEPHALOGRAPHY	841					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	138,417					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	46,005					
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	460,583					
62	OBSERVATION BEDS (NON-DIS	49,303					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	3,416,613					





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					
37 OPERATING ROOM				428,774	
37 01 OPERATING ROOM				324,234	
38 RECOVERY ROOM				40,203	
38 01 RECOVERY ROOM				24,223	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				49,341	
40 01 ANESTHESIOLOGY				14,184	
41 RADIOLOGY-DIAGNOSTIC				340,438	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				130,180	
44 LABORATORY				40,693	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				160,070	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				5,179	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				41,273	
54 ELECTROENCEPHALOGRAPHY				980	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				23,634	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY				114,108	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				475,081	
62 OBSERVATION BEDS (NON-DISTINCT PART)				138,522	
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				2,351,117	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,351,117	









TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Output Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		21,755			
37 01 OPERATING ROOM		23,571			
38 RECOVERY ROOM		2,693			
38 01 RECOVERY ROOM		8,180			
39 DELIVERY ROOM & LABOR ROOM		13,069			
40 ANESTHESIOLOGY		2,988			
40 01 ANESTHESIOLOGY		2,133			
41 RADIOLOGY-DIAGNOSTIC		34,763			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		1,460			
44 LABORATORY		58,501			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		6,577			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		974			
50 PHYSICAL THERAPY		155			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,943			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		1,459			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY		13,591			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		196,659			
62 OBSERVATION BEDS (NON-DISTINCT PART)		6,409			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		397,880			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		397,880			













INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-4
15-0173		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,623,862	
26	INTENSIVE CARE UNIT		556,100	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1.344301	898,648	1,208,053
37 01	OPERATING ROOM	.288029		
38	RECOVERY ROOM	1.047016	78,620	82,316
38 01	RECOVERY ROOM	.476931		
39	DELIVERY ROOM & LABOR ROOM	1.998461	5,565	11,121
40	ANESTHESIOLOGY	3.547184	36,246	128,571
40 01	ANESTHESIOLOGY	.518965		
41	RADIOLOGY-DIAGNOSTIC	.421469	769,661	324,388
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	2.527232	18,257	46,140
44	LABORATORY	.337334	1,058,034	356,911
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	2.805836	97,761	274,301
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.787187	488,393	384,457
50	PHYSICAL THERAPY	.922961	130,113	120,089
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.401229	185,302	74,349
54	ELECTROENCEPHALOGRAPHY	1.164888	18,589	21,654
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.145295	2,837	412
56	DRUGS CHARGED TO PATIENTS	.170745	832,303	142,112
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	2.480330	691,373	1,714,833
60	CLINIC			
61	EMERGENCY	1.031477	399,616	412,195
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	2.809600	1,447	4,065
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		5,712,765	5,305,967
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,712,765	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-4
15-0173		

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3	TITLE XIX HOSPITAL	
					HOSPITAL	OTHER
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS		102,382			
26	INTENSIVE CARE UNIT		12,902			
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE UNIT					
30	NEONATAL INTENSIVE CARE UNIT		11,903			
31	SUBPROVIDER					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1.344301	35,042	47,107		
37	01 OPERATING ROOM	.288029				
38	RECOVERY ROOM	1.047016	4,363	4,568		
38	01 RECOVERY ROOM	.476931				
39	DELIVERY ROOM & LABOR ROOM	1.998461	136,856	273,501		
40	ANESTHESIOLOGY	3.547184	2,241	7,949		
40	01 ANESTHESIOLOGY	.518965				
41	RADIOLOGY-DIAGNOSTIC	.421469	35,723	15,056		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2.527232				
44	LABORATORY	.337334	48,481	16,354		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.	2.805836	9,581	26,883		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.787187	14,058	11,066		
50	PHYSICAL THERAPY	.922961	840	775		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	.401229	1,857	745		
54	ELECTROENCEPHALOGRAPHY	1.164888	606	706		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.145295				
56	DRUGS CHARGED TO PATIENTS	.170745	40,169	6,859		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION LABORATORY	2.480330	3,565	8,842		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1.031477	11,816	12,188		
62	OBSERVATION BEDS (NON-DISTINCT PART)	2.809600				
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	TOTAL		345,198	432,599		
102	LESS PBP CLINIC LABORATORY SERVICES -					
	PROGRAM ONLY CHARGES					
103	NET CHARGES		345,198			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,187,800	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	107,319	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	86.69	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-0173		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	2,295,119	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	2,295,119	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	3,412,102	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	5,707,221	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	5,707,221	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	229,376	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	18,176	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	5,459,669	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	5,459,669	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,052,687	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	3,406,982	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	2,647,543	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	181
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,351,117
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	714,438
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	181
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,060
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,060
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,060
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	879
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	181
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	714,438
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	196,482
19	SUBTOTAL (SEE INSTRUCTIONS)	518,137
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	518,137
24	PRIMARY PAYER PAYMENTS	12
25	SUBTOTAL	518,125
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	518,125
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	518,125
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	518,792
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-667
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	19

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,052,687		518,792
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,052,687		518,792
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		3,406,982		
SETTLEMENT TO PROGRAM				667
7 TOTAL MEDICARE PROGRAM LIABILITY		5,459,669		518,125

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0173  
 COMPONENT NO: -  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET E-3  
 PART III

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

	TITLE XIX HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	432,599	
2	MEDICAL AND OTHER SERVICES	397,880	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	830,479	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	830,479	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	127,187	
11	ANCILLARY SERVICE CHARGES	992,050	
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	1,119,237	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	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)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,119,237	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	288,758	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	830,479	
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	830,479	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	830,479	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	830,479	
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)	830,479	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	830,479	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	830,479	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	830,479	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

1

2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,400,120			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	31,659,809			
5 OTHER RECEIVABLES	216,484			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,491,791			
8 PREPAID EXPENSES	1,851,409			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	40,619,613			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	24,473,304			
14.01 LESS ACCUMULATED DEPRECIATION	-427,207			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	7,847,095			
18.01 LESS ACCUMULATED DEPRECIATION	-949,391			
19 MINOR EQUIPMENT DEPRECIABLE	185,060,694			
19.01 LESS ACCUMULATED DEPRECIATION	-2,276,368			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	213,728,127			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	898,033			
26 TOTAL OTHER ASSETS	898,033			
27 TOTAL ASSETS	255,245,773			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	15,299,095			
29 SALARIES, WAGES & FEES PAYABLE	11,688,499			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,883,261			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	860,639			
36 TOTAL CURRENT LIABILITIES	29,731,494			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	257,795,665			
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	257,795,665			
43 TOTAL LIABILITIES	287,527,159			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-32,281,386			
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	-32,281,386			
52 TOTAL LIABILITIES AND FUND BALANCES	255,245,773			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)		-32,349,578		
3 TOTAL		-32,349,578		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 PAID IN CAPITAL - CHP	60,000			
7 RETAINED EARNINGS	8,192			
8				
9				
10 TOTAL ADDITIONS		68,192		
11 SUBTOTAL		-32,281,386		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-32,281,386		

	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 ADDITIONS (CREDIT ADJUSTM				
6 PAID IN CAPITAL - CHP				
7 RETAINED EARNINGS				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0173  
 PERIOD: FROM 10/16/2008 TO 12/31/2008  
 PREPARED 6/10/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	95,159,263
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	51,669,277
3	NET PATIENT REVENUES	43,489,986
4	LESS: TOTAL OPERATING EXPENSES	79,686,600
5	NET INCOME FROM SERVICE TO PATIENTS	-36,196,614
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	27,400
7	INCOME FROM INVESTMENTS	3,019
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	98,812
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	2,215
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	2,234
22	RENTAL OF HOSPITAL SPACE	54,071
23	GOVERNMENTAL APPROPRIATIONS	
24	MEMBER PREMIUM	3,321,975
24.01	JOINT VENTURE	221,150
24.02	GAIN/LOSS ON SALE OF ASSETS	3,000
24.03	OTHER OPERATING INCOME	113,160
25	TOTAL OTHER INCOME	3,847,036
26	TOTAL OTHER EXPENSES	-32,349,578
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-32,349,578

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 10/16/2008	6/10/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0173		PARTS I-IV

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
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	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT 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	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	2,254,559
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	1,759,679
3	TOTAL INPATIENT PROGRAM CAPITAL COST	4,014,238
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	3,412,102
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	