

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0009	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 12:23

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:

CLARK MEMORIAL HOSPITAL 15-0009
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

 ECR ENCRYPTION INFORMATION
 DATE: 5/28/2009 TIME 12:23

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 PI ENCRYPTION INFORMATION
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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3	4		
1	HOSPITAL	0	837,500	-9,244	0	
2	SUBPROVIDER	0	85,085	2,599	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	922,585	-6,645	0	

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

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

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: 15-0009
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/1/2009
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	135	49,410			15,426		5,182
2 HMO					2,150		1,766
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	135	49,410			15,426		5,182
6 INTENSIVE CARE UNIT	34	12,444			6,527		
11 NURSERY							1,871
12 TOTAL	169	61,854			21,953		7,053
13 RPCH VISITS							
14 SUBPROVIDER	20	7,320			3,010		
15 SKILLED NURSING FACILITY	20	7,320			3,269		
18 HOME HEALTH AGENCY							
25 TOTAL	209						
26 OBSERVATION BED DAYS							70
26 01 OBSERVATION BED DAYS-SUB I							
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			39,115				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			39,115				
6 INTENSIVE CARE UNIT			7,066				
11 NURSERY			3,409				
12 TOTAL			49,590			3.01	
13 RPCH VISITS							
14 SUBPROVIDER			3,428				
15 SKILLED NURSING FACILITY			4,664				
18 HOME HEALTH AGENCY							
25 TOTAL						3.01	
26 OBSERVATION BED DAYS	70		4,613	316	4,297		
26 01 OBSERVATION BED DAYS-SUB I							
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					4,262	2,330	11,255
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	3.01	1,181.51			4,262	2,330	11,255
13 RPCH VISITS							
14 SUBPROVIDER		19.24			347		370
15 SKILLED NURSING FACILITY		19.63					
18 HOME HEALTH AGENCY							
25 TOTAL	3.01	1,220.38					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 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	58,476,202		58,476,202	2,538,385.98	23.04	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	127,704		127,704	6,073.60	21.03	
7 HOME OFFICE PERSONNEL						
8 SNF	789,138		789,138	40,828.86	19.33	
8.01 EXCLUDED AREA SALARIES	4,982,916	-190,103	4,792,813	148,219.81	32.34	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	712,104		712,104	11,994.09	59.37	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,645,128		10,645,128			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,011,660		1,011,660			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	499,093		499,093	16,812.32	29.69	
22 ADMINISTRATIVE & GENERAL	7,891,639		7,891,639	308,254.89	25.60	
22.01 A & G UNDER CONTRACT	2,384,247		2,384,247	14,283.10	166.93	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,435,421		1,435,421	77,797.90	18.45	
25 LAUNDRY & LINEN SERVICE	128,075		128,075	10,465.00	12.24	
26 HOUSEKEEPING	1,657,183		1,657,183	134,581.84	12.31	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,403,458		1,403,458	113,482.34	12.37	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	242,250		242,250	7,269.25	33.33	
31 CENTRAL SERVICE AND SUPPLY	572,966		572,966	39,079.34	14.66	
32 PHARMACY	1,590,909		1,590,909	48,138.07	33.05	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,438,309		1,438,309	77,338.56	18.60	
34 SOCIAL SERVICE	1,139,316		1,139,316	40,682.71	28.00	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	60,732,745		60,732,745	2,546,595.48	23.85	
2 EXCLUDED AREA SALARIES	5,772,054	-190,103	5,581,951	189,048.67	29.53	
3 SUBTOTAL SALARIES	54,960,691	190,103	55,150,794	2,357,546.81	23.39	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	712,104		712,104	11,994.09	59.37	
5 SUBTOTAL WAGE-RELATED COSTS	10,645,128		10,645,128		19.30	
6 TOTAL	66,317,923	190,103	66,508,026	2,369,540.90	28.07	
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	20,382,866		20,382,866	888,185.32	22.95	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0009
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/1/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX		10				
3.02	RUL						
4	RVC						
5	RVB		36				
6	RVA						
6.01	RVX		4				
6.02	RVL		36				
7	RHC		211				
8	RHB		121				
9	RHA		8				
9.01	RHX						
9.02	RHL						
10	RMC		20				
11	RMB		136				
12	RMA						
12.01	RMX		1,045				
12.02	RML		1,318				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		8				
16	SE2		186				
17	SE1		23				
18	SSC						
19	SSB						
20	SSA		26				
21	CC2						
22	CC1		4				
23	CB2						
24	CB1		4				
25	CA2						
26	CA1		4				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		14				
39	PC2						
40	PC1		5				
41	PB2						
42	PB1						
43	PA2						
44	PA1		50				
45	Default						
46	TOTAL		3,269				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9251
 Wage Index Factor (after 10/01) : 0.9162
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 4520
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0009
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/1/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9251
 Wage Index Factor (after 10/01) : 0.9162
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 4520
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0009	FROM 1/ 1/2008	6/ 1/2009
	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
 - 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

- 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) .316287
- 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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0009	FROM 1/ 1/2008	6/ 1/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0009
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/1/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		10,244,762	10,244,762	-3,617,275	6,627,487
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,533,939	5,533,939
5	0500 EMPLOYEE BENEFITS	499,093	12,462,056	12,961,149	105	12,961,254
6.01	0610 NONPATIENT TELEPHONES	324,437	370,615	695,052	-30	695,022
6.02	0630 PURCHASING, RECEIVING AND STORES	252,157	317,576	569,733	3,848	573,581
6.03	0640 ADMITTING	1,092,058	92,152	1,184,210	-364	1,183,846
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,026,050	714,462	1,740,512	-232	1,740,280
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	5,196,937	8,677,238	13,874,175	-154,959	13,719,216
8	0800 OPERATION OF PLANT	1,435,421	5,217,239	6,652,660	-1,891	6,650,769
9	0900 LAUNDRY & LINEN SERVICE	128,075	751,133	879,208	-10	879,198
10	1000 HOUSEKEEPING	1,657,183	315,470	1,972,653	-2,004	1,970,649
11	1100 DIETARY	1,403,458	1,719,483	3,122,941	-1,191	3,121,750
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	242,250	21,127	263,377	-569	262,808
15	1500 CENTRAL SERVICES & SUPPLY	572,966	177,615	750,581	2,364	752,945
16	1600 PHARMACY	1,590,909	5,905,964	7,496,873	-2,652,981	4,843,892
17	1700 MEDICAL RECORDS & LIBRARY	1,438,309	411,246	1,849,555	-324	1,849,231
18	1800 SOCIAL SERVICE	1,139,316	35,023	1,174,339		1,174,339
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				127,704	127,704
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,336,389	1,029,712	10,366,101	-341,749	10,024,352
26	2600 INTENSIVE CARE UNIT	3,784,917	651,427	4,436,344	-428,914	4,007,430
31	3100 SUBPROVIDER	1,052,357	135,950	1,188,307	-215,273	973,034
33	3300 NURSERY	740,426	122,846	863,272	-80,450	782,822
34	3400 SKILLED NURSING FACILITY	789,138	191,032	980,170	-27,554	952,616
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,707,643	12,460,317	16,167,960	-10,327,874	5,840,086
38	3800 RECOVERY ROOM	1,129,458	193,287	1,322,745	-174,237	1,148,508
39	3900 DELIVERY ROOM & LABOR ROOM	1,231,419	436,616	1,668,035	-343,966	1,324,069
41	4100 RADIOLOGY-DIAGNOSTIC	4,249,078	3,007,588	7,256,666	-1,928,899	5,327,767
44	4400 LABORATORY	2,813,507	3,214,658	6,028,165	-164,226	5,863,939
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46.01	4601 CONTINENCE CENTER		1,346	1,346		1,346
47	4700 BLOOD STORING, PROCESSING & TRANS.		985,405	985,405	-913,647	71,758
48	4800 INTRAVENOUS THERAPY					
48.01	3350 HEMODIALYSIS		334,635	334,635		334,635
48.02	4801 INTRAVENOUS THERAPY	276,465	375,360	651,825	-235,079	416,746
49	4900 RESPIRATORY THERAPY	1,275,579	839,223	2,114,802	-93,603	2,021,199
50	5000 PHYSICAL THERAPY	754,462	35,712	790,174	-17,108	773,066
53	5300 ELECTROCARDIOLOGY	502,539	47,513	550,052	-19,441	530,611
54	5400 ELECTROENCEPHALOGRAPHY	84,236	63,423	147,659	-289	147,370
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,998,395	18,998,395
56	5600 DRUGS CHARGED TO PATIENTS					
59	3120 CARDIAC CATHETERIZATION LABORATORY	979,925	3,247,331	4,227,256		4,227,256
59.01	3550 DIABETES	159,126	9,519	168,645	-206	168,439
59.02	3020 PARTIAL HOSPITALIZATION	119,065	13,647	132,712	93	132,805
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,561,295	1,945,858	5,507,153	-765,294	4,741,859
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,076,471	2,076,471	-1,916,464	160,007
95	SUBTOTALS	54,545,643	78,852,037	133,397,680	240,345	133,638,025
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 SIRH	261,271	40,870	302,141	-39,209	262,932
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS	3,669,288	1,496,908	5,166,196	-201,136	4,965,060
101	TOTAL	58,476,202	80,389,815	138,866,017	-0-	138,866,017

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0009
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/1/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-710,588	5,916,899
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-287,788	5,246,151
5	0500 EMPLOYEE BENEFITS	-28,205	12,933,049
6.01	0610 NONPATIENT TELEPHONES		695,022
6.02	0630 PURCHASING, RECEIVING AND STORES	10,132	583,713
6.03	0640 ADMITTING		1,183,846
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE		1,740,280
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	-2,653,960	11,065,256
8	0800 OPERATION OF PLANT	-433,243	6,217,526
9	0900 LAUNDRY & LINEN SERVICE		879,198
10	1000 HOUSEKEEPING		1,970,649
11	1100 DIETARY	-923,622	2,198,128
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-2,740	260,068
15	1500 CENTRAL SERVICES & SUPPLY	314,575	1,067,520
16	1600 PHARMACY	-4,677	4,839,215
17	1700 MEDICAL RECORDS & LIBRARY	-14,454	1,834,777
18	1800 SOCIAL SERVICE		1,174,339
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		127,704
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-38,524	9,985,828
26	2600 INTENSIVE CARE UNIT	-13,000	3,994,430
31	3100 SUBPROVIDER	-74,587	898,447
33	3300 NURSERY		782,822
34	3400 SKILLED NURSING FACILITY	-9,888	942,728
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-569,581	5,270,505
38	3800 RECOVERY ROOM	-97	1,148,411
39	3900 DELIVERY ROOM & LABOR ROOM		1,324,069
41	4100 RADIOLOGY-DIAGNOSTIC	-11,917	5,315,850
44	4400 LABORATORY	-110,117	5,753,822
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
46.01	4601 CONTINENCE CENTER		1,346
47	4700 BLOOD STORING, PROCESSING & TRANS.		71,758
48	4800 INTRAVENOUS THERAPY		
48.01	3350 HEMODIALYSIS		334,635
48.02	4801 INTRAVENOUS THERAPY		416,746
49	4900 RESPIRATORY THERAPY	-16,790	2,004,409
50	5000 PHYSICAL THERAPY		773,066
53	5300 ELECTROCARDIOLOGY	-7,200	523,411
54	5400 ELECTROENCEPHALOGRAPHY		147,370
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		18,998,395
56	5600 DRUGS CHARGED TO PATIENTS		
59	3120 CARDIAC CATHETERIZATION LABORATORY	-8,150	4,219,106
59.01	3550 DIABETES		168,439
59.02	3020 PARTIAL HOSPITALIZATION	-2,794	130,011
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-27,560	4,714,299
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-160,007	-0-
95	SUBTOTALS	-5,784,782	127,853,243
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 SIRH		262,932
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		4,965,060
101	TOTAL	-5,784,782	133,081,235

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	ADMITTING	0640	ADMITTING
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRIC	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.01	CONTINENCE CENTER	4601	WHOLE BLOOD & PACKED RED BLOOD CELLS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	HEMODIALYSIS	3350	HEMATOLOGY
48.02	INTRAVENOUS THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	DIABETES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.02	PARTIAL HOSPITALIZATION	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	SI RH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150009

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

PREPARED 6/ 1/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTERN & RESIDENTS	A	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		127,704
2					
3 BMU ADMIN	B	ADULTS & PEDIATRICS	25	190,103	9,517
4 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		1,782,027
5		NEW CAP REL COSTS-MVBLE EQUIP	4		32,068
6		OTHER ADMINISTRATIVE AND GENERAL	6.05		102,369
7 DEPRECIATION	D	NEW CAP REL COSTS-MVBLE EQUIP	4		5,501,871
8 INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		102,569
9		EMPLOYEE BENEFITS	5		18,300
10 CMOPS	F	OPERATION OF PLANT	8		3,160
11 MEDICAL EXPENSE	G	PURCHASING, RECEIVING AND STORES	6.02		3,848
12		CENTRAL SERVICES & SUPPLY	15		2,364
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		18,998,395
14		PARTIAL HOSPITALIZATION	59.02		93
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL EXPENSE	G				
2					
3					
4					
5					
6					
7					
36 TOTAL RECLASSIFICATIONS				190,103	26,684,285

(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:
150009

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

PREPARED 6/ 1/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 INTERN & RESIDENTS	A	OTHER ADMINISTRATIVE AND GENERAL	6.05		127,654	
2		OTHER NONREIMBURSABLE COST CENTERS	100.01		50	
3 BMU ADMIN	B	SUBPROVIDER	31	190,103	9,517	
4 INTEREST EXPENSE	C	INTEREST EXPENSE	88		1,916,464	11
5						11
6						
7 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		5,501,871	9
8 INSURANCE	E	OTHER ADMINISTRATIVE AND GENERAL	6.05		120,869	12
9						
10 CMOPS	F	OPERATING ROOM	37		3,160	
11 MEDICAL EXPENSE	G	EMPLOYEE BENEFITS	5		18,195	
12		NONPATIENT TELEPHONES	6.01		30	
13		ADMITTING	6.03		364	
14		CASHIERING/ACCOUNTS RECEIVABLE	6.04		232	
15		OTHER ADMINISTRATIVE AND GENERAL	6.05		8,805	
16		OPERATION OF PLANT	8		5,051	
17		LAUNDRY & LINEN SERVICE	9		10	
18		HOUSEKEEPING	10		2,004	
19		DIETARY	11		1,191	
20		NURSING ADMINISTRATION	14		569	
21		PHARMACY	16		2,652,981	
22		MEDICAL RECORDS & LIBRARY	17		324	
23		ADULTS & PEDIATRICS	25		541,369	
24		INTENSIVE CARE UNIT	26		428,914	
25		SUBPROVIDER	31		15,653	
26		NURSERY	33		80,450	
27		SKILLED NURSING FACILITY	34		27,554	
28		OPERATING ROOM	37		10,324,714	
29		RECOVERY ROOM	38		174,237	
30		DELIVERY ROOM & LABOR ROOM	39		343,966	
31		RADIOLOGY-DIAGNOSTIC	41		1,928,899	
32		LABORATORY	44		164,226	
33		BLOOD STORING, PROCESSING & TRANS.	47		913,647	
34		INTRAVENOUS THERAPY	48.02		235,079	
35		RESPIRATORY THERAPY	49		93,603	
1 MEDICAL EXPENSE	G	PHYSICAL THERAPY	50		17,108	
2		ELECTROCARDIOLOGY	53		19,441	
3		ELECTROENCEPHALOGRAPHY	54		289	
4		DIABETES	59.01		206	
5		EMERGENCY	61		765,294	
6		SIRH	100		39,209	
7		OTHER NONREIMBURSABLE COST CENTERS	100.01		201,086	
36 TOTAL RECLASSIFICATIONS				190,103	26,684,285	

(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:
150009

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

PREPARED 6/ 1/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INTERN & RESIDENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	127,704
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			127,704

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	127,654	
OTHER NONREIMBURSABLE COST CEN	100.01	50	
		127,704	

RECLASS CODE: B
EXPLANATION : BMU ADMIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	199,620
TOTAL RECLASSIFICATIONS FOR CODE B			199,620

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	199,620	
		199,620	

RECLASS CODE: C
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,782,027
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	32,068
3.00	OTHER ADMINISTRATIVE AND GENER	6.05	102,369
TOTAL RECLASSIFICATIONS FOR CODE C			1,916,464

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,916,464	
		0	
		0	
		1,916,464	

RECLASS CODE: D
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,501,871
TOTAL RECLASSIFICATIONS FOR CODE D			5,501,871

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	5,501,871	
		5,501,871	

RECLASS CODE: E
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	102,569
2.00	EMPLOYEE BENEFITS	5	18,300
TOTAL RECLASSIFICATIONS FOR CODE E			120,869

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	120,869	
		0	
		120,869	

RECLASS CODE: F
EXPLANATION : CMOPS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	3,160
TOTAL RECLASSIFICATIONS FOR CODE F			3,160

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	3,160	
		3,160	

RECLASS CODE: G
EXPLANATION : MEDICAL EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PURCHASING, RECEIVING AND STOR	6.02	3,848
2.00	CENTRAL SERVICES & SUPPLY	15	2,364
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	18,998,395
4.00	PARTIAL HOSPITALIZATION	59.02	93
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	18,195	
NONPATIENT TELEPHONES	6.01	30	
ADMINISTRATIVE	6.03	364	
CASHIERING/ACCOUNTS RECEIVABLE	6.04	232	
OTHER ADMINISTRATIVE AND GENER	6.05	8,805	
OPERATION OF PLANT	8	5,051	
LAUNDRY & LINEN SERVICE	9	10	
HOUSEKEEPING	10	2,004	
DIETARY	11	1,191	
NURSING ADMINISTRATIVE	14	569	
PHARMACY	16	2,652,981	
MEDICAL RECORDS & LIBRARY	17	324	
ADULTS & PEDIATRICS	25	541,369	
INTENSIVE CARE UNIT	26	428,914	
SUBPROVIDER	31	15,653	
NURSERY	33	80,450	
SKILLED NURSING FACILITY	34	27,554	

RECLASSIFICATIONS

PROVIDER NO:
150009

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

PREPARED 6/1/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION: MEDICAL EXPENSE

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
18.00		OPERATING ROOM	37 10,324,714
19.00		RECOVERY ROOM	38 174,237
20.00		DELIVERY ROOM & LABOR ROOM	39 343,966
21.00		RADIOLOGY-DIAGNOSTIC	41 1,928,899
22.00		LABORATORY	44 164,226
23.00		BLOOD STORING, PROCESSING & TR	47 913,647
24.00		INTRAVENOUS THERAPY	48.02 235,079
25.00		RESPIRATORY THERAPY	49 93,603
26.00		PHYSICAL THERAPY	50 17,108
27.00		ELECTROCARDIOLOGY	53 19,441
28.00		ELECTROENCEPHALOGRAPHY	54 289
29.00		DIABETES	59.01 206
30.00		EMERGENCY	61 765,294
31.00		SIRH	100 39,209
32.00		OTHER NONREIMBURSABLE COST CEN	100.01 201,086
TOTAL RECLASSIFICATIONS FOR CODE G			19,004,700

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	6,570,038				137,505	6,432,533	
2 LAND IMPROVEMENTS	1,491,384	35,756		35,756		1,527,140	
3 BUILDINGS & FIXTURE	89,631,255	3,242,472		3,242,472		92,873,727	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	20,048,371				8,303	20,040,068	
6 MOVABLE EQUIPMENT	58,571,578	7,142,547		7,142,547		65,714,125	
7 SUBTOTAL	176,312,626	10,420,775		10,420,775	145,808	186,587,593	
8 RECONCILING ITEMS							
9 TOTAL	176,312,626	10,420,775		10,420,775	145,808	186,587,593	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 15-0009

PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,503	NEW CAP REL COSTS-MVBLE E	4	9
10 TELEVISION AND RADIO SERVICE	A	-8,770	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-827,603			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	302,675			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-832,702	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-90,920	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST	B	-160,007	INTEREST EXPENSE	88	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 ADVERTISING - PERSONNEL	A	-28,205	EMPLOYEE BENEFITS	5	
38 ADVERTISING - ADMIN & GENERAL	A	-853,360	OTHER ADMINISTRATIVE AND	6.05	
39 ADVERTISING - ADULT & PEDS	A	-8,945	ADULTS & PEDIATRICALS	25	
40 ADVERTISING - PSYCH	A	-2,946	SUBPROVIDER	31	
41 ADVERTISING - RADIOLOGY	A	-10,242	RADIOLOGY-DIAGNOSTIC	41	
42 ADVERTISING - WOUNDCARE	A	-2,794	PARTIAL HOSPITALIZATION	59.02	
43 ADVERTISING - ER	A	-11,568	EMERGENCY	61	
44 ADVERTISING - NURSING	A	-2,740	NURSING ADMINISTRATION	14	
45 ADVERTISING - MED SURG	A	-25	ADULTS & PEDIATRICALS	25	
46 MISC. ADMIN & GENERAL	A	-757,868	OTHER ADMINISTRATIVE AND	6.05	
47 MISC. GOODWILL	A	-12,835	NEW CAP REL COSTS-BLDG &	3	11
48 IHA DUES EXPENSE	A	-5,972	OTHER ADMINISTRATIVE AND	6.05	
49 NON-ALLOWABLE DEPRECIATION	A	-656,780	NEW CAP REL COSTS-BLDG &	3	9
49.01 NON-ALLOWABLE DEPRECIATION	A	-275,515	NEW CAP REL COSTS-MVBLE E	4	9
49.02 NON-ALLOWABLE UTILITY EXPENSE	A	-433,243	OPERATION OF PLANT	8	
49.03 NON-ALLOWABLE TAXI EXPENSE	A	-2,185	OTHER ADMINISTRATIVE AND	6.05	
49.04 MISC REVENUE - RENTAL	B	-40,973	NEW CAP REL COSTS-BLDG &	3	10
49.05 MISC REVENUE - ADMIN & GENERAL	B	-495,565	OTHER ADMINISTRATIVE AND	6.05	
49.06 CONSORTA REFUND AND DISCOUNTS - 3RD	A	-6,328	PHARMACY	16	
49.07 CONSORTA REFUND AND DISCOUNTS - 3RD	A	-6,449	CARDIAC CATHETERIZATION L	59	
49.08 CONSORTA REFUND AND DISCOUNTS - 4TH	A	-1,701	CARDIAC CATHETERIZATION L	59	
49.09 CONSORTA REFUND AND DISCOUNTS - 4TH	A	-10,692	PHARMACY	16	
49.10 CONSORTA REFUND AND DISCOUNTS - 4TH	A	-13,375	OPERATING ROOM	37	
49.11 OVERFUNDED PENSION EXPENSE	A	-523,646	OTHER ADMINISTRATIVE AND	6.05	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,784,782			

(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	15	CENTRAL SERVICES & SUPPLY SUPPLIES	10,181,201	9,870,165	311,036	
2	6 2	PURCHASING, RECEIVING AND SUPPLIES	331,649	321,517	10,132	
3	41	RADIOLOGY-DIAGNOSTIC SUPPLIES	20,828	20,192	636	
4	6 5	OTHER ADMINISTRATIVE AND SUPPLIES	9,372	9,085	287	
4.01	25	ADULTS & PEDIATRICS CONTRACT NURSING SERVICES	24,200	25,742	-1,542	
4.02	16	PHARMACY PHARMACY	69,980	57,637	12,343	
4.03	15	CENTRAL SERVICES & SUPPLY SUPPLIES	285,933	282,394	3,539	
4.04	44	LABORATORY LABORATORY	207,511	234,185	-26,674	
4.05	41	RADIOLOGY-DIAGNOSTIC X-RAY	603	514	89	
4.06	17	MEDICAL RECORDS & LIBRARY MEDICAL RECORDS	30,596	27,102	3,494	
4.07	49	RESPIRATORY THERAPY RESPIRATORY THERAPY	300,055	310,720	-10,665	
4.08						
4.09						
4.10						
5		TOTALS	11,461,928	11,159,253	302,675	

* 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	C	0.00	SI RH	33.33	
2	C	0.00	JEWISH REV SVC CTR	11.39	
3	C	0.00	HEALTHSTAFF	11.14	
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: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/1/2009
 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 6 5	OTHER ADMIN & GENERAL	15,651	15,651		177,200			
2 17	MEDICAL RECORDS & LIBRARY	17,948	17,948		177,200			
3 25	ADULTS & PEDIATRICS	28,012	28,012		177,200			
4 26	INTENSIVE CARE UNIT	13,000	13,000		177,200			
5 31	SUBPROVIDER I (PSYCH)	71,641	71,641		154,100			
6 34	SKILLED NURSING UNIT	9,888	9,888		138,700			
7 37	OPERATING ROOM	556,206	556,206		208,000			
8 38	RECOVERY ROOM	97	97		177,200			
9 41	RADIOLOGY-DIAGNOSTIC	2,400	2,400		225,300			
10 44	LABORATORY	83,443	83,443		215,700			
11 49	RESPIRATORY THERAPY	6,125	6,125		177,200			
12 53	ELECTROCARDIOLOGY	7,200	7,200		177,200			
13 61	EMERGENCY	15,992	15,992		177,200			
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	827,603	827,603					

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	3	# OF	PHONES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	4	SUPPLIES		ENTERED
6.03	ADMINISTRATIVE	C	GROSS	CHARGES	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	-16	ACCUM.	COST	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	17	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	17	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,916,899	5,916,899					
005 NEW CAP REL COSTS-MVBLE	5,246,151		5,246,151				
006 EMPLOYEE BENEFITS	12,933,049			12,933,049			
006 01 NONPATIENT TELEPHONES	695,022			72,373	767,395		
006 02 PURCHASING, RECEIVING AND	583,713	30,075	26,666	56,249	11,296	707,999	
006 03 ADMINISTRATION	1,183,846	221,911	196,754	243,608	10,543	10,999	1,867,661
006 04 CASHIERING/ACCOUNTS RECEI	1,740,280	328,163	290,962	228,883	34,642		3
006 05 OTHER ADMINISTRATIVE AND	11,065,256	533,331	472,872	1,159,291	221,412	1,897	
008 OPERATION OF PLANT	6,217,526	888,007	787,342	320,202	21,086	1,207	
009 LAUNDRY & LINEN SERVICE	879,198			28,570	1,506	3,802	
010 HOUSEKEEPING	1,970,649			369,671		21,185	
011 DIETARY	2,198,128	279,032	247,400	313,072	12,802	10,147	
012 CAFETERIA							
014 NURSING ADMINISTRATION	260,068	47,731	42,320	54,039	3,765	1,173	
015 CENTRAL SERVICES & SUPPLY	1,067,520	92,417	81,941	127,813	6,025	3,238	
016 PHARMACY	4,839,215	56,984	50,525	354,887	10,543	20,204	
017 MEDICAL RECORDS & LIBRARY	1,834,777	50,531	44,803	320,846	34,642	11	
018 SOCIAL SERVICE	1,174,339			254,149	12,802		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	127,704						
025 ADULTS & PEDIATRICS	9,985,828	1,159,322	1,027,901	2,125,075	61,753	46,989	76,723
026 INTENSIVE CARE UNIT	3,994,430	112,188	99,470	844,309	20,333	25,558	26,969
031 SUBPROVIDER	898,447	248,759	220,559	192,345	7,531	1,632	9,455
033 NURSERY	782,822			165,168		3,210	7,555
034 SKILLED NURSING FACILITY	942,728	125,658	111,413	176,035	11,296	3,809	7,956
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,270,505	426,790	378,408	827,071	52,716	48,230	239,789
038 RECOVERY ROOM	1,148,411			251,950		831	27,735
039 DELIVERY ROOM & LABOR ROO	1,324,069	232,458	206,106	274,695	10,543	19,528	20,767
041 RADIOLOGY-DIAGNOSTIC	5,315,850	569,829	505,232	947,850	37,654	12,021	396,681
044 LABORATORY	5,753,822	28,127	24,938	627,615	27,111	394,698	190,981
046 WHOLE BLOOD & PACKED RED							
046 01 CONTINENCE CENTER	1,346						
047 BLOOD STORING, PROCESSING	71,758					18,478	11,030
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS	334,635						1,790
048 02 INTRAVENOUS THERAPY	416,746			61,672	2,259	4,081	48,116
049 RESPIRATORY THERAPY	2,004,409			284,546		211	70,769
050 PHYSICAL THERAPY	773,066			168,299	5,272	79	19,447
053 ELECTROCARDIOLOGY	523,411	57,715	51,172	112,102	9,037	1,158	45,366
054 ELECTROENCEPHALOGRAPHY	147,370	9,376	8,313	18,791	3,765	662	6,544
055 MEDICAL SUPPLIES CHARGED	18,998,395						220,018
056 DRUGS CHARGED TO PATIENTS							210,960
059 CARDIAC CATHETERIZATION L	4,219,106	97,409	86,367	218,594	15,815		125,363
059 01 DIABETES	168,439			35,497		819	939
059 02 PARTIAL HOSPITALIZATION	130,011			26,560		25	1,874
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,714,299	308,666	273,675	794,425	38,407	44,316	100,834
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	127,853,243	5,904,479	5,235,139	12,056,252	684,556	700,201	1,867,661
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		12,420	11,012		3,012		
100 SI RH	262,932			58,282		423	
100 01 OTHER NONREIMBURSABLE COS	4,965,060			818,515	79,827	7,375	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	133,081,235	5,916,899	5,246,151	12,933,049	767,395	707,999	1,867,661

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING/AC	SUBTOTAL	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	COUNTS RECEI		TRATIVE AND	PLANT	EN SERVICE		
	6.04	6a.04	6.05	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI	2,622,933						
006 05 OTHER ADMINISTRATIVE AND		13,454,059	13,454,059				
008 OPERATION OF PLANT		8,235,370	926,207	9,161,577			
009 LAUNDRY & LINEN SERVICE		913,076	102,691		1,015,767		
010 HOUSEKEEPING		2,361,505	265,591			2,627,096	
011 DIETARY		3,060,581	344,214	652,900	15,987	162,166	4,235,848
012 CAFETERIA							
014 NURSING ADMINISTRATION		409,096	46,010	111,684			
015 CENTRAL SERVICES & SUPPLY		1,378,954	155,087	216,244			
016 PHARMACY		5,332,358	599,714	133,336			
017 MEDICAL RECORDS & LIBRARY		2,285,610	257,056	118,236			
018 SOCIAL SERVICE		1,441,290	162,098				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		127,704	14,362				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	107,736	14,591,327	1,641,043	2,712,671	442,958	1,037,866	3,106,320
026 INTENSIVE CARE UNIT	37,870	5,161,127	580,456	262,506	88,372	259,466	169,856
031 SUBPROVIDER	13,276	1,592,004	179,048	582,065	44,566	194,600	330,060
033 NURSERY	10,609	969,364	109,021		10,193		
034 SKILLED NURSING FACILITY	11,172	1,390,067	156,337	294,024	65,378	129,733	530,788
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	336,715	7,580,224	852,525	998,635	138,829	486,499	
038 RECOVERY ROOM	38,946	1,467,873	165,087		40,731		8,270
039 DELIVERY ROOM & LABOR ROO	29,161	2,117,327	238,129	543,923	36,816	129,733	5,214
041 RADIOLOGY-DIAGNOSTIC	557,363	8,342,480	938,254	1,333,329	22,974		
044 LABORATORY	268,178	7,315,470	822,749	65,814			
046 WHOLE BLOOD & PACKED RED							
046 01 CONTINENCE CENTER		1,346	151				
047 BLOOD STORING, PROCESSING	15,489	116,755	13,131				
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS	2,513	338,938	38,119				
048 02 INTRAVENOUS THERAPY	67,566	600,440	67,530				
049 RESPIRATORY THERAPY	99,375	2,459,310	276,591				
050 PHYSICAL THERAPY	27,308	993,471	111,733				
053 ELECTROCARDIOLOGY	63,704	863,665	97,134	135,046			
054 ELECTROENCEPHALOGRAPHY	9,189	204,010	22,944	21,938			
055 MEDICAL SUPPLIES CHARGED	308,952	19,527,365	2,196,135				
056 DRUGS CHARGED TO PATIENTS	296,233	507,193	57,042				
059 CARDIAC CATHETERIZATION L	176,036	4,938,690	555,440	227,926			
059 01 DIABETES	1,318	207,012	23,282				
059 02 PARTIAL HOSPITALIZATION	2,632	161,102	18,119				24,324
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	141,592	6,416,214	721,612	722,239	108,963	227,033	61,016
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,622,933	126,862,377	12,754,642	9,132,516	1,015,767	2,627,096	4,235,848
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		26,444	2,974	29,061			
100 SI RH		321,637	36,174				
100 01 OTHER NONREIMBURSABLE COS		5,870,777	660,269				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,622,933	133,081,235	13,454,059	9,161,577	1,015,767	2,627,096	4,235,848

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 17a.00	SOCIAL SERVICE 18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION		566,790					
015 CENTRAL SERVICES & SUPPLY			1,750,285				
016 PHARMACY		18,579		6,083,987			
017 MEDICAL RECORDS & LIBRARY					2,660,902		
018 SOCIAL SERVICE					62,850	1,666,238	1,666,238
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C						142,066	1,801
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		220,353			716,376	24,468,914	310,267
026 INTENSIVE CARE UNIT		76,916			232,568	6,831,267	86,614
031 SUBPROVIDER		19,023			87,197	3,028,563	38,399
033 NURSERY		11,684			38,236	1,138,498	14,435
034 SKILLED NURSING FACILITY		19,411			77,205	2,662,943	33,763
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		69,164			255,734	10,381,610	131,628
038 RECOVERY ROOM		17,819			61,554	1,761,334	22,332
039 DELIVERY ROOM & LABOR ROO		21,163			84,328	3,176,633	40,277
041 RADIOLOGY-DIAGNOSTIC					241,940	10,878,977	137,935
044 LABORATORY					216,320	8,420,353	106,762
046 WHOLE BLOOD & PACKED RED							
046 01 CONTINENCE CENTER					270	1,767	22
047 BLOOD STORING, PROCESSING						129,886	1,647
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS						377,057	4,781
048 02 INTRAVENOUS THERAPY		4,104			15,946	688,020	8,723
049 RESPIRATORY THERAPY					81,123	2,817,024	35,717
050 PHYSICAL THERAPY					38,318	1,143,522	14,499
053 ELECTROCARDIOLOGY					31,255	1,127,100	14,291
054 ELECTROENCEPHALOGRAPHY					6,030	254,922	3,232
055 MEDICAL SUPPLIES CHARGED			1,750,285			23,473,785	297,624
056 DRUGS CHARGED TO PATIENTS				6,083,987		6,648,222	84,293
059 CARDIAC CATHETERIZATION L		13,304			37,538	5,772,898	73,195
059 01 DIABETES						230,294	2,920
059 02 PARTIAL HOSPITALIZATION					17,148	220,693	2,798
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		75,270			206,552	8,538,899	108,265
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		566,790	1,750,285	6,083,987	2,508,488	125,981,485	1,576,220
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						58,479	741
100 SIRH						357,811	4,537
100 01 OTHER NONREIMBURSABLE COS					152,414	6,683,460	84,740
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		566,790	1,750,285	6,083,987	2,660,902	133,081,235	1,666,238

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND		30,075	26,666	56,741			56,741
006 03 ADMINISTRATION		221,911	196,754	418,665			882
006 04 CASHIERING/ACCOUNTS RECEI		328,163	290,962	619,125			
006 05 OTHER ADMINISTRATIVE AND		533,331	472,872	1,006,203			152
008 OPERATION OF PLANT		888,007	787,342	1,675,349			97
009 LAUNDRY & LINEN SERVICE							305
010 HOUSEKEEPING							1,698
011 DIETARY		279,032	247,400	526,432			813
012 CAFETERIA							
014 NURSING ADMINISTRATION		47,731	42,320	90,051			94
015 CENTRAL SERVICES & SUPPLY		92,417	81,941	174,358			259
016 PHARMACY		56,984	50,525	107,509			1,619
017 MEDICAL RECORDS & LIBRARY		50,531	44,803	95,334			1
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,159,322	1,027,901	2,187,223			3,766
026 INTENSIVE CARE UNIT		112,188	99,470	211,658			2,048
031 SUBPROVIDER		248,759	220,559	469,318			131
033 NURSERY							257
034 SKILLED NURSING FACILITY		125,658	111,413	237,071			305
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		426,790	378,408	805,198			3,865
039 RECOVERY ROOM							67
041 DELIVERY ROOM & LABOR ROO		232,458	206,106	438,564			1,565
044 RADIOLOGY-DIAGNOSTIC		569,829	505,232	1,075,061			963
046 LABORATORY		28,127	24,938	53,065			31,632
046 01 WHOLE BLOOD & PACKED RED							
046 01 CONTINENCE CENTER							
047 BLOOD STORING, PROCESSING							1,481
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS							
048 02 INTRAVENOUS THERAPY							327
049 RESPIRATORY THERAPY							17
050 PHYSICAL THERAPY							6
053 ELECTROCARDIOLOGY		57,715	51,172	108,887			93
054 ELECTROENCEPHALOGRAPHY		9,376	8,313	17,689			53
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC CATHETERIZATION L		97,409	86,367	183,776			
059 01 DIABETES							66
059 02 PARTIAL HOSPITALIZATION							2
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		308,666	273,675	582,341			3,552
071 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		5,904,479	5,235,139	11,139,618			56,116
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		12,420	11,012	23,432			34
100 01 SI RH							591
101 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,916,899	5,246,151	11,163,050			56,741

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0009

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.03	6.04	6.05	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINING	419,547						
006 04 CASHIERING/ACCOUNTS RECEI		619,125					
006 05 OTHER ADMINIS TRATIVE AND			1,006,355				
008 OPERATION OF PLANT			69,276	1,744,722			
009 LAUNDRY & LINEN SERVICE			7,681		7,986		
010 HOUSEKEEPING			19,865			21,563	
011 DIETARY			25,746	124,338	126	1,331	678,786
012 CAFETERIA							
014 NURSING ADMINISTRATION			3,441	21,269			
015 CENTRAL SERVICES & SUPPLY			11,600	41,181			
016 PHARMACY			44,856	25,392			
017 MEDICAL RECORDS & LIBRARY			19,227	22,517			
018 SOCIAL SERVICE			12,124				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			1,074				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,229	25,427	122,742	516,599	3,483	8,519	497,781
026 INTENSIVE CARE UNIT	6,056	8,938	43,415	49,991	695	2,130	27,219
031 SUBPROVIDER	2,123	3,133	13,392	110,848	350	1,597	52,891
033 NURSERY	1,697	2,504	8,154		80		
034 SKILLED NURSING FACILITY	1,787	2,637	11,693	55,994	514	1,065	85,058
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	53,848	79,470	63,765	190,179	1,091	3,993	
038 RECOVERY ROOM	6,228	9,192	12,348		320		1,325
039 DELIVERY ROOM & LABOR ROO	4,664	6,883	17,811	103,584	289	1,065	836
041 RADIOLOGY-DIAGNOSTIC	89,217	131,617	70,177	253,918	181		
044 LABORATORY	42,887	63,294	61,538	12,533			
046 WHOLE BLOOD & PACKED RED							
046 01 CONTINENCE CENTER			11				
047 BLOOD STORING, PROCESSING	2,477	3,656	982				
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS	402	593	2,851				
048 02 INTRAVENOUS THERAPY	10,805	15,947	5,051				
049 RESPIRATORY THERAPY	15,892	23,454	20,688				
050 PHYSICAL THERAPY	4,367	6,445	8,357				
053 ELECTROCARDIOLOGY	10,188	15,035	7,265	25,718			
054 ELECTROENCEPHALOGRAPHY	1,470	2,169	1,716	4,178			
055 MEDICAL SUPPLIES CHARGED	49,408	72,918	164,316				
056 DRUGS CHARGED TO PATIENTS	47,374	69,916	4,267				
059 CARDIAC CATHETERIZATION L	28,152	41,547	41,544	43,406			
059 01 DIABETES	211	311	1,741				
059 02 PARTIAL HOSPITALIZATION	421	621	1,355				3,898
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	22,644	33,418	53,973	137,543	857	1,863	9,778
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	419,547	619,125	954,042	1,739,188	7,986	21,563	678,786
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			222	5,534			
100 SI RH			2,706				
100 01 OTHER NONREIMBURSABLE COS			49,385				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	419,547	619,125	1,006,355	1,744,722	7,986	21,563	678,786

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION		114,855					
015 CENTRAL SERVICES & SUPPLY			227,398				
016 PHARMACY		3,765		183,141			
017 MEDICAL RECORDS & LIBRARY					137,079		
018 SOCIAL SERVICE					3,238	15,362	
022 I&R SERVICES-SALARY & FRI							17
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		44,651			36,905	2,849	
026 INTENSIVE CARE UNIT		15,586			11,981	799	
031 SUBPROVIDER		3,855			4,492	354	
033 NURSERY		2,368			1,970	133	
034 SKILLED NURSING FACILITY		3,933			3,977	312	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		14,016			13,174	1,215	
039 RECOVERY ROOM		3,611			3,171	206	
041 DELIVERY ROOM & LABOR ROO		4,289			4,344	372	
044 RADIOLOGY-DIAGNOSTIC					12,464	1,273	
046 LABORATORY					11,144	985	
046 01 WHOLE BLOOD & PACKED RED							
046 01 CONTINENCE CENTER					14		
047 BLOOD STORING, PROCESSING						15	
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS							44
048 02 INTRAVENOUS THERAPY		832			821	80	
049 RESPIRATORY THERAPY					4,179	330	
050 PHYSICAL THERAPY					1,974	134	
053 ELECTROCARDIOLOGY					1,610	132	
054 ELECTROENCEPHALOGRAPHY					311	30	
055 MEDICAL SUPPLIES CHARGED			227,398			2,746	
056 DRUGS CHARGED TO PATIENTS				183,141		778	
059 CARDIAC CATHETERIZATION L		2,696			1,934	675	
059 01 DIABETES						27	
059 02 PARTIAL HOSPITALIZATION					883	26	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		15,253			10,641	999	
071 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		114,855	227,398	183,141	129,227	14,531	
096 NONREIMBURS COST CENTERS							7
100 GIFT, FLOWER, COFFEE SHOP							42
100 01 OTHER NONREIMBURSABLE COS					7,852	782	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		114,855	227,398	183,141	137,079	15,362	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 PURCHASING, RECEIVING AND				
006 03 ADMINISTRATION				
006 04 CASHIERING/ACCOUNTS RECEI				
006 05 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C	1,091			
025 INPAT ROUTINE SRVC CNTRS		3,467,174		3,467,174
026 ADULTS & PEDIATRICS		380,516		380,516
031 INTENSIVE CARE UNIT		662,484		662,484
033 SUBPROVIDER		17,163		17,163
034 NURSERY		404,346		404,346
037 SKILLED NURSING FACILITY				
038 ANCILLARY SRVC COST CNTRS		1,229,814		1,229,814
039 OPERATING ROOM		36,468		36,468
041 RECOVERY ROOM		584,266		584,266
044 DELIVERY ROOM & LABOR ROO		1,634,871		1,634,871
046 RADIOLOGY-DIAGNOSTIC		277,078		277,078
046 LABORATORY				
046 01 WHOLE BLOOD & PACKED RED		25		25
046 CONTINENCE CENTER		8,611		8,611
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
048 01 HEMODIALYSIS		3,890		3,890
048 02 INTRAVENOUS THERAPY		33,863		33,863
049 RESPIRATORY THERAPY		64,560		64,560
050 PHYSICAL THERAPY		21,283		21,283
053 ELECTROCARDIOLOGY		168,928		168,928
054 ELECTROENCEPHALOGRAPHY		27,616		27,616
055 MEDICAL SUPPLIES CHARGED		516,786		516,786
056 DRUGS CHARGED TO PATIENTS		305,476		305,476
059 CARDIAC CATHETERIZATION L		343,730		343,730
059 01 DIABETES		2,356		2,356
059 02 PARTIAL HOSPITALIZATION		7,206		7,206
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY		872,862		872,862
071 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		11,071,372		11,071,372
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		29,195		29,195
100 SI RH		2,782		2,782
100 01 OTHER NONREIMBURSABLE COS		58,610		58,610
101 CROSS FOOT ADJUSTMENTS	1,091	1,091		1,091
102 NEGATIVE COST CENTER				
103 TOTAL	1,091	11,163,050		11,163,050

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING RECEIVING AND (SUPPLIES)	ADMITTING AND (GROSS CHARGES)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	388,753					
005 NEW CAP REL COSTS-MVB		388,753				
006 EMPLOYEE BENEFITS			57,977,109			
006 01 NONPATIENT TELEPHONES			324,437	1,019		
006 02 PURCHASING, RECEIVING	1,976	1,976	252,157	15	2,742,553	
006 03 ADMITTING	14,580	14,580	1,092,058	14	42,608	397,573,847
006 04 CASHIERING/ACCOUNTS R	21,561	21,561	1,026,050	46	11	
006 05 OTHER ADMINISTRATIVE	35,041	35,041	5,196,937	294	7,350	
008 OPERATION OF PLANT	58,344	58,344	1,435,421	28	4,676	
009 LAUNDRY & LINEN SERVI			128,075	2	14,728	
010 HOUSEKEEPING			1,657,183		82,063	
011 DIETARY	18,333	18,333	1,403,458	17	39,305	
012 CAFETERIA						
014 NURSING ADMINISTRATIO	3,136	3,136	242,250	5	4,545	
015 CENTRAL SERVICES & SU	6,072	6,072	572,966	8	12,542	
016 PHARMACY	3,744	3,744	1,590,909	14	78,263	
017 MEDICAL RECORDS & LIB	3,320	3,320	1,438,309	46	42	
018 SOCIAL SERVICE			1,139,316	17		
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	76,170	76,170	9,526,492	82	182,019	16,331,022
026 INTENSIVE CARE UNIT	7,371	7,371	3,784,917	27	99,005	5,740,560
031 SUBPROVIDER	16,344	16,344	862,254	10	6,322	2,012,482
033 NURSERY			740,426		12,436	1,608,186
034 SKILLED NURSING FACIL	8,256	8,256	789,138	15	14,754	1,693,440
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	28,041	28,041	3,707,643	70	186,828	51,040,636
038 RECOVERY ROOM			1,129,458		3,218	5,903,556
039 DELIVERY ROOM & LABOR	15,273	15,273	1,231,419	14	75,646	4,420,387
041 RADIOLOGY-DIAGNOSTIC	37,439	37,439	4,249,078	50	46,565	84,466,199
044 LABORATORY	1,848	1,848	2,813,507	36	1,528,925	40,651,452
046 WHOLE BLOOD & PACKED						
046 01 CONTINENCE CENTER						
047 BLOOD STORING, PROCES					71,579	2,347,818
048 INTRAVENOUS THERAPY						
048 01 HEMODIALYSIS						380,990
048 02 INTRAVENOUS THERAPY			276,465	3	15,808	10,241,911
049 RESPIRATORY THERAPY			1,275,579		816	15,063,727
050 PHYSICAL THERAPY			754,462	7	307	4,139,495
053 ELECTROCARDIOLOGY	3,792	3,792	502,539	12	4,487	9,656,445
054 ELECTROENCEPHALOGRAPH	616	616	84,236	5	2,563	1,392,953
055 MEDICAL SUPPLIES CHAR						46,832,217
056 DRUGS CHARGED TO PATI						44,904,195
059 CARDIAC CATHETERIZATI	6,400	6,400	979,925	21		26,684,297
059 01 DIABETES			159,126		3,172	199,802
059 02 PARTIAL HOSPITALIZATI			119,065		97	398,988
061 OUTPAT SERVICE COST C						
061 EMERGENCY	20,280	20,280	3,561,295	51	171,667	21,463,089
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	387,937	387,937	54,046,550	909	2,712,347	397,573,847
096 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	816	816		4		
100 01 SIRH			261,271		1,639	
100 01 OTHER NONREIMBURSABLE			3,669,288	106	28,567	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,916,899	5,246,151	12,933,049	767,395	707,999	1,867,661
104 (WRKSHT B, PART I)	15.220202		.223072		.258153	
104 UNIT COST MULTIPLIER		13.494818		753.086359		.004698
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					56,741	419,547
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.020689	
108 (WRKSHT B, PT III)						.001055

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	(GROSS CHARGES)	RECONCILI- IATION	(ACCUM. COST)	(SQUARE)FEET	(POUNDS OF)LAUNDRY	(HOURS OF)SERVICE	(MEALS)SERVED
	6.04	6a.05	6.05	8	9	10	11
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R	397,573,847						
006 05 OTHER ADMINIS		-13,454,059	119,627,176				
008 OPERATION OF PLANT			8,235,370	257,251			
009 LAUNDRY & LINEN SERVI			913,076		1,437,754		
010 HOUSEKEEPING			2,361,505			648	
011 DIETARY			3,060,581	18,333	22,628	40	174,665
012 CAFETERIA							
014 NURSING ADMINIS			409,096	3,136			
015 CENTRAL SERVICES & SU			1,378,954	6,072			
016 PHARMACY			5,332,358	3,744			
017 MEDICAL RECORDS & LIB			2,285,610	3,320			
018 SOCIAL SERVICE			1,441,290				
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR			127,704				
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	16,331,022		14,591,327	76,170	626,983	256	128,089
026 INTENSIVE CARE UNIT	5,740,560		5,161,127	7,371	125,085	64	7,004
031 SUBPROVIDER	2,012,482		1,592,004	16,344	63,080	48	13,610
033 NURSERY	1,608,186		969,364		14,427		
034 SKILLED NURSING FACIL	1,693,440		1,390,067	8,256	92,538	32	21,887
ANCILLARY SRVC COST C							
037 OPERATING ROOM	51,040,636		7,580,224	28,041	196,503	120	
038 RECOVERY ROOM	5,903,556		1,467,873		57,652		341
039 DELIVERY ROOM & LABOR	4,420,387		2,117,327	15,273	52,110	32	215
041 RADIOLOGY-DIAGNOSTIC	84,466,199		8,342,480	37,439	32,518		
044 LABORATORY	40,651,452		7,315,470	1,848			
046 WHOLE BLOOD & PACKED							
046 01 CONTINENCE CENTER			1,346				
047 BLOOD STORING, PROCES	2,347,818		116,755				
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS	380,990		338,938				
048 02 INTRAVENOUS THERAPY	10,241,911		600,440				
049 RESPIRATORY THERAPY	15,063,727		2,459,310				
050 PHYSICAL THERAPY	4,139,495		993,471				
053 ELECTROCARDIOLOGY	9,656,445		863,665	3,792			
054 ELECTROENCEPHALOGRAPH	1,392,953		204,010	616			
055 MEDICAL SUPPLIES CHAR	46,832,217		19,527,365				
056 DRUGS CHARGED TO PATI	44,904,195		507,193				
059 CARDIAC CATHETERIZATI	26,684,297		4,938,690	6,400			
059 01 DIABETES	199,802		207,012				
059 02 PARTIAL HOSPITALIZATI	398,988		161,102				1,003
OUTPAT SERVICE COST C							
061 EMERGENCY	21,463,089		6,416,214	20,280	154,230	56	2,516
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	397,573,847	-13,454,059	113,408,318	256,435	1,437,754	648	174,665
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			26,444	816			
100 SIRH			321,637				
100 01 OTHER NONREIMBURSABLE			5,870,777				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,622,933		13,454,059	9,161,577	1,015,767	2,627,096	4,235,848
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				35.613378		4,054.160494	
(WRKSHT B, PT I)	.006597		.112467		.706496		24.251270
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	619,125		1,006,355	1,744,722	7,986	21,563	678,786
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				6.782178		33.276235	
(WRKSHT B, PT III)	.001557		.008412		.005554		3.886216

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	RECONCILIATION	SOCIAL SERVICE (ACCUM. COST)
	12	14	15	16	17	18a.00	18
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,876,993						
014 NURSING ADMINISTRATION		1,192,208					
015 CENTRAL SERVICES & SU	7,269		100				
016 PHARMACY	39,079	39,079		100			
017 MEDICAL RECORDS & LIB	48,138				1,516,681		
018 SOCIAL SERVICE	77,339				35,824	-1,666,238	131,414,997
022 I&R SERVICES-SALARY &	40,683						
023 I&R SERVICES-OTHER PR							142,066
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	463,497	463,497			408,325		24,468,914
031 INTENSIVE CARE UNIT	161,788	161,788			132,561		6,831,267
033 SUBPROVIDER	40,014	40,014			49,701		3,028,563
034 NURSERY	24,577	24,577			21,794		1,138,498
037 SKILLED NURSING FACIL	40,829	40,829			44,006		2,662,943
038 ANCILLARY SRVC COST C							
038 OPERATING ROOM	145,483	145,483			145,765		10,381,610
039 RECOVERY ROOM	37,482	37,482			35,085		1,761,334
041 DELIVERY ROOM & LABOR	44,516	44,516			48,066		3,176,633
044 RADIOLOGY-DIAGNOSTIC	170,115				137,903		10,878,977
046 LABORATORY	127,039				123,300		8,420,353
046 WHOLE BLOOD & PACKED							
046 01 CONTINENCE CENTER					154		1,767
047 BLOOD STORING, PROCES							129,886
048 INTRAVENOUS THERAPY							
048 01 HEMODIALYSIS							377,057
048 02 INTRAVENOUS THERAPY	8,633	8,633			9,089		688,020
049 RESPIRATORY THERAPY	50,024				46,239		2,817,024
050 PHYSICAL THERAPY	21,197				21,841		1,143,522
053 ELECTROCARDIOLOGY	19,273				17,815		1,127,100
054 ELECTROENCEPHALOGRAPH	3,468				3,437		254,922
055 MEDICAL SUPPLIES CHAR			100				23,473,785
056 DRUGS CHARGED TO PATI				100			6,648,222
059 CARDIAC CATHETERIZATI	27,985	27,985			21,396		5,772,898
059 01 DIABETES	4,840						230,294
059 02 PARTIAL HOSPITALIZATI	7,195				9,774		220,693
061 OUTPAT SERVICE COST C							
062 EMERGENCY	158,325	158,325			117,732		8,538,899
062 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,768,788	1,192,208	100	100	1,429,807	-1,666,238	124,315,247
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE							58,479
100 SIRH	9,644						357,811
100 01 OTHER NONREIMBURSABLE	98,561				86,874		6,683,460
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		566,790	1,750,285	6,083,987	2,660,902		1,666,238
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.475412	17,502.850000	60,839.870000	1.754424		.012679
105 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		114,855	227,398	183,141	137,079		15,362
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.096338	2,273.980000	1,831.410000	.090381		.000117
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
GENERAL SERVICE COST	22	23
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 PURCHASING, RECEIVING		
006 03 ADMITTING		
006 04 CASHIERING/ACCOUNTS R		
006 05 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
022 I&R SERVICES-SALARY &	100	
023 I&R SERVICES-OTHER PR		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	100	100
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
033 NURSERY		
034 SKILLED NURSING FACIL		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR		
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		
046 WHOLE BLOOD & PACKED		
046 01 CONTINENCE CENTER		
047 BLOOD STORING, PROCES		
048 INTRAVENOUS THERAPY		
048 01 HEMODIALYSIS		
048 02 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
059 CARDIAC CATHETERIZATI		
059 01 DIABETES		
059 02 PARTIAL HOSPITALIZATI		
OUTPAT SERVICE COST C		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	100	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
100 SIRH		
100 01 OTHER NONREIMBURSABLE		
CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED		143,867
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		1,438.670000
(WRKSHT B, PT I)		
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED		1,091
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		10.910000
(WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0009PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 6/ 1/2009
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	24,779,181		24,779,181		24,779,181
26	INTENSIVE CARE UNIT	6,917,881		6,917,881		6,917,881
31	SUBPROVIDER	3,066,962		3,066,962		3,066,962
33	NURSERY	1,152,933		1,152,933		1,152,933
34	SKILLED NURSING FACILITY	2,696,706		2,696,706		2,696,706
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,513,238		10,513,238		10,513,238
38	RECOVERY ROOM	1,783,666		1,783,666		1,783,666
39	DELIVERY ROOM & LABOR ROO	3,216,910		3,216,910		3,216,910
41	RADIOLOGY-DIAGNOSTIC	11,016,912		11,016,912		11,016,912
44	LABORATORY	8,527,115		8,527,115		8,527,115
46	WHOLE BLOOD & PACKED RED					
46	01 CONTINENCE CENTER	1,789		1,789		1,789
47	BLOOD STORING, PROCESSING	131,533		131,533		131,533
48	INTRAVENOUS THERAPY					
48	01 HEMODIALYSIS	381,838		381,838		381,838
48	02 INTRAVENOUS THERAPY	696,743		696,743		696,743
49	RESPIRATORY THERAPY	2,852,741		2,852,741		2,852,741
50	PHYSICAL THERAPY	1,158,021		1,158,021		1,158,021
53	ELECTROCARDIOLOGY	1,141,391		1,141,391		1,141,391
54	ELECTROENCEPHALOGRAPHY	258,154		258,154		258,154
55	MEDICAL SUPPLIES CHARGED	23,771,409		23,771,409		23,771,409
56	DRUGS CHARGED TO PATIENTS	6,732,515		6,732,515		6,732,515
59	CARDIAC CATHETERIZATION L	5,846,093		5,846,093		5,846,093
59	01 DIABETES	233,214		233,214		233,214
59	02 PARTIAL HOSPITALIZATION	223,491		223,491		223,491
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,647,164		8,647,164		8,647,164
62	OBSERVATION BEDS (NON-DIS	2,614,049		2,614,049		2,614,049
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	128,361,649		128,361,649		128,361,649
102	LESS OBSERVATION BEDS	2,614,049		2,614,049		2,614,049
103	TOTAL	125,747,600		125,747,600		125,747,600

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	14,889,100		14,889,100			
26	INTENSIVE CARE UNIT	5,740,560		5,740,560			
31	SUBPROVIDER	2,012,482		2,012,482			
33	NURSERY	1,608,186		1,608,186			
34	SKILLED NURSING FACILITY	1,693,440		1,693,440			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,804,123	29,236,513	51,040,636	.205978	.205978	.205978
38	RECOVERY ROOM	2,215,572	3,687,984	5,903,556	.302134	.302134	.302134
39	DELIVERY ROOM & LABOR ROO	3,849,204	571,183	4,420,387	.727744	.727744	.727744
41	RADIOLOGY-DIAGNOSTIC	23,105,797	61,360,402	84,466,199	.130430	.130430	.130430
44	LABORATORY	20,890,878	19,760,574	40,651,452	.209762	.209762	.209762
46	WHOLE BLOOD & PACKED RED						
46	01 CONTINENCE CENTER						
47	BLOOD STORING, PROCESSING	2,028,968	318,850	2,347,818	.056024	.056024	.056024
48	INTRAVENOUS THERAPY						
48	01 HEMODIALYSIS	374,987	6,003	380,990	1.002226	1.002226	1.002226
48	02 INTRAVENOUS THERAPY	7,954,931	2,286,980	10,241,911	.068029	.068029	.068029
49	RESPIRATORY THERAPY	11,226,917	3,836,810	15,063,727	.189378	.189378	.189378
50	PHYSICAL THERAPY	3,937,422	202,073	4,139,495	.279749	.279749	.279749
53	ELECTROCARDIOLOGY	5,069,204	4,587,241	9,656,445	.118200	.118200	.118200
54	ELECTROENCEPHALOGRAPHY	253,572	1,139,381	1,392,953	.185329	.185329	.185329
55	MEDICAL SUPPLIES CHARGED	25,103,989	21,728,228	46,832,217	.507587	.507587	.507587
56	DRUGS CHARGED TO PATIENTS	33,000,703	11,903,492	44,904,195	.149931	.149931	.149931
59	CARDIAC CATHETERIZATION L	13,372,278	13,312,019	26,684,297	.219084	.219084	.219084
59	01 DIABETES		199,802	199,802	1.167226	1.167226	1.167226
59	02 PARTIAL HOSPITALIZATION	535	398,453	398,988	.560145	.560145	.560145
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,633,564	15,829,525	21,463,089	.402885	.402885	.402885
62	OBSERVATION BEDS (NON-DIS	240,113	1,201,809	1,441,922	1.812892	1.812892	1.812892
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	206,006,525	191,567,322	397,573,847			
102	LESS OBSERVATION BEDS						
103	TOTAL	206,006,525	191,567,322	397,573,847			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,513,238	1,229,814	9,283,424			10,513,238
38	RECOVERY ROOM	1,783,666	36,468	1,747,198			1,783,666
39	DELIVERY ROOM & LABOR ROO	3,216,910	584,266	2,632,644			3,216,910
41	RADIOLOGY-DIAGNOSTIC	11,016,912	1,634,871	9,382,041			11,016,912
44	LABORATORY	8,527,115	277,078	8,250,037			8,527,115
46	WHOLE BLOOD & PACKED RED						
	CONTINENCE CENTER	1,789	25	1,764			1,789
47	BLOOD STORING, PROCESSING	131,533	8,611	122,922			131,533
48	INTRAVENOUS THERAPY						
	01 HEMODIALYSIS	381,838	3,890	377,948			381,838
48	02 INTRAVENOUS THERAPY	696,743	33,863	662,880			696,743
49	RESPIRATORY THERAPY	2,852,741	64,560	2,788,181			2,852,741
50	PHYSICAL THERAPY	1,158,021	21,283	1,136,738			1,158,021
53	ELECTROCARDIOLOGY	1,141,391	168,928	972,463			1,141,391
54	ELECTROENCEPHALOGRAPHY	258,154	27,616	230,538			258,154
55	MEDICAL SUPPLIES CHARGED	23,771,409	516,786	23,254,623			23,771,409
56	DRUGS CHARGED TO PATIENTS	6,732,515	305,476	6,427,039			6,732,515
59	CARDIAC CATHETERIZATION L	5,846,093	343,730	5,502,363			5,846,093
59	01 DIABETES	233,214	2,356	230,858			233,214
59	02 PARTIAL HOSPITALIZATION	223,491	7,206	216,285			223,491
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,647,164	872,862	7,774,302			8,647,164
62	OBSERVATION BEDS (NON-DIS	2,614,049	365,766	2,248,283			2,614,049
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	89,747,986	6,505,455	83,242,531			89,747,986
102	LESS OBSERVATION BEDS	2,614,049	365,766	2,248,283			2,614,049
103	TOTAL	87,133,937	6,139,689	80,994,248			87,133,937

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	51,040,636	.205978	.205978
38	RECOVERY ROOM	5,903,556	.302134	.302134
39	DELIVERY ROOM & LABOR ROO	4,420,387	.727744	.727744
41	RADIOLOGY-DIAGNOSTIC	84,466,199	.130430	.130430
44	LABORATORY	40,651,452	.209762	.209762
46	WHOLE BLOOD & PACKED RED			
46	01 CONTINENCE CENTER			
47	BLOOD STORING, PROCESSING	2,347,818	.056024	.056024
48	INTRAVENOUS THERAPY			
48	01 HEMODIALYSIS	380,990	1.002226	1.002226
48	02 INTRAVENOUS THERAPY	10,241,911	.068029	.068029
49	RESPIRATORY THERAPY	15,063,727	.189378	.189378
50	PHYSICAL THERAPY	4,139,495	.279749	.279749
53	ELECTROCARDIOLOGY	9,656,445	.118200	.118200
54	ELECTROENCEPHALOGRAPHY	1,392,953	.185329	.185329
55	MEDICAL SUPPLIES CHARGED	46,832,217	.507587	.507587
56	DRUGS CHARGED TO PATIENTS	44,904,195	.149931	.149931
59	CARDIAC CATHETERIZATION L	26,684,297	.219084	.219084
59	01 DIABETES	199,802	1.167226	1.167226
59	02 PARTIAL HOSPITALIZATION	398,988	.560145	.560145
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	21,463,089	.402885	.402885
62	OBSERVATION BEDS (NON-DIS	1,441,922	1.812892	1.812892
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	371,630,079		
102	LESS OBSERVATION BEDS	1,441,922		
103	TOTAL	370,188,157		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,513,238	1,229,814	9,283,424	122,981	538,439	9,851,818
38	RECOVERY ROOM	1,783,666	36,468	1,747,198	3,647	101,337	1,678,682
39	DELIVERY ROOM & LABOR ROO	3,216,910	584,266	2,632,644	58,427	152,693	3,005,790
41	RADIOLOGY-DIAGNOSTIC	11,016,912	1,634,871	9,382,041	163,487	544,158	10,309,267
44	LABORATORY	8,527,115	277,078	8,250,037	27,708	478,502	8,020,905
46	WHOLE BLOOD & PACKED RED						
	CONTINENCE CENTER	1,789	25	1,764	3	102	1,684
47	BLOOD STORING, PROCESSING	131,533	8,611	122,922	861	7,129	123,543
48	INTRAVENOUS THERAPY						
	HEMODIALYSIS	381,838	3,890	377,948	389	21,921	359,528
48	INTRAVENOUS THERAPY	696,743	33,863	662,880	3,386	38,447	654,910
49	RESPIRATORY THERAPY	2,852,741	64,560	2,788,181	6,456	161,714	2,684,571
50	PHYSICAL THERAPY	1,158,021	21,283	1,136,738	2,128	65,931	1,089,962
53	ELECTROCARDIOLOGY	1,141,391	168,928	972,463	16,893	56,403	1,068,095
54	ELECTROENCEPHALOGRAPHY	258,154	27,616	230,538	2,762	13,371	242,021
55	MEDICAL SUPPLIES CHARGED	23,771,409	516,786	23,254,623	51,679	1,348,768	22,370,962
56	DRUGS CHARGED TO PATIENTS	6,732,515	305,476	6,427,039	30,548	372,768	6,329,199
59	CARDIAC CATHETERIZATION L	5,846,093	343,730	5,502,363	34,373	319,137	5,492,583
59	01 DIABETES	233,214	2,356	230,858	236	13,390	219,588
59	02 PARTIAL HOSPITALIZATION	223,491	7,206	216,285	721	12,545	210,225
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,647,164	872,862	7,774,302	87,286	450,910	8,108,968
62	OBSERVATION BEDS (NON-DIS	2,614,049	365,766	2,248,283	36,577	130,400	2,447,072
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	89,747,986	6,505,455	83,242,531	650,548	4,828,065	84,269,373
102	LESS OBSERVATION BEDS	2,614,049	365,766	2,248,283	36,577	130,400	2,447,072
103	TOTAL	87,133,937	6,139,689	80,994,248	613,971	4,697,665	81,822,301

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	51,040,636	.193019	.203568
38	RECOVERY ROOM	5,903,556	.284351	.301516
39	DELIVERY ROOM & LABOR ROO	4,420,387	.679983	.714526
41	RADIOLOGY-DIAGNOSTIC	84,466,199	.122052	.128494
44	LABORATORY	40,651,452	.197309	.209080
46	WHOLE BLOOD & PACKED RED			
46	01 CONTINENCE CENTER			
47	BLOOD STORING, PROCESSING	2,347,818	.052620	.055657
48	INTRAVENOUS THERAPY			
48	01 HEMODIALYSIS	380,990	.943668	1.001205
48	02 INTRAVENOUS THERAPY	10,241,911	.063944	.067698
49	RESPIRATORY THERAPY	15,063,727	.178214	.188950
50	PHYSICAL THERAPY	4,139,495	.263308	.279235
53	ELECTROCARDIOLOGY	9,656,445	.110610	.116451
54	ELECTROENCEPHALOGRAPHY	1,392,953	.173747	.183346
55	MEDICAL SUPPLIES CHARGED	46,832,217	.477683	.506483
56	DRUGS CHARGED TO PATIENTS	44,904,195	.140949	.149250
59	CARDIAC CATHETERIZATION L	26,684,297	.205836	.217796
59	01 DIABETES	199,802	1.099028	1.166044
59	02 PARTIAL HOSPITALIZATION	398,988	.526896	.558338
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	21,463,089	.377810	.398819
62	OBSERVATION BEDS (NON-DIS	1,441,922	1.697090	1.787525
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	371,630,079		
102	LESS OBSERVATION BEDS	1,441,922		
103	TOTAL	370,188,157		

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				3,467,174		3,467,174
26	INTENSIVE CARE UNIT				380,516		380,516
31	SUBPROVIDER				662,484		662,484
33	NURSERY				17,163		17,163
101	TOTAL				4,527,337		4,527,337

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 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						
	OPERATING ROOM		1,229,814	51,040,636	13,056,509		
38	RECOVERY ROOM		36,468	5,903,556	1,105,189		
39	DELIVERY ROOM & LABOR ROO		584,266	4,420,387	9,090		
41	RADIOLOGY-DIAGNOSTIC		1,634,871	84,466,199	10,432,874		
44	LABORATORY		277,078	40,651,452	10,206,654		
46	WHOLE BLOOD & PACKED RED						
46 01	CONTINENCE CENTER		25				
47	BLOOD STORING, PROCESSING		8,611	2,347,818	1,239,020		
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS		3,890	380,990	277,527		
48 02	INTRAVENOUS THERAPY		33,863	10,241,911	1,772,124		
49	RESPIRATORY THERAPY		64,560	15,063,727	4,888,730		
50	PHYSICAL THERAPY		21,283	4,139,495	1,519,134		
53	ELECTROCARDIOLOGY		168,928	9,656,445	3,108,394		
54	ELECTROENCEPHALOGRAPHY		27,616	1,392,953	108,707		
55	MEDICAL SUPPLIES CHARGED		516,786	46,832,217	14,848,834		
56	DRUGS CHARGED TO PATIENTS		305,476	44,904,195	16,964,102		
59	CARDIAC CATHETERIZATION L		343,730	26,684,297	2,559,565		
59 01	DIABETES		2,356	199,802			
59 02	PARTIAL HOSPITALIZATION		7,206	398,988			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		872,862	21,463,089	1,619,222		
62	OBSERVATION BEDS (NON-DIS		365,766	1,441,922	69,858		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,505,455	371,630,079	83,785,533		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024095	314,597
38	RECOVERY ROOM	.006177	6,827
39	DELIVERY ROOM & LABOR ROO	.132175	1,201
41	RADIOLOGY-DIAGNOSTIC	.019355	201,928
44	LABORATORY	.006816	69,569
46	WHOLE BLOOD & PACKED RED		
46	01 CONTINENCE CENTER		
47	BLOOD STORING, PROCESSING	.003668	4,545
48	INTRAVENOUS THERAPY		
48	01 HEMODIALYSIS	.010210	2,834
48	02 INTRAVENOUS THERAPY	.003306	5,859
49	RESPIRATORY THERAPY	.004286	20,953
50	PHYSICAL THERAPY	.005141	7,810
53	ELECTROCARDIOLOGY	.017494	54,378
54	ELECTROENCEPHALOGRAPHY	.019826	2,155
55	MEDICAL SUPPLIES CHARGED	.011035	163,857
56	DRUGS CHARGED TO PATIENTS	.006803	115,407
59	CARDIAC CATHETERIZATION L	.012881	32,970
59	01 DIABETES	.011792	
59	02 PARTIAL HOSPITALIZATION	.018061	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.040668	65,851
62	OBSERVATION BEDS (NON-DIS	.253666	17,721
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,088,462

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

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 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					43,728	
26	INTENSIVE CARE UNIT					7,066	
31	SUBPROVIDER					3,428	
33	NURSERY					3,409	
34	SKILLED NURSING FACILITY					4,664	
101	TOTAL					62,295	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	15,426	
26	INTENSIVE CARE UNIT	6,527	
31	SUBPROVIDER	3,010	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,269	
101	TOTAL	28,232	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			51,040,636			13,056,509	
38	RECOVERY ROOM			5,903,556			1,105,189	
39	DELIVERY ROOM & LABOR ROO			4,420,387			9,090	
41	RADIOLOGY-DIAGNOSTIC			84,466,199			10,432,874	
44	LABORATORY			40,651,452			10,206,654	
46	WHOLE BLOOD & PACKED RED							
01	CONTINENCE CENTER							
47	BLOOD STORING, PROCESSING			2,347,818			1,239,020	
48	INTRAVENOUS THERAPY							
01	HEMODIALYSIS			380,990			277,527	
48	02 INTRAVENOUS THERAPY			10,241,911			1,772,124	
49	RESPIRATORY THERAPY			15,063,727			4,888,730	
50	PHYSICAL THERAPY			4,139,495			1,519,134	
53	ELECTROCARDIOLOGY			9,656,445			3,108,394	
54	ELECTROENCEPHALOGRAPHY			1,392,953			108,707	
55	MEDICAL SUPPLIES CHARGED			46,832,217			14,848,834	
56	DRUGS CHARGED TO PATIENTS			44,904,195			16,964,102	
59	CARDIAC CATHETERIZATION L			26,684,297			2,559,565	
59	01 DIABETES			199,802				
59	02 PARTIAL HOSPITALIZATION			398,988				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			21,463,089			1,619,222	
62	OBSERVATION BEDS (NON-DIS			1,441,922			69,858	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			371,630,079			83,785,533	

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	10,138,718					
38	RECOVERY ROOM	1,076,422					
39	DELIVERY ROOM & LABOR ROO	1,710					
41	RADIOLOGY-DIAGNOSTIC	15,832,046					
44	LABORATORY	426,589					
46	WHOLE BLOOD & PACKED RED						
46 01	CONTINENCE CENTER						
47	BLOOD STORING, PROCESSING	198,464					
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	INTRAVENOUS THERAPY	845,086					
49	RESPIRATORY THERAPY	613,309					
50	PHYSICAL THERAPY	3,041					
53	ELECTROCARDIOLOGY	2,338,043					
54	ELECTROENCEPHALOGRAPHY	832,146					
55	MEDICAL SUPPLIES CHARGED	5,790,188					
56	DRUGS CHARGED TO PATIENTS	5,481,364					
59	CARDIAC CATHETERIZATION L	2,415,561					
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION	263,638					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,578,582					
62	OBSERVATION BEDS (NON-DIS	565,986					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	48,400,893					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-S009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,229,814	51,040,636	7,656		
38	RECOVERY ROOM		36,468	5,903,556			
39	DELIVERY ROOM & LABOR ROO		584,266	4,420,387			
41	RADIOLOGY-DIAGNOSTIC		1,634,871	84,466,199	162,918		
44	LABORATORY		277,078	40,651,452	420,679		
46	WHOLE BLOOD & PACKED RED						
46	01 CONTINENCE CENTER		25				
47	BLOOD STORING, PROCESSING		8,611	2,347,818	1,080		
48	INTRAVENOUS THERAPY						
48	01 HEMODIALYSIS		3,890	380,990	6,803		
48	02 INTRAVENOUS THERAPY		33,863	10,241,911	12,232		
49	RESPIRATORY THERAPY		64,560	15,063,727	50,416		
50	PHYSICAL THERAPY		21,283	4,139,495	51,346		
53	ELECTROCARDIOLOGY		168,928	9,656,445	30,960		
54	ELECTROENCEPHALOGRAPHY		27,616	1,392,953	9,972		
55	MEDICAL SUPPLIES CHARGED		516,786	46,832,217	256,160		
56	DRUGS CHARGED TO PATIENTS		305,476	44,904,195	602,521		
59	CARDIAC CATHETERIZATION L		343,730	26,684,297			
59	01 DIABETES		2,356	199,802			
59	02 PARTIAL HOSPITALIZATION		7,206	398,988	418		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		872,862	21,463,089	35,148		
62	OBSERVATION BEDS (NON-DIS		365,766	1,441,922			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,505,455	371,630,079	1,648,309		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-S009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024095	184
38	RECOVERY ROOM	.006177	
39	DELIVERY ROOM & LABOR ROO	.132175	
41	RADIOLOGY-DIAGNOSTIC	.019355	3,153
44	LABORATORY	.006816	2,867
46	WHOLE BLOOD & PACKED RED		
46	01 CONTINENCE CENTER		
47	BLOOD STORING, PROCESSING	.003668	4
48	INTRAVENOUS THERAPY		
48	01 HEMODIALYSIS	.010210	69
48	02 INTRAVENOUS THERAPY	.003306	40
49	RESPIRATORY THERAPY	.004286	216
50	PHYSICAL THERAPY	.005141	264
53	ELECTROCARDIOLOGY	.017494	542
54	ELECTROENCEPHALOGRAPHY	.019826	198
55	MEDICAL SUPPLIES CHARGED	.011035	2,827
56	DRUGS CHARGED TO PATIENTS	.006803	4,099
59	CARDIAC CATHETERIZATION L	.012881	
59	01 DIABETES	.011792	
59	02 PARTIAL HOSPITALIZATION	.018061	8
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.040668	1,429
62	OBSERVATION BEDS (NON-DIS	.253666	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		15,900

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			51,040,636			7,656	
38	RECOVERY ROOM			5,903,556				
39	DELIVERY ROOM & LABOR ROO			4,420,387				
41	RADIOLOGY-DIAGNOSTIC			84,466,199			162,918	
44	LABORATORY			40,651,452			420,679	
46	WHOLE BLOOD & PACKED RED							
46 01	CONTINENCE CENTER							
47	BLOOD STORING, PROCESSING			2,347,818			1,080	
48	INTRAVENOUS THERAPY							
48 01	HEMODIALYSIS			380,990			6,803	
48 02	INTRAVENOUS THERAPY			10,241,911			12,232	
49	RESPIRATORY THERAPY			15,063,727			50,416	
50	PHYSICAL THERAPY			4,139,495			51,346	
53	ELECTROCARDIOLOGY			9,656,445			30,960	
54	ELECTROENCEPHALOGRAPHY			1,392,953			9,972	
55	MEDICAL SUPPLIES CHARGED			46,832,217			256,160	
56	DRUGS CHARGED TO PATIENTS			44,904,195			602,521	
59	CARDIAC CATHETERIZATION L			26,684,297				
59 01	DIABETES			199,802				
59 02	PARTIAL HOSPITALIZATION			398,988			418	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			21,463,089			35,148	
62	OBSERVATION BEDS (NON-DIS			1,441,922				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			371,630,079			1,648,309	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
44	RADIOLOGY-DIAGNOSTIC						
46	LABORATORY		52				
46	WHOLE BLOOD & PACKED RED						
47	01 CONTINENCE CENTER						
48	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48	01 HEMODIALYSIS						
48	02 INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		133				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		1,105				
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC CATHETERIZATION L						
59	01 DIABETES						
59	02 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,290				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-5314
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
44	RADIOLOGY-DIAGNOSTIC						
46	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
47	01 CONTINENCE CENTER						
48	BLOOD STORING, PROCESSING						
48	01 INTRAVENOUS THERAPY						
48	02 HEMODIALYSIS						
49	02 INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
53	PHYSICAL THERAPY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	01 CARDIAC CATHETERIZATION L						
59	02 DIABETES						
61	PARTIAL HOSPITALIZATION						
62	02 OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
101	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-5314
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
46 01	CONTINENCE CENTER		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
48 01	HEMODIALYSIS		
48 02	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	CARDIAC CATHETERIZATION L		
59 01	DIABETES		
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 01	CONTINENCE CENTER						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			51,040,636			12,400	
38	RECOVERY ROOM			5,903,556				
39	DELIVERY ROOM & LABOR ROO			4,420,387				
41	RADIOLOGY-DIAGNOSTIC			84,466,199			97,406	
44	LABORATORY			40,651,452			242,706	
46	WHOLE BLOOD & PACKED RED							
46 01	CONTINENCE CENTER							
47	BLOOD STORING, PROCESSING			2,347,818			21,272	
48	INTRAVENOUS THERAPY							
48 01	HEMODIALYSIS			380,990			400	
48 02	INTRAVENOUS THERAPY			10,241,911			10,358	
49	RESPIRATORY THERAPY			15,063,727			237,931	
50	PHYSICAL THERAPY			4,139,495			1,184,883	
53	ELECTROCARDIOLOGY			9,656,445			24,337	
54	ELECTROENCEPHALOGRAPHY			1,392,953			5,929	
55	MEDICAL SUPPLIES CHARGED			46,832,217			425,611	
56	DRUGS CHARGED TO PATIENTS			44,904,195			872,871	
59	CARDIAC CATHETERIZATION L			26,684,297				
59 01	DIABETES			199,802				
59 02	PARTIAL HOSPITALIZATION			398,988				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			21,463,089			306	
62	OBSERVATION BEDS (NON-DIS			1,441,922				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			371,630,079			3,136,410	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 01	CONTINENCE CENTER						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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				3,467,174		3,467,174
26	INTENSIVE CARE UNIT				380,516		380,516
31	SUBPROVIDER				662,484		662,484
33	NURSERY				17,163		17,163
101	TOTAL				4,527,337		4,527,337

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	43,728	5,182			79.29	410,881
26	INTENSIVE CARE UNIT	7,066				53.85	
31	SUBPROVIDER	3,428				193.26	
33	NURSERY	3,409	1,871			5.03	9,411
101	TOTAL	57,631	7,053				420,292

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-0009
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,229,814	51,040,636	1,265,218		
38	RECOVERY ROOM		36,468	5,903,556	88,856		
39	DELIVERY ROOM & LABOR ROO		584,266	4,420,387	1,396,839		
41	RADIOLOGY-DIAGNOSTIC		1,634,871	84,466,199	1,258,132		
44	LABORATORY		277,078	40,651,452	1,600,194		
46	WHOLE BLOOD & PACKED RED						
46	01 CONTINENCE CENTER		25				
47	BLOOD STORING, PROCESSING		8,611	2,347,818	121,919		
48	INTRAVENOUS THERAPY						
48	01 HEMODIALYSIS		3,890	380,990	22,770		
48	02 INTRAVENOUS THERAPY		33,863	10,241,911	601,486		
49	RESPIRATORY THERAPY		64,560	15,063,727	707,485		
50	PHYSICAL THERAPY		21,283	4,139,495	82,309		
53	ELECTROCARDIOLOGY		168,928	9,656,445	254,132		
54	ELECTROENCEPHALOGRAPHY		27,616	1,392,953	17,544		
55	MEDICAL SUPPLIES CHARGED		516,786	46,832,217	946,237		
56	DRUGS CHARGED TO PATIENTS		305,476	44,904,195	2,311,836		
59	CARDIAC CATHETERIZATION L		343,730	26,684,297	303		
59	01 DIABETES		2,356	199,802			
59	02 PARTIAL HOSPITALIZATION		7,206	398,988			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		872,862	21,463,089	387,994		
62	OBSERVATION BEDS (NON-DIS		365,766	1,441,922	31,757		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,505,455	371,630,079	11,095,011		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
 COMPONENT NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024095	30,485
38	RECOVERY ROOM	.006177	549
39	DELIVERY ROOM & LABOR ROO	.132175	184,627
41	RADIOLOGY-DIAGNOSTIC	.019355	24,351
44	LABORATORY	.006816	10,907
46	WHOLE BLOOD & PACKED RED		
46 01	CONTINENCE CENTER		
47	BLOOD STORING, PROCESSING	.003668	447
48	INTRAVENOUS THERAPY		
48 01	HEMODIALYSIS	.010210	232
48 02	INTRAVENOUS THERAPY	.003306	1,989
49	RESPIRATORY THERAPY	.004286	3,032
50	PHYSICAL THERAPY	.005141	423
53	ELECTROCARDIOLOGY	.017494	4,446
54	ELECTROENCEPHALOGRAPHY	.019826	348
55	MEDICAL SUPPLIES CHARGED	.011035	10,442
56	DRUGS CHARGED TO PATIENTS	.006803	15,727
59	CARDIAC CATHETERIZATION L	.012881	4
59 01	DIABETES	.011792	
59 02	PARTIAL HOSPITALIZATION	.018061	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.040668	15,779
62	OBSERVATION BEDS (NON-DIS	.253666	8,056
	OTHER REIMBURS COST CNTRS		
101	TOTAL		311,844

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0009
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/1/2009
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		143,867		143,867	43,728	3.29
26	INTENSIVE CARE UNIT					7,066	
31	SUBPROVIDER					3,428	
33	NURSERY					3,409	
34	SKILLED NURSING FACILITY					4,664	
101	TOTAL		143,867		143,867	62,295	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	5,182	17,049
26	INTENSIVE CARE UNIT		
31	SUBPROVIDER		
33	NURSERY	1,871	
34	SKILLED NURSING FACILITY		
101	TOTAL	7,053	17,049

TITLE XIX 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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 01	CONTINENCE CENTER						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			51,040,636			1,265,218	
38	RECOVERY ROOM			5,903,556			88,856	
39	DELIVERY ROOM & LABOR ROO			4,420,387			1,396,839	
41	RADIOLOGY-DIAGNOSTIC			84,466,199			1,258,132	
44	LABORATORY			40,651,452			1,600,194	
46	WHOLE BLOOD & PACKED RED							
46 01	CONTINENCE CENTER							
47	BLOOD STORING, PROCESSING			2,347,818			121,919	
48	INTRAVENOUS THERAPY							
48 01	HEMODIALYSIS			380,990			22,770	
48 02	INTRAVENOUS THERAPY			10,241,911			601,486	
49	RESPIRATORY THERAPY			15,063,727			707,485	
50	PHYSICAL THERAPY			4,139,495			82,309	
53	ELECTROCARDIOLOGY			9,656,445			254,132	
54	ELECTROENCEPHALOGRAPHY			1,392,953			17,544	
55	MEDICAL SUPPLIES CHARGED			46,832,217			946,237	
56	DRUGS CHARGED TO PATIENTS			44,904,195			2,311,836	
59	CARDIAC CATHETERIZATION L			26,684,297			303	
59 01	DIABETES			199,802				
59 02	PARTIAL HOSPITALIZATION			398,988				
61	EMERGENCY			21,463,089			387,994	
62	OBSERVATION BEDS (NON-DIS			1,441,922			31,757	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			371,630,079			11,095,011	

TITLE XIX

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	1,886,825					
38	RECOVERY ROOM	160,899					
39	DELIVERY ROOM & LABOR ROO	175,867					
41	RADIOLOGY-DIAGNOSTIC	2,670,742					
44	LABORATORY	1,437,804					
46	WHOLE BLOOD & PACKED RED						
46 01	CONTINENCE CENTER						
47	BLOOD STORING, PROCESSING	12,161					
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	INTRAVENOUS THERAPY	173,060					
49	RESPIRATORY THERAPY	173,996					
50	PHYSICAL THERAPY	6,548					
53	ELECTROCARDIOLOGY	137,513					
54	ELECTROENCEPHALOGRAPHY	72,031					
55	MEDICAL SUPPLIES CHARGED	318,057					
56	DRUGS CHARGED TO PATIENTS	665,113					
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES	4,677					
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,380,741					
62	OBSERVATION BEDS (NON-DIS	78,579					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	9,354,613					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,613
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	566.67
85	OBSERVATION BED COST	2,614,049

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	24,779,181		2,614,049	
87	NEW CAPITAL-RELATED COST	3,467,174	.139923	2,614,049	365,766
88	NON PHYSICIAN ANESTHETIST	24,779,181		2,614,049	
89	MEDICAL EDUCATION	24,779,181		2,614,049	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,075,445	
26	INTENSIVE CARE UNIT		1,771,870	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.205978	13,056,509	2,689,354
38	RECOVERY ROOM	.302134	1,105,189	333,915
39	DELIVERY ROOM & LABOR ROOM	.727744	9,090	6,615
41	RADIOLOGY-DIAGNOSTIC	.130430	10,432,874	1,360,760
44	LABORATORY	.209762	10,206,654	2,140,968
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46 01	CONTINENCE CENTER			
47	BLOOD STORING, PROCESSING & TRANS.	.056024	1,239,020	69,415
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS	1.002226	277,527	278,145
48 02	INTRAVENOUS THERAPY	.068029	1,772,124	120,556
49	RESPIRATORY THERAPY	.189378	4,888,730	925,818
50	PHYSICAL THERAPY	.279749	1,519,134	424,976
53	ELECTROCARDIOLOGY	.118200	3,108,394	367,412
54	ELECTROENCEPHALOGRAPHY	.185329	108,707	20,147
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.507587	14,848,834	7,537,075
56	DRUGS CHARGED TO PATIENTS	.149931	16,964,102	2,543,445
59	CARDIAC CATHETERIZATION LABORATORY	.219084	2,559,565	560,760
59 01	DIABETES	1.167226		
59 02	PARTIAL HOSPITALIZATION	.560145		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.402885	1,619,222	652,360
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.812892	69,858	126,645
	OTHER REIMBURS COST CNTRS			
101	TOTAL		83,785,533	20,158,366
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		83,785,533	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0009
 COMPONENT NO: 15-S009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		1,740,450	
37	OPERATING ROOM	.205978	7,656	1,577
38	RECOVERY ROOM	.302134		
39	DELIVERY ROOM & LABOR ROOM	.727744		
41	RADIOLOGY-DIAGNOSTIC	.130430	162,918	21,249
44	LABORATORY	.209762	420,679	88,242
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 CONTINENCE CENTER			
47	BLOOD STORING, PROCESSING & TRANS.	.056024	1,080	61
48	INTRAVENOUS THERAPY			
48	01 HEMODIALYSIS	1.002226	6,803	6,818
48	02 INTRAVENOUS THERAPY	.068029	12,232	832
49	RESPIRATORY THERAPY	.189378	50,416	9,548
50	PHYSICAL THERAPY	.279749	51,346	14,364
53	ELECTROCARDIOLOGY	.118200	30,960	3,659
54	ELECTROENCEPHALOGRAPHY	.185329	9,972	1,848
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.507587	256,160	130,023
56	DRUGS CHARGED TO PATIENTS	.149931	602,521	90,337
59	CARDIAC CATHETERIZATION LABORATORY	.219084		
59	01 DIABETES	1.167226		
59	02 PARTIAL HOSPITALIZATION	.560145	418	234
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.402885	35,148	14,161
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.812892		
101	TOTAL		1,648,309	382,953
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,648,309	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.205978	12,400	2,554
38	RECOVERY ROOM	.302134		
39	DELIVERY ROOM & LABOR ROOM	.727744		
41	RADIOLOGY-DIAGNOSTIC	.130430	97,406	12,705
44	LABORATORY	.209762	242,706	50,910
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46 01	CONTINENCE CENTER			
47	BLOOD STORING, PROCESSING & TRANS.	.056024	21,272	1,192
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS	1.002226	400	401
48 02	INTRAVENOUS THERAPY	.068029	10,358	705
49	RESPIRATORY THERAPY	.189378	237,931	45,059
50	PHYSICAL THERAPY	.279749	1,184,883	331,470
53	ELECTROCARDIOLOGY	.118200	24,337	2,877
54	ELECTROENCEPHALOGRAPHY	.185329	5,929	1,099
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.507587	425,611	216,035
56	DRUGS CHARGED TO PATIENTS	.149931	872,871	130,870
59	CARDIAC CATHETERIZATION LABORATORY	.219084		
59 01	DIABETES	1.167226		
59 02	PARTIAL HOSPITALIZATION	.560145		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.402885	306	123
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.812892		
101	TOTAL		3,136,410	796,000
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,136,410	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		107,441	
37	OPERATING ROOM	.205978	2,010	414
38	RECOVERY ROOM	.302134	606	183
39	DELIVERY ROOM & LABOR ROOM	.727744		
41	RADIOLOGY-DIAGNOSTIC	.130430	4,783	624
44	LABORATORY	.209762	29,429	6,173
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46 01	CONTINENCE CENTER			
47	BLOOD STORING, PROCESSING & TRANS.	.056024	1,209	68
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS	1.002226		
48 02	INTRAVENOUS THERAPY	.068029	530	36
49	RESPIRATORY THERAPY	.189378	7,934	1,503
50	PHYSICAL THERAPY	.279749	2,815	787
53	ELECTROCARDIOLOGY	.118200	1,389	164
54	ELECTROENCEPHALOGRAPHY	.185329	257	48
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.507587	19,047	9,668
56	DRUGS CHARGED TO PATIENTS	.149931	46,527	6,976
59	CARDIAC CATHETERIZATION LABORATORY	.219084		
59 01	DIABETES	1.167226		
59 02	PARTIAL HOSPITALIZATION	.560145		
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.402885	224	90
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.812892		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		116,760	26,734
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		116,760	

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	30,471,528	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	3,077,069	
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)	368,681	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	157.26	
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.	4.49	
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)	3.63	3.63
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		3.01
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)		3.01
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		3.17
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		2.00
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		2.73
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.017360
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.014474
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)		.014474
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		264,363
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	
	264,363	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		264,363
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		8.58
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		17.81
4.02 SUM OF LINES 4 AND 4.01		26.39
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		10.99
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,348,821
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

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)	34,453,393	
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)	34,453,393	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,758,652	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	94,675	
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	37,306,720	
17 PRIMARY PAYER PAYMENTS	33,021	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,273,699	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,982,210	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	112,552	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	636,106	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	445,274	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	452,908	
22 SUBTOTAL	34,624,211	
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	34,624,211	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	33,786,711	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	837,500	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,776
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,285,257
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	10,962,277
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)	3,776
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	22,147
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	22,147
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)	22,147
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	18,371
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,776
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,962,277
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	255
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,910,532
19	SUBTOTAL (SEE INSTRUCTIONS)	8,055,266
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	26,563
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,081,829
24	PRIMARY PAYER PAYMENTS	4,514
25	SUBTOTAL	8,077,315
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	575,922
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	403,145
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	456,188
28	SUBTOTAL	8,480,460
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	8,480,460
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,489,704
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-9,244
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	588
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	38
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)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	38
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	10
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	28
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	28
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	28
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	3,713
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,599
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,634
28	SUBTOTAL	2,627
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,627
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	28
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	2,599
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,178,560
1.09	NET IPF PPS OUTLIER PAYMENTS	27,941
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.366120
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,206,501
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,206,501
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,206,501
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,206,501
7	DEDUCTIBLES	199,550
8	SUBTOTAL	2,006,951
9	COINSURANCE	13,312
10	SUBTOTAL	1,993,639
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	121,550
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	85,085
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	96,137
12	SUBTOTAL	2,078,724
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,078,724
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,993,639
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	85,085
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2009
15-0009	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART III
15-5314		

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0009	FROM 1/ 1/2008	6/ 1/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-5314		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		4.49
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	3.63	3.63
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		3.01
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		3.01
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		3.01
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		3.01
3.10	SEE INSTRUCTIONS		3.01
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		3.17
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		1.50
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		2.56
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		87,634.43
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		224,344
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		224,344

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		24,963
5	TOTAL INPATIENT DAYS		49,609
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.503195
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	112,889	112,889
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,150
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		49,609
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		8,349
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	40,256,087
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	33,021
16	TOTAL PART A REASONABLE COST	40,223,066

PART B REASONABLE COST

17	REASONABLE COST	11,289,621
18	PRIMARY PAYER PAYMENTS	4,514
19	TOTAL PART B REASONABLE COST	11,285,107
20	TOTAL REASONABLE COST	51,508,173
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.780906
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.219094

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	121,238
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	94,675
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	26,563

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	3.63	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	4.49	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	3.63	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	83,161.15	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	3.63	
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	4.49	
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	3.63	

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).		
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)		
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)		
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.		
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9,225,520			
2	TEMPORARY INVESTMENTS	5,062,448			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	64,637,320			
5	OTHER RECEIVABLES	960,940			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-42,390,553			
7	INVENTORY	825,152			
8	PREPAID EXPENSES	2,106,834			
9	OTHER CURRENT ASSETS	611,832			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	41,039,493			
FIXED ASSETS					
12	LAND	6,432,533			
12.01	LAND IMPROVEMENTS	1,527,140			
13	LESS ACCUMULATED DEPRECIATION	-945,670			
13.01	BUILDINGS	92,873,727			
14	LESS ACCUMULATED DEPRECIATION	-40,000,807			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	20,040,068			
16	LESS ACCUMULATED DEPRECIATION	-18,182,419			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	65,714,125			
18	LESS ACCUMULATED DEPRECIATION	-47,635,467			
18.01	MINOR EQUIPMENT DEPRECIABLE	74,842			
19	LESS ACCUMULATED DEPRECIATION	-73,978			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	79,824,094			
21	OTHER ASSETS				
22	INVESTMENTS	4,147,361			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	13,600,321			
26	TOTAL OTHER ASSETS	17,747,682			
27	TOTAL ASSETS	138,611,269			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,448,001			
29 SALARIES, WAGES & FEES PAYABLE	6,948,603			
30 PAYROLL TAXES PAYABLE	346,845			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,864,150			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,454,455			
35 OTHER CURRENT LIABILITIES	7,534,997			
36 TOTAL CURRENT LIABILITIES	26,597,051			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	36,349,508			
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	36,349,508			
43 TOTAL LIABILITIES	62,946,559			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	75,664,710			
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	75,664,710			
52 TOTAL LIABILITIES AND FUND BALANCES	138,611,269			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		76,544,278		
	OF PERIOD				
2	NET INCOME (LOSS)		-879,568		
3	TOTAL		75,664,710		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		75,664,710		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		75,664,710		
	PERIOD PER BALANCE SHEET				

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0009
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/1/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	375,836,794
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	227,382,278
3	NET PATIENT REVENUES	148,454,516
4	LESS: TOTAL OPERATING EXPENSES	161,818,312
5	NET INCOME FROM SERVICE TO PATIENTS	-13,363,796
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	169,122
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	832,705
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)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	90,920
22	RENTAL OF HOSPITAL SPACE	304,340
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TRIAL BALANCE	15,074,840
25	TOTAL OTHER INCOME	16,471,927
26	TOTAL	3,108,131
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	3,987,699
28		
29		
30	TOTAL OTHER EXPENSES	3,987,699
31	NET INCOME (OR LOSS) FOR THE PERIOD	-879,568

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2009
15-0009	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
15-0009		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,561,660
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	40,731
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	126.18
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	2.73
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.61
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	15,626
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	8.58
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.81
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	26.39
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.49
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	140,635
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,758,652
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0009	FROM 1/ 1/2008	6/ 1/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0009		PARTS I-IV

TITLE XIX

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	8.58
	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	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	