

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0113	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 16:12

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: COMMUNITY HOSPITAL ANDERSON 15-0113 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.

John B. Hanis

ECR ENCRYPTION INFORMATION
DATE: 5/28/2009 TIME 16:12

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1EYMA04mUf8zHJGCqUBjZHMvbnBP08
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OFFICER OR ADMINISTRATOR OF PROVIDER(S)
VP FINANCE & CFO
TITLE
5/28/09
DATE

PI ENCRYPTION INFORMATION
DATE: 5/28/2009 TIME 16:12

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-210,964	-33,530	1,778,717
5	HOSPITAL-BASED SNF	0	12,401	0	0
100	TOTAL	0	-198,563	-33,530	1,778,717

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1515 NORTH MADISON AVENUE P.O. BOX:
 1.01 CITY: ANDERSON STATE: IN ZIP CODE: 46011- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED				
0	1	2	2.01	3	4	5	6	
02.00 HOSPITAL	COMMUNITY HOSPITAL ANDERSON	15-0113		1/ 1/1966	N	P	O	
06.00 HOSPITAL-BASED SNF	COMM HOSP EXTENDED CARE CTR	15-5320		6/ 3/1988	N	P	N	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008
 18 TYPE OF CONTROL
 TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

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

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

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

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

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

	1	2	3	4
28.02	100	0.8964	0.8894	
	0.00	1	3480	11300

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y HB004
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			

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

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 344,584
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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

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

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEE
	0	1	2	3	4	5	6	7	8
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.					0.00				0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00				0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.					0.00				0

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

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

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)

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS 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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET S-3
I I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	141	51,606	2.01	3		12,270	1,923
2 HMO							2,829
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	141	51,606				12,270	1,923
6 INTENSIVE CARE UNIT	9	3,294				1,172	81
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							226
12 TOTAL	150	54,900				13,442	2,230
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	30	10,980				6,967	
25 TOTAL	180						
26 OBSERVATION BED DAYS							447
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	DISCHARGES / TOTAL OBSERVATION NOT ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			21,729				
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			21,729				
6 INTENSIVE CARE UNIT			1,681				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			2,281				
12 TOTAL			25,691				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			8,069				
25 TOTAL							
26 OBSERVATION BED DAYS	120	327	2,161	349	1,812		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			130				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES TITLE V	DISCHARGES TITLE XVIII	DISCHARGES TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					3,259	1,403	7,315
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		941.54			3,259	1,403	7,315
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		34.74					
25 TOTAL		976.28					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I 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	51,278,864		51,278,864	2,026,137.00	25.31	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	132,654		132,654	2,080.00	63.78	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	309,821		309,821	7,597.00	40.78	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,391,244		1,391,244	72,007.00	19.32	
8.01 EXCLUDED AREA SALARIES	3,170,008	-399	3,169,609	69,339.00	45.71	
OTHER WAGES & RELATED COSTS						
CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	217,450		217,450	3,606.00	60.30	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,293,245		1,293,245	41,200.00	31.39	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,187,928		12,187,928			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,201,341		1,201,341			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	34,938		34,938			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	81,601		81,601			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,659,423		2,659,423	96,964.00	27.43	
22 ADMINISTRATIVE & GENERAL	7,129,988		7,129,988	273,439.00	26.08	
22.01 A & G UNDER CONTRACT	403,000		403,000	1,460.14	276.00	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,511,844		1,511,844	70,433.00	21.46	
25 LAUNDRY & LINEN SERVICE		48,362	48,362	3,950.00	12.24	
26 HOUSEKEEPING	1,048,538	-48,362	1,000,176	81,682.00	12.24	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,139,299	-667,302	471,997	33,670.00	14.02	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		667,302	667,302	48,461.00	13.77	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	862,297		862,297	23,930.00	36.03	
31 CENTRAL SERVICE AND SUPPLY	683,128		683,128	62,385.00	10.95	
32 PHARMACY	1,438,597		1,438,597	43,901.00	32.77	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,314,439		1,314,439	61,059.00	21.53	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	51,372,043		51,372,043	2,020,000.14	25.43	
2 EXCLUDED AREA SALARIES	4,561,252	-399	4,560,853	141,346.00	32.27	
3 SUBTOTAL SALARIES	46,810,791	399	46,811,190	1,878,654.14	24.92	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,510,695		1,510,695	44,806.00	33.72	
5 SUBTOTAL WAGE-RELATED COSTS	12,222,866		12,222,866		26.11	
6 TOTAL	60,544,352	399	60,544,751	1,923,460.14	31.48	
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	18,190,553		18,190,553	801,334.14	22.70	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1		SERVICES ON/AFTER 10/1		SRVCS 4/1/01 TO 9/30/01	
		RATE 3	DAYS 3.01	RATE 4	DAYS 4.01	RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL		1				
4	RVC						
5	RVB		33				
6	RVA						
6 .01	RVX		7				
6 .02	RVL		37				
7	RHC		380				
8	RHB		125				
9	RHA		36				
9 .01	RHX						
9 .02	RHL						
10	RMC		186				
11	RMB		189				
12	RMA		1				
12 .01	RMX		3,028				
12 .02	RML		1,762				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		465				
16	SE2		627				
17	SE1		2				
18	SSC		15				
19	SSB		14				
20	SSA		37				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		1				
26	CA1		20				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		1				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		6,967				

(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): 0.8964
 Wage Index Factor (after 10/01) : 0.8894
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 11300

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
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): 0.8964
 Wage Index Factor (after 10/01) : 0.8894
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 11300

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET S-10
 I I TO 12/31/2008 I
 I I I

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	41,341,409
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	253,233
21	NON-RESTRICTED GRANTS	6,562
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	41,601,204

UNCOMPENSATED CARE COST

23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	160,476
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.358673
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	57,558
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28,047,088

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0113	I	FROM 1/ 1/2008	I	WORKSHEET S-10
I		I	TO 12/31/2008	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,059,733
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	10,316,058
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,700,091
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,117,291

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0113 I

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,473,740	1,473,740	1,632,524	3,106,264
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,060,025	3,060,025	1,376,066	4,436,091
5	0500 EMPLOYEE BENEFITS	2,659,423	13,460,896	16,120,319		16,120,319
6	0600 ADMINISTRATIVE & GENERAL	7,129,988	7,474,608	14,604,596	-665,917	13,938,679
8	0800 OPERATION OF PLANT	1,511,844	2,326,055	3,837,899	-512	3,837,387
9	0900 LAUNDRY & LINEN SERVICE				590,444	590,444
10	1000 HOUSEKEEPING	1,048,538	776,279	1,824,817	-590,444	1,234,373
11	1100 DIETARY	1,139,299	879,977	2,019,276	-1,182,716	836,560
12	1200 CAFETERIA				1,182,716	1,182,716
14	1400 NURSING ADMINISTRATION	862,297	37,315	899,612		899,612
15	1500 CENTRAL SERVICES & SUPPLY	683,128	5,372,735	6,055,863	-4,315,923	1,739,940
16	1600 PHARMACY	1,438,597	8,250,110	9,688,707	-8,137,833	1,550,874
17	1700 MEDICAL RECORDS & LIBRARY	1,314,439	604,323	1,918,762		1,918,762
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,775,405	802,764	11,578,169	-405,653	11,172,516
26	2600 INTENSIVE CARE UNIT	1,093,575	138,652	1,232,227	-7,270	1,224,957
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY				403,380	403,380
34	3400 SKILLED NURSING FACILITY	1,391,244	138,660	1,529,904		1,529,904
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,436,266	1,309,798	4,746,064	-893,227	3,852,837
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	1,390,255	304,013	1,694,268		1,694,268
41	4100 RADIOLOGY-DIAGNOSTIC	2,618,089	1,123,564	3,741,653	-260,896	3,480,757
41.01	3230 CAT SCAN	248,955	261,078	510,033		510,033
41.02	3430 MAGNETIC RESONANCE IMAGING(MRI)	248,611	192,224	440,835	-50,600	390,235
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	222,257	428,245	650,502	8,413	658,915
44	4400 LABORATORY	1,837,302	2,700,988	4,538,290	-57,229	4,481,061
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	165,467	668,786	834,253	22,925	857,178
49	4900 RESPIRATORY THERAPY	784,182	124,556	908,738	51,526	960,264
50	5000 PHYSICAL THERAPY	1,173,722	238,808	1,412,530	-83,416	1,329,114
51	5100 OCCUPATIONAL THERAPY	220,368	9,788	230,156	23,490	253,646
52	5200 SPEECH PATHOLOGY	181,582	4,025	185,607	17,754	203,361
53	5300 ELECTROCARDIOLOGY	422,775	36,345	459,120	10,567	469,687
54	5400 ELECTROENCEPHALOGRAPHY	334,110	36,997	371,107	-2,253	368,854
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	321,839	657,460	979,299		979,299
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,085,425	5,085,425
56	5600 DRUGS CHARGED TO PATIENTS				7,784,973	7,784,973
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		2,960	2,960	-2,038	922
59.01	3555 PREGNANCY PLUS	742,202	137,045	879,247	-16,879	862,368
	OUTPAT SERVICE COST CNTRS					
60.01	6001 WOUND/OSTOMY CLINIC	67,884	28,116	96,000		96,000
60.02	6002 KIDS PLUS CLINIC					
60.03	6003 ONCOLOGY	387,788	234,740	622,528	-84,967	537,561
61	6100 EMERGENCY	2,257,425	398,957	2,656,382	-47,211	2,609,171
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,263,548	1,263,548	-1,263,548	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	48,108,856	54,958,180	103,067,036	121,671	103,188,707
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 WELLNESS CENTER	394,225	385,153	779,378	-179	779,199
96.02	9602 ORTHO MD	-43	803	760		760
96.03	9603 NORTHVIEW CONV CENTER	284,220	426,366	710,586		710,586
96.04	9604 SUMMIT CONV CENTER	164,610	97,542	262,152		262,152
96.05	9605 PARKVIEW CONV CENTER	254,854	675	255,529		255,529
96.06	9606 MONTICELLO HSE ASST LVNG	87,348	1,664	89,012		89,012
96.07	9607 WELLNESS CENTER					
96.08	9608 MADISON PLACE OF ELWOOD					
96.09	9609 SPINE SURGEON					
96.10	9610 CLINICAL RESEARCH CENTER	286,824	121,141	407,965	-29,313	378,652
96.11	9611 ONCOLOGIST	1,300,732	302,654	1,603,386		1,603,386
96.12	9612 MEDICAL INTERNIST	75,904	8,575	84,479		84,479
96.13	9613 EMPLOYED ORTHO MD					
96.14	9614 ONCOLOGIST					
96.15	9615 MEDICAL INTERNIST					
98	9800 PHYSICIANS' PRIVATE OFFICES		2,615,119	2,615,119	-91,780	2,523,339
98.01	9801 ALEXANDRIA LAB					
98.02	9802 FOUNDATION	155,696	546,992	702,688		702,688
98.03	9803 SPOE					
98.04	9804 HEALTHY HEART	165,638	6,412	172,050	-399	171,651
98.05	9805 VACANT SPACE					
98.06	9806 HEALTHY HEART					
101	TOTAL	51,278,864	59,471,276	110,750,140	-0-	110,750,140

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-0113 I
I I

I PERIOD: I PREPARED 5/28/2009
I FROM 1/ 1/2008 I WORKSHEET A
I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-107,425	2,998,839
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,053,360	5,489,451
5	0500 EMPLOYEE BENEFITS	-1,981,645	14,138,674
6	0600 ADMINISTRATIVE & GENERAL	-250,425	13,688,254
8	0800 OPERATION OF PLANT	-14,962	3,822,425
9	0900 LAUNDRY & LINEN SERVICE		590,444
10	1000 HOUSEKEEPING		1,234,373
11	1100 DIETARY	-39,149	797,411
12	1200 CAFETERIA	-653,117	529,599
14	1400 NURSING ADMINISTRATION		899,612
15	1500 CENTRAL SERVICES & SUPPLY	-4,225	1,735,715
16	1600 PHARMACY	-4,904	1,545,970
17	1700 MEDICAL RECORDS & LIBRARY	-21,736	1,897,026
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-7,108	11,165,408
26	2600 INTENSIVE CARE UNIT	-12,380	1,212,577
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		403,380
34	3400 SKILLED NURSING FACILITY	-4,800	1,525,104
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,852,837
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-792,938	901,330
41	4100 RADIOLOGY-DIAGNOSTIC	-100,225	3,380,532
41.01	3230 CAT SCAN		510,033
41.02	3430 MAGNETIC RESONANCE IMAGING(MRI)		390,235
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		658,915
44	4400 LABORATORY		4,481,061
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		857,178
49	4900 RESPIRATORY THERAPY		960,264
50	5000 PHYSICAL THERAPY	-18,212	1,310,902
51	5100 OCCUPATIONAL THERAPY		253,646
52	5200 SPEECH PATHOLOGY	-10,248	193,113
53	5300 ELECTROCARDIOLOGY	-160	469,527
54	5400 ELECTROENCEPHALOGRAPHY		368,854
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	-20	979,279
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,085,425
56	5600 DRUGS CHARGED TO PATIENTS		7,784,973
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-72,029	-71,107
59.01	3555 PREGNANCY PLUS	-320,134	542,234
	OUTPAT SERVICE COST CNTRS		
60.01	6001 WOUND/OSTOMY CLINIC		96,000
60.02	6002 KIDS PLUS CLINIC		
60.03	6003 ONCOLOGY		537,561
61	6100 EMERGENCY	-120,841	2,488,330
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,483,323	99,705,384
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 WELLNESS CENTER		779,199
96.02	9602 ORTHO MD		760
96.03	9603 NORTHVIEW CONV CENTER		710,586
96.04	9604 SUMMIT CONV CENTER		262,152
96.05	9605 PARKVIEW CONV CENTER		255,529
96.06	9606 MONTICELLO HSE ASST LVNG		89,012
96.07	9607 WELLNESS CENTER		
96.08	9608 MADISON PLACE OF ELWOOD		
96.09	9609 SPINE SURGEON		
96.10	9610 CLINICAL RESEARCH CENTER		378,652
96.11	9611 ONCOLOGIST		1,603,386
96.12	9612 MEDICAL INTERNIST		84,479
96.13	9613 EMPLOYED ORTHO MD		
96.14	9614 ONCOLOGIST		
96.15	9615 MEDICAL INTERNIST		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,523,339
98.01	9801 ALEXANDRIA LAB		
98.02	9802 FOUNDATION		702,688
98.03	9803 SPOE		
98.04	9804 HEALTHY HEART		171,651
98.05	9805 VACANT SPACE		
98.06	9806 HEALTHY HEART		
101	TOTAL	-3,483,323	107,266,817

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150113	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,038
2		NEW CAP REL COSTS-MVBLE EQUIP	4		128
3		PHYSICAL THERAPY	50		27,167
4		OCCUPATIONAL THERAPY	51		18,148
5		SPEECH PATHOLOGY	52		11,329
6 DRUGS & SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,085,425
7		DRUGS CHARGED TO PATIENTS	56		7,784,973
8					
9 RENT	C	NEW CAP REL COSTS-BLDG & FIXT	3		243,374
10		NEW CAP REL COSTS-MVBLE EQUIP	4		1,289,502
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 OXIMETRY	E	RESPIRATORY THERAPY	49	59,004	
26					
27					
28					
29					
30					
31 LABOR & DELIVERY	F	NURSERY	33	362,246	41,266
32 BLOOD & NUC MED	G	RADIOISOTOPE	43	8,413	
33		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	22,925	
34 CAFETERIA RECLASS	H	CAFETERIA	12	689,509	532,566
35 SPECIAL MEALS	I	DIETARY	11	22,207	17,152
1 INTEREST & INSURANCE	J	NEW CAP REL COSTS-BLDG & FIXT	3		1,263,548
2		NEW CAP REL COSTS-BLDG & FIXT	3		123,564
3		NEW CAP REL COSTS-MVBLE EQUIP	4		86,436
4 LAUNDRY	K	LAUNDRY & LINEN SERVICE	9	48,362	542,082
5 POB UTILITIES	L	ADMINISTRATIVE & GENERAL	6		4,810
6		PHYSICAL THERAPY	50		7,742
7		OCCUPATIONAL THERAPY	51		5,342
8		SPEECH PATHOLOGY	52		6,425
9		ELECTROCARDIOLOGY	53		10,567
36 TOTAL RECLASSIFICATIONS				1,212,666	17,103,584

(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:
150113

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DEPRECIATION	A		6			128	9
2			59			2,038	9
3			98			56,644	
4							
5							
6 DRUGS & SUPPLIES	B		15			4,272,357	
7			16			7,784,973	
8			37			813,068	
9 RENT	C		6			460,599	10
10			8			512	10
11			41.02			50,600	
12			15			43,566	
13			16			352,860	
14			37			80,159	
15			41			260,896	
16			44			25,891	
17			49			7,478	
18			50			118,325	
19			54			2,253	
20			59.01			16,879	
21			60.03			83,116	
22			96.01			179	
23			96.10			29,313	
24			98			250	
25 OXIMETRY	E		25		2,141		
26			26		7,270		
27			33		132		
28			60.03		1,851		
29			61		47,211		
30			98.04		399		
31 LABOR & DELIVERY	F		25		362,246	41,266	
32 BLOOD & NUC MED	G		44		31,338		
33							
34 CAFETERIA RECLASS	H		11		689,509	532,566	
35 SPECIAL MEALS	I		12		22,207	17,152	
1 INTEREST & INSURANCE	J		88			1,263,548	11
2			6			210,000	12
3							12
4 LAUNDRY	K		10		48,362	542,082	
5 POB UTILITIES	L		98			34,886	
6							
7							
8							
9							
36 TOTAL RECLASSIFICATIONS					1,212,666	17,103,584	

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	4,493,700	1,474,588		1,474,588	11,300	5,956,988	
2 LAND IMPROVEMENTS	1,765,022	32,925		32,925	127,516	1,670,431	153,790
3 BUILDINGS & FIXTURE	66,784,142	610,063	794,350	1,404,413	6,768,953	61,419,602	661,262
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	17,738,873	3,097,169	391,904	3,489,073	4,957,632	16,270,314	261,027
6 MOVABLE EQUIPMENT	35,514,862	3,115,338	731,172	3,846,510	2,691,776	36,669,596	3,287,067
7 SUBTOTAL	126,296,599	8,330,083	1,917,426	10,247,509	14,557,177	121,986,931	4,363,146
8 RECONCILING ITEMS							
9 TOTAL	126,296,599	8,330,083	1,917,426	10,247,509	14,557,177	121,986,931	4,363,146

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,599,890	238,605	1,036,780	123,564			2,998,839
4	NEW CAP REL COSTS-MV	4,113,513	1,289,502		86,436			5,489,451
5	TOTAL	5,713,403	1,528,107	1,036,780	210,000			8,488,290

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,473,740						1,473,740
4	NEW CAP REL COSTS-MV	3,060,025						3,060,025
5	TOTAL	4,533,765						4,533,765

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I
I 15-0113 I
I I

I PERIOD: I PREPARED 5/28/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
1 INVST INCOME-OLD BLDGS AND FIXTURES	B		OLD CAP REL COSTS-BLDG &	1	11	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-226,768	NEW CAP REL COSTS-BLDG &	3	11	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-963	NEW CAP REL COSTS-MVBLE E	4	9	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-8,404	ADMINISTRATIVE & GENERAL	6		
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-36,208	ADMINISTRATIVE & GENERAL	6		
10 TELEVISION AND RADIO SERVICE	A	-11,252	OPERATION OF PLANT	8		
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-475,488				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	433,817				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-595,238	CAFETERIA	12		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-4,769	NEW CAP REL COSTS-BLDG &	3	10	
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,834	MEDICAL RECORDS & LIBRARY	17		
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 PHYSICIAN RECRUITMENT	A	-226,358	ADMINISTRATIVE & GENERAL	6		
38 PHYSICIAN RECRUITMENT	A	-101,919	ANESTHESIOLOGY	40		
39 ADVERTISING	A	-94,700	ADMINISTRATIVE & GENERAL	6		
40 OUTSIDE SERVICES-MEDICAL RECORDS	A	-19,902	MEDICAL RECORDS & LIBRARY	17		
41 OUTSIDE SERVICES-SPD	A	-3,944	CENTRAL SERVICES & SUPPLY	15		
42 CRNA'S	A	-690,541	ANESTHESIOLOGY	40		
43 MISC A&G	B	-192,739	ADMINISTRATIVE & GENERAL	6		
44 SEXUAL RESPONSE UNIT	B	-28,421	EMERGENCY	61		
45 MISC A&P	B	-7,108	ADULTS & PEDIATRICS	25		
46 MISC EMPLOYEE BENEFITS	B	-11,030	EMPLOYEE BENEFITS	5		
47 MISC PT						
48 MISC ST	B	-10,248	SPEECH PATHOLOGY	52		
49 MISC PHARMACY	B	-4,904	PHARMACY	16		
49.01 MISC. OPERATION OF PLANT	B	-3,710	OPERATION OF PLANT	8		
49.02 GUEST MEALS	A	-57,879	CAFETERIA	12		
49.03 RADIOLOGY, DIAGNOSTIC	B	-100,225	RADIOLOGY-DIAGNOSTIC	41		
49.04 NURSE MIDWIVES						
49.05 MISC OTHER OPERATING REVENUE	B	-828,137	ADMINISTRATIVE & GENERAL	6		
49.06 ONCOLOGY SERVICES						
49.07 ESPRESSO TO GO	B	-39,149	DIETARY	11		
49.08 MEDICAL STAFF FINANCES	B	-44,282	ADMINISTRATIVE & GENERAL	6		
49.09 2201 HILLCREST/CRESTVIEW	B	-72,029	PSYCHIATRIC/PSYCHOLOGICAL	59		
49.10 PROCARE ADMINISTRATION	B	-18,212	PHYSICAL THERAPY	50		
49.11 MISC CRNA REVENUES	B	-478	ANESTHESIOLOGY	40		
49.12 MATERIAL MANAGEMENT	B	-281	CENTRAL SERVICES & SUPPLY	15		
49.13 CARDIAC CATH LAB	B	-20	CARDIAC CATHETERIZATION LAB	54.01		
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,483,323				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS		1,962,550	-1,962,550	
2	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	124,112		124,112	9
3	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	1,054,323		1,054,323	9
4	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,217,932		1,217,932	
5		TOTALS	2,396,367	1,962,550	433,817	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	A	DIANA PROHEALTH	100.00		0.00	
2	B	COMMUNITY HEALTH NETWORK	0.00		0.00	HOME OFFICE
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 15-0113
I

I PERIOD: I PREPARED 5/28/2009
I FROM 1/ 1/2008 I WORKSHEET A-8-2
I TO 12/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	5 AGGREGATE	15,000		15,000	138,700	104	6,935	347
2	6 AGGREGATE	55,249	28,999	26,250	177,200	208	17,720	886
3	26 AGGREGATE	26,250		26,250	138,700	208	13,870	694
4	34 AGGREGATE	4,800	4,800					
5	40 AGGREGATE	166,681		166,681	200,300	2,080	200,300	10,015
6	43 AGGREGATE	33,413		33,413	225,300	746	80,805	4,040
7	44 AGGREGATE	68,662		68,662	215,700	1,534	159,079	7,954
8	46 AGGREGATE	22,925		22,925	215,700	512	53,095	2,655
9	49 AGGREGATE	6,450		6,450	165,600	86	6,847	342
10	50 AGGREGATE							
11	51 AGGREGATE							
12	53 AGGREGATE	160	160					
13	54 1 AGGREGATE							
14	59 1 AGGREGATE	338,634	320,134	18,500	196,400	208	19,640	982
15	61 AGGREGATE	92,420	92,420					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	830,644	446,513	384,131		5,686	558,291	27,915

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 15-0113 I
I

I PERIOD: I
I FROM 1/ 1/2008 I
I TO 12/31/2008 I
I PREPARED 5/28/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	5	AGGREGATE				6,935	8,065	8,065
2	6	AGGREGATE				17,720	8,530	37,529
3	26	AGGREGATE				13,870	12,380	12,380
4	34	AGGREGATE						4,800
5	40	AGGREGATE				200,300		
6	43	AGGREGATE				80,805		
7	44	AGGREGATE				159,079		
8	46	AGGREGATE				53,095		
9	49	AGGREGATE				6,847		
10	50	AGGREGATE						
11	51	AGGREGATE						
12	53	AGGREGATE						160
13	54	1 AGGREGATE						
14	59	1 AGGREGATE				19,640		320,134
15	61	AGGREGATE						92,420
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					558,291	28,975	475,488

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL
		OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4	FITS 5	
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	2,998,839			2,998,839			
005 NEW CAP REL COSTS-MVBLE E	5,489,451				5,489,451		
006 EMPLOYEE BENEFITS	14,138,674			19,429	38,471	14,196,574	
008 ADMINISTRATIVE & GENERAL	13,688,254			241,367	1,338,608	2,015,284	17,283,513
009 OPERATION OF PLANT	3,822,425			368,945	135,640	445,196	4,772,206
010 LAUNDRY & LINEN SERVICE	590,444			38,501		14,034	642,979
011 HOUSEKEEPING	1,234,373			72,941	26,562	293,922	1,627,798
012 DIETARY	797,411			113,056	142,653	140,504	1,193,624
014 CAFETERIA	529,599			22,711		193,636	745,946
015 NURSING ADMINISTRATION	899,612			37,199	8,347	264,754	1,209,912
016 CENTRAL SERVICES & SUPPLY	1,735,715			52,600	198,908	199,738	2,186,961
017 PHARMACY	1,545,970			35,686	25,544	426,543	2,033,743
018 MEDICAL RECORDS & LIBRARY	1,897,026			50,408	58,820	385,439	2,391,693
025 SOCIAL SERVICE				22,188			22,188
026 INPAT ROUTINE SRVC CNTRS	11,165,408			563,821	341,226	3,034,422	15,104,877
027 ADULTS & PEDIATRICS	1,212,577			55,170	77,695	318,319	1,663,761
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U							
037 NURSERY	403,380			20,809	15,866	105,078	545,133
038 SKILLED NURSING FACILITY	1,525,104			100,103	17,453	409,013	2,051,673
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,852,837			197,937	744,980	1,004,261	5,800,015
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO						1,169	1,169
043 ANESTHESIOLOGY	901,330			3,027	48,768	405,810	1,358,935
044 RADIOLOGY-DIAGNOSTIC	3,380,532			214,584	547,691	771,134	4,913,941
041 01 CAT SCAN	510,033			5,007	335,505	72,070	922,615
041 02 MAGNETIC RESONANCE IMAGIN	390,235			10,415	13,789	73,558	487,997
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	658,915			16,502	235,917	67,781	979,115
044 LABORATORY	4,481,061			79,517	340,889	527,488	5,428,955
046 WHOLE BLOOD & PACKED RED	857,178			6,510	9,811	55,040	928,539
049 RESPIRATORY THERAPY	960,264			8,012	81,196	247,544	1,297,016
050 PHYSICAL THERAPY	1,310,902			13,731	54,999	365,714	1,745,346
051 OCCUPATIONAL THERAPY	253,646			9,937	17,922	64,828	346,333
052 SPEECH PATHOLOGY	193,113			5,553	40,220	52,871	291,757
053 ELECTROCARDIOLOGY	469,527			17,070	114,707	124,494	725,798
054 ELECTROENCEPHALOGRAPHY	368,854			17,070	36,297	97,943	520,164
054 01 CARDIAC CATHERIZATION LAB	979,279			56,239	60,414	94,031	1,189,963
055 MEDICAL SUPPLIES CHARGED	5,085,425						5,085,425
056 DRUGS CHARGED TO PATIENTS	7,784,973						7,784,973
059 PSYCHIATRIC/PSYCHOLOGICAL	-71,107			184,962	18,689		132,544
059 01 PREGNANCY PLUS	542,234			29,655	10,981	217,730	800,600
060 01 OUTPAT SERVICE COST CNTRS							
060 02 WOUND/OSTOMY CLINIC	96,000			2,125	494	20,019	118,638
060 03 KIDS PLUS CLINIC							17,359
061 ONCOLOGY	537,561				26,509	162,572	726,642
062 EMERGENCY	2,488,330			86,250	119,112	646,373	3,340,065
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	99,705,384			2,796,396	5,285,852	13,317,143	98,419,911
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				13,420			13,420
096 02 WELLNESS CENTER	779,199			12,697	7,211	115,472	914,579
096 03 ORTHO MD	760				1,392		2,152
096 04 NORTHVIEW CONV CENTER	710,586				763	84,064	795,413
096 05 SUMMIT CONV CENTER	262,152					48,284	310,436
096 06 PARKVIEW CONV CENTER	255,529					73,502	329,031
096 07 MONTICELLO HSE ASST LVNG	89,012				109	25,615	114,736
096 08 WELLNESS CENTER							
096 09 MADISON PLACE OF ELWOOD							
096 10 SPINE SURGEON							
096 11 CLINICAL RESEARCH CENTER	378,652			20,352	382	84,187	483,573
096 12 ONCOLOGIST	1,603,386					325,846	1,929,232
096 13 MEDICAL INTERNIST	84,479				30	21,541	106,050
096 14 EMPLOYED ORTHO MD							
096 15 ONCOLOGIST							
096 16 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFIC	2,523,339			147,139	178,545		2,849,023
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION	702,688			2,081	2,275	51,762	758,806
098 03 SPOE					224		224
098 04 HEALTHY HEART	171,651				12,668	49,158	233,477
098 05 VACANT SPACE				6,754			6,754
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	107,266,817			2,998,839	5,489,451	14,196,574	107,266,817

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	17,283,513						
009 OPERATION OF PLANT	916,621	5,688,827					
010 LAUNDRY & LINEN SERVICE	123,500	92,452	858,931				
011 HOUSEKEEPING	312,659	175,151	4,760	2,120,368			
012 DIETARY	229,265	271,477	584	38,493	1,733,443		
014 CAFETERIA	143,278	54,536				943,760	
015 NURSING ADMINISTRATION	232,394	89,325		12,635		15,902	1,560,168
016 CENTRAL SERVICES & SUPPLY	420,061	126,306	44,900	14,692		41,524	
017 PHARMACY	390,631	85,692		19,981		29,326	
018 MEDICAL RECORDS & LIBRARY	459,384	121,042		12,341		40,575	
018 SOCIAL SERVICE	4,262	53,280		3,232			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,901,240	1,353,881	330,182	788,383	1,218,117	283,635	995,013
027 INTENSIVE CARE UNIT	319,567	132,479	24,584	77,574	88,338	21,665	76,001
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY	104,706	49,967	9,831	66,115		8,610	30,203
037 SKILLED NURSING FACILITY	394,075	240,374	86,367	169,547	422,426	48,019	168,453
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,114,038	475,298	145,948	227,140	1,342	82,809	290,498
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	225		71,207	126,940			
041 ANESTHESIOLOGY	261,017	7,268				11,233	
041 RADIOLOGY-DIAGNOSTIC	943,845	515,271	7,426	39,669		62,810	
041 01 CAT SCAN	177,211	12,024	7,833			6,524	
041 02 MAGNETIC RESONANCE IMAGIN	93,732	25,010	3,553			4,927	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	188,064	39,626	7,356	12,341		4,269	
044 LABORATORY	1,042,767	190,942	1,059	57,887		52,628	
046 WHOLE BLOOD & PACKED RED	178,349	15,631		5,877		3,658	
049 RESPIRATORY THERAPY	249,124	19,239		10,872		20,137	
050 PHYSICAL THERAPY	335,237	32,973	9,340	4,995		31,238	
051 OCCUPATIONAL THERAPY	66,522	23,861	942	4,408		4,407	
052 SPEECH PATHOLOGY	56,039	13,333		2,938		3,675	
053 ELECTROCARDIOLOGY	139,408	40,989	12,097	3,526		11,856	
054 ELECTROENCEPHALOGRAPHY	99,911	40,989		13,517		8,025	
054 01 CARDIAC CATHERIZATION LAB	228,562	135,044	7,087	7,640		7,924	
055 MEDICAL SUPPLIES CHARGED	976,783						
056 DRUGS CHARGED TO PATIENTS	1,495,299						
059 PSYCHIATRIC/PSYCHOLOGICAL	25,458	444,142					
059 01 PREGNANCY PLUS	153,775	71,209	2,600	14,104		17,509	
060 OUTPAT SERVICE COST CNTRS							
060 01 WOUND/OSTOMY CLINIC	22,787	5,104				1,293	
060 02 KIDS PLUS CLINIC	3,334	41,683					
060 03 ONCOLOGY	139,570			294		16,599	
061 EMERGENCY	641,543	207,108	81,275	117,537	3,220	56,880	
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,584,243	5,202,706	858,931	1,852,678	1,733,443	897,657	1,560,168
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,578	32,225					
096 01 WELLNESS CENTER	175,668	30,488		266,515		10,115	
096 02 ORTHO MD	413						
096 03 NORTHVIEW CONV CENTER	152,779					6,926	
096 04 SUMMIT CONV CENTER	59,627					3,763	
096 05 PARKVIEW CONV CENTER	63,199					5,748	
096 06 MONTICELLO HSE ASST LVNG	22,038					2,321	
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWOOD							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CENTER	92,882	48,871				8,792	
096 11 ONCOLOGIST	370,557					1,382	
096 12 MEDICAL INTERNIST	20,370					1,098	
096 13 EMPLOYED ORTHO MD							
096 14 ONCOLOGIST							
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFIC	547,226	353,321		1,175			
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION	145,748	4,997				2,788	
098 03 SPOE	43						
098 04 HEALTHY HEART	44,845					3,170	
098 05 VACANT SPACE	1,297	16,219					
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	17,283,513	5,688,827	858,931	2,120,368	1,733,443	943,760	1,560,168

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY		MEDICAL RECOR SOCIAL	SERVIC	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	15	16	17	18			
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	2,834,444						
017 PHARMACY		2,559,373					
018 MEDICAL RECORDS & LIBRARY	2,305		3,027,340				
025 SOCIAL SERVICE				82,962			
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	473,089		1,000,780	45,700	24,494,897		24,494,897
028 INTENSIVE CARE UNIT	67,745		26,673	1,636	2,500,023		2,500,023
029 CORONARY CARE UNIT			12,124		12,124		12,124
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U							
037 NURSERY			1,323		815,888		815,888
038 SKILLED NURSING FACILITY	67,077			29,301	3,677,312		3,677,312
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	522,727	1,124	160,698		8,821,637		8,821,637
041 RECOVERY ROOM			18,958		18,958		18,958
042 DELIVERY ROOM & LABOR ROO					199,541		199,541
043 ANESTHESIOLOGY	15,138	15,161			1,668,752		1,668,752
044 RADIOLOGY-DIAGNOSTIC	24,739	154	428,308		6,936,163		6,936,163
045 01 CAT SCAN	14,934	3	138,875		1,280,019		1,280,019
046 02 MAGNETIC RESONANCE IMAGIN	1,595		168,678		785,492		785,492
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE	7,254	2,508	53,786		1,294,319		1,294,319
049 LABORATORY	38,442	7	288,551		7,101,238		7,101,238
050 WHOLE BLOOD & PACKED RED	1,345				1,133,399		1,133,399
051 RESPIRATORY THERAPY	8,087	70	3,968		1,608,513		1,608,513
052 PHYSICAL THERAPY	4,998	17	6,834		2,170,978		2,170,978
053 OCCUPATIONAL THERAPY	751		441		447,665		447,665
054 SPEECH PATHOLOGY	37				367,779		367,779
055 ELECTROCARDIOLOGY	9,155		19,883		962,712		962,712
056 ELECTROENCEPHALOGRAPHY	5,727	4	21,603		709,940		709,940
057 01 CARDIAC CATHERIZATION LAB	37,907		19,398		1,633,525		1,633,525
058 MEDICAL SUPPLIES CHARGED	1,233,278	399			7,295,885		7,295,885
059 DRUGS CHARGED TO PATIENTS	8,468	2,538,234			11,826,974		11,826,974
060 PSYCHIATRIC/PSYCHOLOGICAL					602,144		602,144
061 01 PREGNANCY PLUS	3,798	42	35,711		1,099,348		1,099,348
062 OUTPAT SERVICE COST CNTRS							
063 01 WOUND/OSTOMY CLINIC	16,921	1			164,744		164,744
064 02 KIDS PLUS CLINIC					62,376		62,376
065 03 ONCOLOGY	66,593	1,649			951,347		951,347
066 EMERGENCY	189,912		508,547	6,325	5,152,412		5,152,412
067 OBSERVATION BEDS (NON-DIS							
068 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,822,022	2,559,373	2,915,139	82,962	95,796,104		95,796,104
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP			8,817		57,040		57,040
098 01 WELLNESS CENTER	90				1,397,455		1,397,455
099 02 ORTHO MD					2,565		2,565
100 03 NORTHVIEW CONV CENTER	1,697				956,815		956,815
101 04 SUMMIT CONV CENTER					373,826		373,826
102 05 PARKVIEW CONV CENTER	22				398,000		398,000
103 06 MONTICELLO HSE ASST LVNG	7				139,102		139,102
104 07 WELLNESS CENTER							
105 08 MADISON PLACE OF ELWOOD							
106 09 SPINE SURGEON							
107 10 CLINICAL RESEARCH CENTER	1,218				635,336		635,336
108 11 ONCOLOGIST					2,301,171		2,301,171
109 12 MEDICAL INTERNIST	102				127,620		127,620
110 13 EMPLOYED ORTHO MD							
111 14 ONCOLOGIST							
112 15 MEDICAL INTERNIST							
113 098 PHYSICIANS' PRIVATE OFFIC	7,970		94,567		3,853,282		3,853,282
114 098 01 ALEXANDRIA LAB			8,817		8,817		8,817
115 098 02 FOUNDATION					912,339		912,339
116 098 03 SPOE					267		267
117 098 04 HEALTHY HEART	1,316				282,808		282,808
118 098 05 VACANT SPACE					24,270		24,270
119 098 06 HEALTHY HEART							
120 101 CROSS FOOT ADJUSTMENT							
121 102 NEGATIVE COST CENTER							
103 TOTAL	2,834,444	2,559,373	3,027,340	82,962	107,266,817		107,266,817

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				19,429	38,471	57,900	57,900
006 ADMINISTRATIVE & GENERAL				241,367	1,338,608	1,579,975	8,216
008 OPERATION OF PLANT				368,945	135,640	504,585	1,815
009 LAUNDRY & LINEN SERVICE				38,501		38,501	57
010 HOUSEKEEPING				72,941	26,562	99,503	1,198
011 DIETARY				113,056	142,653	255,709	573
012 CAFETERIA				22,711		22,711	789
014 NURSING ADMINISTRATION				37,199	8,347	45,546	1,079
015 CENTRAL SERVICES & SUPPLY				52,600	198,908	251,508	814
016 PHARMACY				35,686	25,544	61,230	1,739
017 MEDICAL RECORDS & LIBRARY				50,408	58,820	109,228	1,571
018 SOCIAL SERVICE				22,188		22,188	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				563,821	341,226	905,047	12,397
027 INTENSIVE CARE UNIT				55,170	77,695	132,865	1,298
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY				20,809	15,866	36,675	428
037 SKILLED NURSING FACILITY				100,103	17,453	117,556	1,667
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				197,937	744,980	942,917	4,094
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO					1,169	1,169	
040 ANESTHESIOLOGY				3,027	48,768	51,795	1,654
041 RADIOLOGY-DIAGNOSTIC				214,584	547,691	762,275	3,144
041 01 CAT SCAN				5,007	335,505	340,512	294
041 02 MAGNETIC RESONANCE IMAGIN				10,415	13,789	24,204	300
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				16,502	235,917	252,419	276
044 LABORATORY				79,517	340,889	420,406	2,150
046 WHOLE BLOOD & PACKED RED				6,510	9,811	16,321	224
049 RESPIRATORY THERAPY				8,012	81,196	89,208	1,009
050 PHYSICAL THERAPY	26,179			13,731	54,999	94,909	1,491
051 OCCUPATIONAL THERAPY	17,488			9,937	17,922	45,347	264
052 SPEECH PATHOLOGY	10,917			5,553	40,220	56,690	216
053 ELECTROCARDIOLOGY				17,070	114,707	131,777	508
054 ELECTROENCEPHALOGRAPHY				17,070	36,297	53,367	399
054 01 CARDIAC CATHERIZATION LAB				56,239	60,414	116,653	383
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 PSYCHIATRIC/PSYCHOLOGICAL				184,962	18,689	203,651	
059 01 PREGNANCY PLUS				29,655	10,981	40,636	888
060 01 OUTPAT SERVICE COST CNTRS							
060 01 WOUND/OSTOMY CLINIC				2,125	494	2,619	82
060 02 KIDS PLUS CLINIC				17,359		17,359	
060 03 ONCOLOGY					26,509	26,509	663
061 EMERGENCY				86,250	119,112	205,362	2,635
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	54,584			2,796,396	5,285,852	8,136,832	54,315
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				13,420		13,420	
096 01 WELLNESS CENTER				12,697	7,211	19,908	471
096 02 ORTHO MD	62,531				1,392	63,923	
096 03 NORTHVIEW CONV CENTER	171,250				763	172,013	343
096 04 SUMMIT CONV CENTER	64,679					64,679	197
096 05 PARKVIEW CONV CENTER	525					525	300
096 06 MONTICELLO HSE ASST LVNG	279				109	388	104
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWOOD							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CENTER	595			20,352	382	21,329	343
096 11 ONCOLOGIST							1,328
096 12 MEDICAL INTERNIST					30	30	88
096 13 EMPLOYED ORTHO MD							
096 14 ONCOLOGIST							
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE OFFIC	1,267,216			147,139	178,545	1,592,900	
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION				2,081	2,275	4,356	211
098 03 SPOE					224	224	
098 04 HEALTHY HEART					12,668	12,668	200
098 05 VACANT SPACE				6,754		6,754	
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,621,659			2,998,839	5,489,451	10,109,949	57,900

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	1,588,191						
009 OPERATION OF PLANT	84,229	590,629					
010 LAUNDRY & LINEN SERVICE	11,349	9,599	59,506				
011 HOUSEKEEPING	28,731	18,185	330	147,947			
012 DIETARY	21,067	28,185	40	2,686	308,260		
014 CAFETERIA	13,166	5,662				42,328	
015 NURSING ADMINISTRATION	21,355	9,274		882		713	78,849
016 CENTRAL SERVICES & SUPPLY	38,600	13,113	3,111	1,025		1,862	
017 PHARMACY	35,896	8,897		1,394		1,315	
018 MEDICAL RECORDS & LIBRARY	42,213	12,567		861		1,820	
025 SOCIAL SERVICE	392	5,532		226			
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	266,588	140,562	22,876	55,006	216,618	12,722	50,288
028 INTENSIVE CARE UNIT	29,365	13,754	1,703	5,413	15,709	972	3,841
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U							
037 NURSERY	9,622	5,188	681	4,613		386	1,526
038 SKILLED NURSING FACILITY	36,212	24,956	5,983	11,830	75,121	2,154	8,513
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	102,370	49,347	10,111	15,849	239	3,714	14,681
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO	21		4,933	8,857			
043 ANESTHESIOLOGY	23,985	755				504	
044 RADIOLOGY-DIAGNOSTIC	86,731	53,497	514	2,768		2,817	
045 01 CAT SCAN	16,284	1,248	543			293	
046 02 MAGNETIC RESONANCE IMAGIN	8,613	2,597	246			221	
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE	17,281	4,114	510	861		191	
049 LABORATORY	95,821	19,824	73	4,039		2,360	
050 WHOLE BLOOD & PACKED RED	16,389	1,623		410		164	
051 RESPIRATORY THERAPY	22,892	1,997		759		903	
052 PHYSICAL THERAPY	30,805	3,423	647	349		1,401	
053 OCCUPATIONAL THERAPY	6,113	2,477	65	308		198	
054 SPEECH PATHOLOGY	5,150	1,384		205		165	
055 ELECTROCARDIOLOGY	12,810	4,256	838	246		532	
056 ELECTROENCEPHALOGRAPHY	9,181	4,256		943		360	
057 01 CARDIAC CATHORIZATION LAB	21,003	14,021	491	533		355	
058 MEDICAL SUPPLIES CHARGED	89,758						
059 DRUGS CHARGED TO PATIENTS	137,405						
060 PSYCHIATRIC/PSYCHOLOGICAL	2,339	46,112					
061 01 PREGNANCY PLUS	14,131	7,393	180	984		785	
062 OUTPAT SERVICE COST CNTRS							
063 01 WOUND/OSTOMY CLINIC	2,094	530				58	
064 02 KIDS PLUS CLINIC	306	4,328					
065 03 ONCOLOGY	12,825			21		744	
066 EMERGENCY	58,952	21,502	5,631	8,201	573	2,551	
067 OBSERVATION BEDS (NON-DIS							
068 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,432,044	540,158	59,506	129,269	308,260	40,260	78,849
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	237	3,346					
098 01 WELLNESS CENTER	16,142	3,165		18,596		454	
099 02 ORTHO MD	38						
100 03 NORTHVIEW CONV CENTER	14,039					311	
101 04 SUMMIT CONV CENTER	5,479					169	
102 05 PARKVIEW CONV CENTER	5,807					258	
103 06 MONTICELLO HSE ASST LVNG	2,025					104	
104 07 WELLNESS CENTER							
105 08 MADISON PLACE OF ELWOOD							
106 09 SPINE SURGEON							
107 10 CLINICAL RESEARCH CENTER	8,535	5,074				394	
108 11 ONCOLOGIST	34,051					62	
109 12 MEDICAL INTERNIST	1,872					49	
110 13 EMPLOYED ORTHO MD							
111 14 ONCOLOGIST							
112 15 MEDICAL INTERNIST							
113 08 PHYSICIANS' PRIVATE OFFIC	50,285	36,683		82			
114 01 ALEXANDRIA LAB							
115 02 FOUNDATION	13,393	519				125	
116 03 SPOE	4						
117 04 HEALTHY HEART	4,121					142	
118 05 VACANT SPACE	119	1,684					
119 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,588,191	590,629	59,506	147,947	308,260	42,328	78,849

ALLLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	310,033						
017 PHARMACY		110,471					
018 MEDICAL RECORDS & LIBRARY	252		168,512				
025 SOCIAL SERVICE				28,338			
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	51,747		55,706	15,610	1,805,167		1,805,167
028 INTENSIVE CARE UNIT	7,410		1,485	559	214,374		214,374
029 CORONARY CARE UNIT			675		675		675
033 BURN INTENSIVE CARE UNIT							
034 SURGICAL INTENSIVE CARE U			74		59,193		59,193
037 SKILLED NURSING FACILITY	7,337			10,008	301,337		301,337
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	57,176	49	8,945		1,209,492		1,209,492
040 RECOVERY ROOM			1,055		1,055		1,055
041 DELIVERY ROOM & LABOR ROO					14,980		14,980
042 ANESTHESIOLOGY	1,656	654			81,003		81,003
043 RADIOLOGY-DIAGNOSTIC	2,706	7	23,841		938,300		938,300
044 01 CAT SCAN	1,633		7,730		368,537		368,537
045 02 MAGNETIC RESONANCE IMAGIN	174		9,389		45,744		45,744
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE	793	108	2,994		279,547		279,547
048 LABORATORY	4,205		16,062		564,940		564,940
049 WHOLE BLOOD & PACKED RED	147				35,278		35,278
050 RESPIRATORY THERAPY	885	3	221		117,877		117,877
051 PHYSICAL THERAPY	547	1	380		133,953		133,953
052 OCCUPATIONAL THERAPY	82		25		54,879		54,879
053 SPEECH PATHOLOGY	4				63,814		63,814
054 ELECTROCARDIOLOGY	1,001		1,107		153,075		153,075
055 ELECTROENCEPHALOGRAPHY	626		1,202		70,334		70,334
056 01 CARDIAC CATHORIZATION LAB	4,146		1,080		158,665		158,665
057 MEDICAL SUPPLIES CHARGED	134,898	17			224,673		224,673
058 DRUGS CHARGED TO PATIENTS	926	109,559			247,890		247,890
059 PSYCHIATRIC/PSYCHOLOGICAL					252,102		252,102
060 01 PREGNANCY PLUS	415	2	1,988		67,402		67,402
061 OUTPAT SERVICE COST CNTRS							
062 01 WOUND/OSTOMY CLINIC	1,851				7,234		7,234
063 02 KIDS PLUS CLINIC					21,993		21,993
064 03 ONCOLOGY	7,284	71			48,117		48,117
065 EMERGENCY	20,773		28,307	2,161	356,648		356,648
066 OBSERVATION BEDS (NON-DIS							
067 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	308,674	110,471	162,266	28,338	7,898,278		7,898,278
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP			491		17,494		17,494
096 02 WELLNESS CENTER	10				58,746		58,746
096 03 ORTHO MD					63,961		63,961
096 04 NORTHVIEW CONV CENTER	186				186,892		186,892
096 05 SUMMIT CONV CENTER					70,524		70,524
096 06 PARKVIEW CONV CENTER	2				6,892		6,892
096 07 MONTICELLO HSE ASST LVNG	1				2,622		2,622
096 08 WELLNESS CENTER							
096 09 MADISON PLACE OF ELWOOD							
096 10 SPINE SURGEON							
096 11 CLINICAL RESEARCH CENTER	133				35,808		35,808
096 12 ONCOLOGIST					35,441		35,441
096 13 MEDICAL INTERNIST	11				2,050		2,050
096 14 EMPLOYED ORTHO MD							
096 15 ONCOLOGIST							
098 16 MEDICAL INTERNIST							
098 17 PHYSICIANS' PRIVATE OFFIC	872		5,264		1,686,086		1,686,086
098 18 01 ALEXANDRIA LAB			491		491		491
098 19 02 FOUNDATION					18,604		18,604
098 20 03 SPOE					228		228
098 21 04 HEALTHY HEART	144				17,275		17,275
098 22 05 VACANT SPACE					8,557		8,557
098 23 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	310,033	110,471	168,512	28,338	10,109,949		10,109,949

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (NONE)	OSTS-MVBLE E (NONE)	OSTS-BLDG & (SQUARE) FEE T	OSTS-MVBLE E (DOLLAR) VAL UE	FITS (GROSS) SALA RIE	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			269,497			
005 NEW CAP REL COSTS-MVB				28,210,270		
006 EMPLOYEE BENEFITS			1,746	197,701	48,923,709	
008 ADMINISTRATIVE & GENE			21,691	6,879,149	6,944,994	-17,283,513
009 OPERATION OF PLANT			33,156	697,053	1,534,216	
010 LAUNDRY & LINEN SERVI			3,460		48,362	
011 HOUSEKEEPING			6,555	136,502	1,012,903	
012 DIETARY			10,160	733,094	484,199	
014 CAFETERIA			2,041		667,302	
015 NURSING ADMINISTRATIO			3,343	42,894	912,385	
016 CENTRAL SERVICES & SU			4,727	1,022,185	688,330	
017 PHARMACY			3,207	131,272	1,469,934	
018 MEDICAL RECORDS & LIB			4,530	302,273	1,328,286	
018 SOCIAL SERVICE			1,994			
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			50,669	1,753,555	10,457,139	
027 INTENSIVE CARE UNIT			4,958	399,271	1,096,978	
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 NURSERY			1,870	81,535	362,114	
037 SKILLED NURSING FACIL			8,996	89,691	1,409,524	
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM			17,788	3,828,439	3,460,844	
040 RECOVERY ROOM				6,007		
041 DELIVERY ROOM & LABOR				272	250,619	1,398,487
041 ANESTHESIOLOGY			19,284	2,814,576	2,657,451	
041 RADIOLOGY-DIAGNOSTIC			450	1,724,154	248,364	
041 01 CAT SCAN			936	70,859	253,491	
041 02 MAGNETIC RESONANCE IM						
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			1,483	1,212,376	233,585	
044 LABORATORY			7,146	1,751,821	1,817,810	
046 WHOLE BLOOD & PACKED			585	50,420	189,678	
049 RESPIRATORY THERAPY			720	417,264	853,075	
050 PHYSICAL THERAPY			1,234	282,639	1,260,310	
051 OCCUPATIONAL THERAPY			893	92,103	223,407	
052 SPEECH PATHOLOGY			499	206,691	182,203	
053 ELECTROCARDIOLOGY			1,534	589,479	429,026	
054 ELECTROENCEPHALOGRAPH			1,534	186,530	337,527	
054 01 CARDIAC CATHERIZATION			5,054	310,464	324,045	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 PSYCHIATRIC/PSYCHOLOG			16,622	96,045		
059 01 PREGNANCY PLUS			2,665	56,432	750,333	
060 OUTPAT SERVICE COST C						
060 01 WOUND/OSTOMY CLINIC			191	2,540	68,990	
060 02 KIDS PLUS CLINIC			1,560			
060 03 ONCOLOGY				136,228	560,248	
061 EMERGENCY			7,751	612,113	2,227,504	
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			251,304	27,163,974	45,893,044	-17,283,513
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,206			
096 01 WELLNESS CENTER			1,141	37,057	397,934	
096 02 ORTHO MD				7,152		
096 03 NORTHVIEW CONV CENTER				3,923	289,699	
096 04 SUMMIT CONV CENTER					166,395	
096 05 PARKVIEW CONV CENTER					253,300	
096 06 MONTICELLO HSE ASST L				558	88,275	
096 07 WELLNESS CENTER						
096 08 MADISON PLACE OF ELWO						
096 09 SPINE SURGEON						
096 10 CLINICAL RESEARCH CEN			1,829	1,963	290,121	
096 11 ONCOLOGIST					1,122,918	
096 12 MEDICAL INTERNIST				155	74,235	
096 13 EMPLOYED ORTHO MD						
096 14 ONCOLOGIST						
096 15 MEDICAL INTERNIST						
098 PHYSICIANS' PRIVATE O			13,223	917,540		
098 01 ALEXANDRIA LAB						
098 02 FOUNDATION			187	11,693	178,381	
098 03 SPOE				1,153		
098 04 HEALTHY HEART				65,102	169,407	
098 05 VACANT SPACE			607			
098 06 HEALTHY HEART						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER
DESCRIPTION

OLD CAP REL C OSTS-BLDG & (NONE	OLD CAP REL C OSTS-MVBLE E (NONE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEE T	NEW CAP REL C OSTS-MVBLE E (DOLLAR VAL UE	EMPLOYEE BENE FITS (GROSS SALA RIE)	RECONCIL- IATION
1	2	3	4	5	6a.00

103 NONREIMBURS COST CENT
COST TO BE ALLOCATED
(WRKSHT B, PART I)
104 UNIT COST MULTIPLIER
(WRKSHT B, PT I)
105 COST TO BE ALLOCATED
(WRKSHT B, PART II)
106 UNIT COST MULTIPLIER
(WRKSHT B, PT II)
107 COST TO BE ALLOCATED
(WRKSHT B, PART III)
108 UNIT COST MULTIPLIER
(WRKSHT B, PT III)

		2,998,839	5,489,451	14,196,574	
		11.127541	.194591	.290178	
				57,900	
				.001183	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(HOURS OF)S ERVICE	(MEALS)SERV ED	(TOTAL)MANH OUR	(DIRECT)NRS ING)
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENE	89,983,304						
009 OPERATION OF PLANT	4,772,206	212,904					
010 LAUNDRY & LINEN SERVI	642,979	3,460	970,016				
011 HOUSEKEEPING	1,627,798	6,555	5,376	7,216			
012 DIETARY	1,193,624	10,160	659	131	90,442		
014 CAFETERIA	745,946	2,041				1,420,212	
015 NURSING ADMINISTRATIO	1,209,912	3,343		43		23,930	669,261
016 CENTRAL SERVICES & SU	2,186,961	4,727	50,707	50		62,487	
017 PHARMACY	2,033,743	3,207		68		44,131	
018 MEDICAL RECORDS & LIB	2,391,693	4,530		42		61,059	
025 SOCIAL SERVICE	22,188	1,994		11			
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS	15,104,877	50,669	372,886	2,683	63,555	426,828	426,828
028 INTENSIVE CARE UNIT	1,663,761	4,958	27,763	264	4,609	32,602	32,602
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE U							
034 SURGICAL INTENSIVE CA							
037 NURSERY	545,133	1,870	11,102	225		12,956	12,956
038 SKILLED NURSING FACIL	2,051,673	8,996	97,537	577	22,040	72,261	72,261
039 ANCILLARY SRVC COST C							
040 OPERATING ROOM	5,800,015	17,788	164,823	773	70	124,614	124,614
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR	1,169		80,416	432			
043 ANESTHESIOLOGY	1,358,935	272				16,904	
044 RADIOLOGY-DIAGNOSTIC	4,913,941	19,284	8,386	135		94,519	
041 01 CAT SCAN	922,615	450	8,846			9,818	
041 02 MAGNETIC RESONANCE IM	487,997	936	4,012			7,415	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	979,115	1,483	8,307	42		6,424	
044 LABORATORY	5,428,955	7,146	1,196	197		79,197	
046 WHOLE BLOOD & PACKED	928,539	585		20		5,504	
049 RESPIRATORY THERAPY	1,297,016	720		37		30,303	
050 PHYSICAL THERAPY	1,745,346	1,234	10,548	17		47,008	
051 OCCUPATIONAL THERAPY	346,333	893	1,064	15		6,632	
052 SPEECH PATHOLOGY	291,757	499		10		5,530	
053 ELECTROCARDIOLOGY	725,798	1,534	13,662	12		17,842	
054 ELECTROENCEPHALOGRAPH	520,164	1,534		46		12,076	
054 01 CARDIAC CATHORIZATION	1,189,963	5,054	8,004	26		11,925	
055 MEDICAL SUPPLIES CHAR	5,085,425						
056 DRUGS CHARGED TO PATI	7,784,973						
059 PSYCHIATRIC/PSYCHOLOG	132,544	16,622					
059 01 PREGNANCY PLUS	800,600	2,665	2,936	48		26,349	
060 01 OUTPAT SERVICE COST C							
060 02 WOUND/OSTOMY CLINIC	118,638	191				1,946	
060 02 KIDS PLUS CLINIC	17,359	1,560					
060 03 ONCOLOGY	726,642			1		24,979	
061 EMERGENCY	3,340,065	7,751	91,786	400	168	85,596	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	81,136,398	194,711	970,016	6,305	90,442	1,350,835	669,261
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	13,420	1,206					
096 01 WELLNESS CENTER	914,579	1,141		907		15,221	
096 02 ORTHO MD	2,152						
096 03 NORTHVIEW CONV CENTER	795,413					10,422	
096 04 SUMMIT CONV CENTER	310,436					5,663	
096 05 PARKVIEW CONV CENTER	329,031					8,650	
096 06 MONTICELLO HSE ASST L	114,736					3,492	
096 07 WELLNESS CENTER							
096 08 MADISON PLACE OF ELWO							
096 09 SPINE SURGEON							
096 10 CLINICAL RESEARCH CEN	483,573	1,829				13,230	
096 11 ONCOLOGIST	1,929,232					2,080	
096 12 MEDICAL INTERNIST	106,050					1,653	
096 13 EMPLOYED ORTHO MD							
096 14 ONCOLOGIST							
096 15 MEDICAL INTERNIST							
098 PHYSICIANS' PRIVATE O	2,849,023	13,223		4			
098 01 ALEXANDRIA LAB							
098 02 FOUNDATION	758,806	187				4,196	
098 03 SPOE	224						
098 04 HEALTHY HEART	233,477					4,770	
098 05 VACANT SPACE	6,754	607					
098 06 HEALTHY HEART							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERV ED	(TOTAL) MANH OUR	(DIRECT) NRS ING)
	6	8	9	10	11	12	14
103 NONREIMBURS COST CENT COST TO BE ALLOCATED (WRKSHT B, PART I)	17,283,513	5,688,827	858,931	2,120,368	1,733,443	943,760	1,560,168
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.192075	26.720151	.885481	293.842572	19.166350	.664521	2.331180
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,588,191	590,629	59,506	147,947	308,260	42,328	78,849
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.017650	2.774156	.061345	20.502633	3.408372	.029804	.117815

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
	(COSTED REQ UIS.)	(COSTED)REQ UIS.	(TIME)SPENT	(TIME)SPENT
	15	16	17	18
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU	3,875,960			
016 PHARMACY		8,051,215		
017 MEDICAL RECORDS & LIB	3,152		343,335	
018 SOCIAL SERVICE				38,691
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	646,926		113,500	21,313
026 INTENSIVE CARE UNIT	92,638		3,025	763
027 CORONARY CARE UNIT			1,375	
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
033 NURSERY			150	
034 SKILLED NURSING FACIL	91,724			13,665
ANCILLARY SRVC COST C				
037 OPERATING ROOM	714,803	3,536	18,225	
038 RECOVERY ROOM			2,150	
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY	20,701	47,693		
041 RADIOLOGY-DIAGNOSTIC	33,829	486	48,575	
041 01 CAT SCAN	20,421	11	15,750	
041 02 MAGNETIC RESONANCE IM	2,181		19,130	
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE	9,919	7,890	6,100	
044 LABORATORY	52,568	21	32,725	
046 WHOLE BLOOD & PACKED	1,839			
049 RESPIRATORY THERAPY	11,059	220	450	
050 PHYSICAL THERAPY	6,834	53	775	
051 OCCUPATIONAL THERAPY	1,027		50	
052 SPEECH PATHOLOGY	51			
053 ELECTROCARDIOLOGY	12,519		2,255	
054 ELECTROENCEPHALOGRAPH	7,832	12	2,450	
054 01 CARDIAC CATHERIZATION	51,836		2,200	
055 MEDICAL SUPPLIES CHAR	1,686,444	1,254		
056 DRUGS CHARGED TO PATI	11,580	7,984,717		
059 PSYCHIATRIC/PSYCHOLOG				
059 01 PREGNANCY PLUS	5,194	133	4,050	
060 01 OUTPAT SERVICE COST C				
060 01 WOUND/OSTOMY CLINIC	23,139	3		
060 02 KIDS PLUS CLINIC				
060 03 ONCOLOGY	91,063	5,186		
061 EMERGENCY	259,695		57,675	2,950
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN				
095 SUBTOTALS	3,858,974	8,051,215	330,610	38,691
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE			1,000	
096 01 WELLNESS CENTER	123			
096 02 ORTHO MD				
096 03 NORTHVIEW CONV CENTER	2,320			
096 04 SUMMIT CONV CENTER				
096 05 PARKVIEW CONV CENTER	30			
096 06 MONTICELLO HSE ASST L	9			
096 07 WELLNESS CENTER				
096 08 MADISON PLACE OF ELWO				
096 09 SPINE SURGEON				
096 10 CLINICAL RESEARCH CEN	1,665			
096 11 ONCOLOGIST				
096 12 MEDICAL INTERNIST	140			
096 13 EMPLOYED ORTHO MD				
096 14 ONCOLOGIST				
096 15 MEDICAL INTERNIST				
098 PHYSICIANS' PRIVATE O	10,899		10,725	
098 01 ALEXANDRIA LAB			1,000	
098 02 FOUNDATION				
098 03 SPOE				
098 04 HEALTHY HEART	1,800			
098 05 VACANT SPACE				
098 06 HEALTHY HEART				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2009
I 15-0113	I FROM 1/ 1/2008	I WORKSHEET B-1
I	I TO 12/31/2008	I

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
		(COSTED REQ UIS.	(COSTED)REQ UIS.	(TIME)SPENT	(TIME)SPENT
		15	16	17	18
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (PER WRKSHT B, PART	2,834,444	2,559,373	3,027,340	82,962
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.731288	.317887	8.817452	2.144220
105	COST TO BE ALLOCATED (PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	310,033	110,471	168,512	28,338
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.079989	.013721	.490809	.732418

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	24,494,897		24,494,897		24,494,897
26	INTENSIVE CARE UNIT	2,500,023		2,500,023	12,380	2,512,403
27	CORONARY CARE UNIT	12,124		12,124		12,124
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	815,888		815,888		815,888
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,677,312		3,677,312		3,677,312
37	OPERATING ROOM	8,821,637		8,821,637		8,821,637
38	RECOVERY ROOM	18,958		18,958		18,958
39	DELIVERY ROOM & LABOR ROO	199,541		199,541		199,541
40	ANESTHESIOLOGY	1,668,752		1,668,752		1,668,752
41	RADIOLOGY-DIAGNOSTIC	6,936,163		6,936,163		6,936,163
41	01 CAT SCAN	1,280,019		1,280,019		1,280,019
41	02 MAGNETIC RESONANCE IMAGIN	785,492		785,492		785,492
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,294,319		1,294,319		1,294,319
44	LABORATORY	7,101,238		7,101,238		7,101,238
46	WHOLE BLOOD & PACKED RED	1,133,399		1,133,399		1,133,399
49	RESPIRATORY THERAPY	1,608,513		1,608,513		1,608,513
50	PHYSICAL THERAPY	2,170,978		2,170,978		2,170,978
51	OCCUPATIONAL THERAPY	447,665		447,665		447,665
52	SPEECH PATHOLOGY	367,779		367,779		367,779
53	ELECTROCARDIOLOGY	962,712		962,712		962,712
54	ELECTROENCEPHALOGRAPHY	709,940		709,940		709,940
54	01 CARDIAC CATHERIZATION LAB	1,633,525		1,633,525		1,633,525
55	MEDICAL SUPPLIES CHARGED	7,295,885		7,295,885		7,295,885
56	DRUGS CHARGED TO PATIENTS	11,826,974		11,826,974		11,826,974
59	PSYCHIATRIC/PSYCHOLOGICAL	602,144		602,144		602,144
59	01 PREGNANCY PLUS	1,099,348		1,099,348		1,099,348
	OUTPAT SERVICE COST CNTRS					
60	01 WOUND/OSTOMY CLINIC	164,744		164,744		164,744
60	02 KIDS PLUS CLINIC	62,376		62,376		62,376
60	03 ONCOLOGY	951,347		951,347		951,347
61	EMERGENCY	5,152,412		5,152,412		5,152,412
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,215,717		2,215,717		2,215,717
101	SUBTOTAL	98,011,821		98,011,821	12,380	98,024,201
102	LESS OBSERVATION BEDS	2,215,717		2,215,717		2,215,717
103	TOTAL	95,796,104		95,796,104	12,380	95,808,484

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,086,178		15,086,178			
26	INTENSIVE CARE UNIT	2,005,392		2,005,392			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	1,162,431		1,162,431			
34	SKILLED NURSING FACILITY	2,695,745		2,695,745			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,437,959	14,795,777	23,233,736	.379691	.379691	.379691
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	496,412	2,119,323	2,615,735	.637967	.637967	.637967
41	RADIOLOGY-DIAGNOSTIC	2,711,100	14,000,719	16,711,819	.415045	.415045	.415045
41 01	CAT SCAN	3,566,384	14,336,169	17,902,553	.071499	.071499	.071499
41 02	MAGNETIC RESONANCE IMAGIN	1,045,864	7,095,178	8,141,042	.096485	.096485	.096485
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,002,193	6,649,325	7,651,518	.169158	.169158	.169158
44	LABORATORY	7,444,206	23,376,847	30,821,053	.230402	.230402	.230402
46	WHOLE BLOOD & PACKED RED	727,264	497,768	1,225,032	.925200	.925200	.925200
49	RESPIRATORY THERAPY	7,500,560	1,039,642	8,540,202	.188346	.188346	.188346
50	PHYSICAL THERAPY	1,454,015	3,423,482	4,877,497	.445101	.445101	.445101
51	OCCUPATIONAL THERAPY	753,855	495,418	1,249,273	.358340	.358340	.358340
52	SPEECH PATHOLOGY	283,921	89,595	373,516	.984641	.984641	.984641
53	ELECTROCARDIOLOGY	1,642,741	4,069,960	5,712,701	.168521	.168521	.168521
54	ELECTROENCEPHALOGRAPHY	104,130	4,270,324	4,374,454	.162292	.162292	.162292
54 01	CARDIAC CATHERIZATION LAB	2,822,795	3,042,326	5,865,121	.278515	.278515	.278515
55	MEDICAL SUPPLIES CHARGED	12,941,516	9,255,780	22,197,296	.328684	.328684	.328684
56	DRUGS CHARGED TO PATIENTS	24,916,983	32,866,839	57,783,822	.204676	.204676	.204676
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	PREGNANCY PLUS	338,720	459,263	797,983	1.377658	1.377658	1.377658
	OUTPAT SERVICE COST CNTRS						
60 01	WOUND/OSTOMY CLINIC		97,961	97,961	1.681730	1.681730	1.681730
60 02	KIDS PLUS CLINIC						
60 03	ONCOLOGY		1,749,730	1,749,730	.543711	.543711	.543711
61	EMERGENCY	4,472,448	15,035,879	19,508,327	.264113	.264113	.264113
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,704,909	4,704,909	.470937	.470937	.470937
101	SUBTOTAL	103,612,812	163,472,214	267,085,026			
102	LESS OBSERVATION BEDS						
103	TOTAL	103,612,812	163,472,214	267,085,026			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	24,494,897		24,494,897		24,494,897
26	INTENSIVE CARE UNIT	2,500,023		2,500,023	12,380	2,512,403
27	CORONARY CARE UNIT	12,124		12,124		12,124
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	815,888		815,888		815,888
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,677,312		3,677,312		3,677,312
37	OPERATING ROOM	8,821,637		8,821,637		8,821,637
38	RECOVERY ROOM	18,958		18,958		18,958
39	DELIVERY ROOM & LABOR ROO	199,541		199,541		199,541
40	ANESTHESIOLOGY	1,668,752		1,668,752		1,668,752
41	RADIOLOGY-DIAGNOSTIC	6,936,163		6,936,163		6,936,163
41	01 CAT SCAN	1,280,019		1,280,019		1,280,019
41	02 MAGNETIC RESONANCE IMAGIN	785,492		785,492		785,492
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,294,319		1,294,319		1,294,319
44	LABORATORY	7,101,238		7,101,238		7,101,238
46	WHOLE BLOOD & PACKED RED	1,133,399		1,133,399		1,133,399
49	RESPIRATORY THERAPY	1,608,513		1,608,513		1,608,513
50	PHYSICAL THERAPY	2,170,978		2,170,978		2,170,978
51	OCCUPATIONAL THERAPY	447,665		447,665		447,665
52	SPEECH PATHOLOGY	367,779		367,779		367,779
53	ELECTROCARDIOLOGY	962,712		962,712		962,712
54	ELECTROENCEPHALOGRAPHY	709,940		709,940		709,940
54	01 CARDIAC CATHERIZATION LAB	1,633,525		1,633,525		1,633,525
55	MEDICAL SUPPLIES CHARGED	7,295,885		7,295,885		7,295,885
56	DRUGS CHARGED TO PATIENTS	11,826,974		11,826,974		11,826,974
59	PSYCHIATRIC/PSYCHOLOGICAL	602,144		602,144		602,144
59	01 PREGNANCY PLUS	1,099,348		1,099,348		1,099,348
	OUTPAT SERVICE COST CNTRS					
60	01 WOUND/OSTOMY CLINIC	164,744		164,744		164,744
60	02 KIDS PLUS CLINIC	62,376		62,376		62,376
60	03 ONCOLOGY	951,347		951,347		951,347
61	EMERGENCY	5,152,412		5,152,412		5,152,412
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,215,717		2,215,717		2,215,717
101	SUBTOTAL	98,011,821		98,011,821	12,380	98,024,201
102	LESS OBSERVATION BEDS	2,215,717		2,215,717		2,215,717
103	TOTAL	95,796,104		95,796,104	12,380	95,808,484

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET C
I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,086,178		15,086,178			
26	INTENSIVE CARE UNIT	2,005,392		2,005,392			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	1,162,431		1,162,431			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,695,745		2,695,745			
37	OPERATING ROOM	8,437,959	14,795,777	23,233,736	.379691	.379691	.379691
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	496,412	2,119,323	2,615,735	.637967	.637967	.637967
41	RADIOLOGY-DIAGNOSTIC	2,711,100	14,000,719	16,711,819	.415045	.415045	.415045
41	01 CAT SCAN	3,566,384	14,336,169	17,902,553	.071499	.071499	.071499
41	02 MAGNETIC RESONANCE IMAGIN	1,045,864	7,095,178	8,141,042	.096485	.096485	.096485
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,002,193	6,649,325	7,651,518	.169158	.169158	.169158
44	LABORATORY	7,444,206	23,376,847	30,821,053	.230402	.230402	.230402
46	WHOLE BLOOD & PACKED RED	727,264	497,768	1,225,032	.925200	.925200	.925200
49	RESPIRATORY THERAPY	7,500,560	1,039,642	8,540,202	.188346	.188346	.188346
50	PHYSICAL THERAPY	1,454,015	3,423,482	4,877,497	.445101	.445101	.445101
51	OCCUPATIONAL THERAPY	753,855	495,418	1,249,273	.358340	.358340	.358340
52	SPEECH PATHOLOGY	283,921	89,595	373,516	.984641	.984641	.984641
53	ELECTROCARDIOLOGY	1,642,741	4,069,960	5,712,701	.168521	.168521	.168521
54	ELECTROENCEPHALOGRAPHY	104,130	4,270,324	4,374,454	.162292	.162292	.162292
54	01 CARDIAC CATHERIZATION LAB	2,822,795	3,042,326	5,865,121	.278515	.278515	.278515
55	MEDICAL SUPPLIES CHARGED	12,941,516	9,255,780	22,197,296	.328684	.328684	.328684
56	DRUGS CHARGED TO PATIENTS	24,916,983	32,866,839	57,783,822	.204676	.204676	.204676
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 PREGNANCY PLUS	338,720	459,263	797,983	1.377658	1.377658	1.377658
	OUTPAT SERVICE COST CNTRS						
60	01 WOUND/OSTOMY CLINIC		97,961	97,961	1.681730	1.681730	1.681730
60	02 KIDS PLUS CLINIC						
60	03 ONCOLOGY		1,749,730	1,749,730	.543711	.543711	.543711
61	EMERGENCY	4,472,448	15,035,879	19,508,327	.264113	.264113	.264113
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,704,909	4,704,909	.470937	.470937	.470937
101	SUBTOTAL	103,612,812	163,472,214	267,085,026			
102	LESS OBSERVATION BEDS						
103	TOTAL	103,612,812	163,472,214	267,085,026			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,821,637	1,209,492	7,612,145			8,821,637
38	RECOVERY ROOM	18,958	1,055	17,903			18,958
39	DELIVERY ROOM & LABOR ROO	199,541	14,980	184,561			199,541
40	ANESTHESIOLOGY	1,668,752	81,003	1,587,749			1,668,752
41	RADIOLOGY-DIAGNOSTIC	6,936,163	938,300	5,997,863			6,936,163
41 01	CAT SCAN	1,280,019	368,537	911,482			1,280,019
41 02	MAGNETIC RESONANCE IMAGIN	785,492	45,744	739,748			785,492
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,294,319	279,547	1,014,772			1,294,319
44	LABORATORY	7,101,238	564,940	6,536,298			7,101,238
46	WHOLE BLOOD & PACKED RED	1,133,399	35,278	1,098,121			1,133,399
49	RESPIRATORY THERAPY	1,608,513	117,877	1,490,636			1,608,513
50	PHYSICAL THERAPY	2,170,978	133,953	2,037,025			2,170,978
51	OCCUPATIONAL THERAPY	447,665	54,879	392,786			447,665
52	SPEECH PATHOLOGY	367,779	63,814	303,965			367,779
53	ELECTROCARDIOLOGY	962,712	153,075	809,637			962,712
54	ELECTROENCEPHALOGRAPHY	709,940	70,334	639,606			709,940
54 01	CARDIAC CATHERIZATION LAB	1,633,525	158,665	1,474,860			1,633,525
55	MEDICAL SUPPLIES CHARGED	7,295,885	224,673	7,071,212			7,295,885
56	DRUGS CHARGED TO PATIENTS	11,826,974	247,890	11,579,084			11,826,974
59	PSYCHIATRIC/PSYCHOLOGICAL	602,144	252,102	350,042			602,144
59 01	PREGNANCY PLUS	1,099,348	67,402	1,031,946			1,099,348
	OUTPAT SERVICE COST CNTRS						
60 01	WOUND/OSTOMY CLINIC	164,744	7,234	157,510			164,744
60 02	KIDS PLUS CLINIC	62,376	21,993	40,383			62,376
60 03	ONCOLOGY	951,347	48,117	903,230			951,347
61	EMERGENCY	5,152,412	356,648	4,795,764			5,152,412
62	OBSERVATION BEDS (NON-DIS	2,215,717	163,289	2,052,428			2,215,717
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	66,511,577	5,680,821	60,830,756			66,511,577
102	LESS OBSERVATION BEDS	2,215,717	163,289	2,052,428			2,215,717
103	TOTAL	64,295,860	5,517,532	58,778,328			64,295,860

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			
38	OPERATING ROOM	23,233,736	.379691	.379691
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	2,615,735	.637967	.637967
41	RADIOLOGY-DIAGNOSTIC	16,711,819	.415045	.415045
41	01 CAT SCAN	17,902,553	.071499	.071499
41	02 MAGNETIC RESONANCE IMAGIN	8,141,042	.096485	.096485
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,651,518	.169158	.169158
44	LABORATORY	30,821,053	.230402	.230402
46	WHOLE BLOOD & PACKED RED	1,225,032	.925200	.925200
49	RESPIRATORY THERAPY	8,540,202	.188346	.188346
50	PHYSICAL THERAPY	4,877,497	.445101	.445101
51	OCCUPATIONAL THERAPY	1,249,273	.358340	.358340
52	SPEECH PATHOLOGY	373,516	.984641	.984641
53	ELECTROCARDIOLOGY	5,712,701	.168521	.168521
54	ELECTROENCEPHALOGRAPHY	4,374,454	.162292	.162292
54	01 CARDIAC CATHERIZATION LAB	5,865,121	.278515	.278515
55	MEDICAL SUPPLIES CHARGED	22,197,296	.328684	.328684
56	DRUGS CHARGED TO PATIENTS	57,783,822	.204676	.204676
59	PSYCHIATRIC/PSYCHOLOGICAL			
59	01 PREGNANCY PLUS	797,983	1.377658	1.377658
60	OUTPAT SERVICE COST CNTRS			
60	01 WOUND/OSTOMY CLINIC	97,961	1.681730	1.681730
60	02 KIDS PLUS CLINIC			
60	03 ONCOLOGY	1,749,730	.543711	.543711
61	EMERGENCY	19,508,327	.264113	.264113
62	OBSERVATION BEDS (NON-DIS	4,704,909	.470937	.470937
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	246,135,280		
102	LESS OBSERVATION BEDS	4,704,909		
103	TOTAL	241,430,371		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,821,637	1,209,492	7,612,145	120,949	441,504	8,259,184
38	RECOVERY ROOM	18,958	1,055	17,903	106	1,038	17,814
39	DELIVERY ROOM & LABOR ROO	199,541	14,980	184,561	1,498	10,705	187,338
40	ANESTHESIOLOGY	1,668,752	81,003	1,587,749	8,100	92,089	1,568,563
41	RADIOLOGY-DIAGNOSTIC	6,936,163	938,300	5,997,863	93,830	347,876	6,494,457
41	01 CAT SCAN	1,280,019	368,537	911,482	36,854	52,866	1,190,299
41	02 MAGNETIC RESONANCE IMAGIN	785,492	45,744	739,748	4,574	42,905	738,013
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,294,319	279,547	1,014,772	27,955	58,857	1,207,507
44	LABORATORY	7,101,238	564,940	6,536,298	56,494	379,105	6,665,639
46	WHOLE BLOOD & PACKED RED	1,133,399	35,278	1,098,121	3,528	63,691	1,066,180
49	RESPIRATORY THERAPY	1,608,513	117,877	1,490,636	11,788	86,457	1,510,268
50	PHYSICAL THERAPY	2,170,978	133,953	2,037,025	13,395	118,147	2,039,436
51	OCCUPATIONAL THERAPY	447,665	54,879	392,786	5,488	22,782	419,395
52	SPEECH PATHOLOGY	367,779	63,814	303,965	6,381	17,630	343,768
53	ELECTROCARDIOLOGY	962,712	153,075	809,637	15,308	46,959	900,445
54	ELECTROENCEPHALOGRAPHY	709,940	70,334	639,606	7,033	37,097	665,810
54	01 CARDIAC CATHERIZATION LAB	1,633,525	158,665	1,474,860	15,867	85,542	1,532,116
55	MEDICAL SUPPLIES CHARGED	7,295,885	224,673	7,071,212	22,467	410,130	6,863,288
56	DRUGS CHARGED TO PATIENTS	11,826,974	247,890	11,579,084	24,789	671,587	11,130,598
59	PSYCHIATRIC/PSYCHOLOGICAL	602,144	252,102	350,042	25,210	20,302	556,632
59	01 PREGNANCY PLUS	1,099,348	67,402	1,031,946	6,740	59,853	1,032,755
	OUTPAT SERVICE COST CNTRS						
60	01 WOUND/OSTOMY CLINIC	164,744	7,234	157,510	723	9,136	154,885
60	02 KIDS PLUS CLINIC	62,376	21,993	40,383	2,199	2,342	57,835
60	03 ONCOLOGY	951,347	48,117	903,230	4,812	52,387	894,148
61	EMERGENCY	5,152,412	356,648	4,795,764	35,665	278,154	4,838,593
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,215,717	163,289	2,052,428	16,329	119,041	2,080,347
101	SUBTOTAL	66,511,577	5,680,821	60,830,756	568,082	3,528,182	62,415,313
102	LESS OBSERVATION BEDS	2,215,717	163,289	2,052,428	16,329	119,041	2,080,347
103	TOTAL	64,295,860	5,517,532	58,778,328	551,753	3,409,141	60,334,966

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPUT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	23,233,736	.355482	.374485
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,615,735	.599664	.634870
41	RADIOLOGY-DIAGNOSTIC	16,711,819	.388615	.409431
41 01	CAT SCAN	17,902,553	.066488	.069441
41 02	MAGNETIC RESONANCE IMAGIN	8,141,042	.090653	.095924
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,651,518	.157813	.165505
44	LABORATORY	30,821,053	.216269	.228569
46	WHOLE BLOOD & PACKED RED	1,225,032	.870328	.922320
49	RESPIRATORY THERAPY	8,540,202	.176842	.186966
50	PHYSICAL THERAPY	4,877,497	.418132	.442355
51	OCCUPATIONAL THERAPY	1,249,273	.335711	.353947
52	SPEECH PATHOLOGY	373,516	.920357	.967557
53	ELECTROCARDIOLOGY	5,712,701	.157622	.165842
54	ELECTROENCEPHALOGRAPHY	4,374,454	.152204	.160685
54 01	CARDIAC CATHERIZATION LAB	5,865,121	.261225	.275810
55	MEDICAL SUPPLIES CHARGED	22,197,296	.309195	.327671
56	DRUGS CHARGED TO PATIENTS	57,783,822	.192625	.204247
59	PSYCHIATRIC/PSYCHOLOGICAL			
59 01	PREGNANCY PLUS	797,983	1.294207	1.369212
	OUTPAT SERVICE COST CNTRS			
60 01	WOUND/OSTOMY CLINIC	97,961	1.581088	1.674350
60 02	KIDS PLUS CLINIC			
60 03	ONCOLOGY	1,749,730	.511021	.540961
61	EMERGENCY	19,508,327	.248027	.262285
62	OBSERVATION BEDS (NON-DIS	4,704,909	.442165	.467467
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	246,135,280		
102	LESS OBSERVATION BEDS	4,704,909		
103	TOTAL	241,430,371		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,805,167		1,805,167
26	INTENSIVE CARE UNIT				214,374		214,374
27	CORONARY CARE UNIT				675		675
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY				59,193		59,193
101	TOTAL				2,079,409		2,079,409

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,890	12,270			75.56	927,121
26	INTENSIVE CARE UNIT	1,681	1,172			127.53	149,465
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,281				25.95	
101	TOTAL	27,852	13,442				1,076,586

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0113 I

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	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,209,492	23,233,736	3,015,585		
38	RECOVERY ROOM		1,055				
39	DELIVERY ROOM & LABOR ROO		14,980				
40	ANESTHESIOLOGY		81,003	2,615,735	197,565		
41	RADIOLOGY-DIAGNOSTIC		938,300	16,711,819	1,627,026		
41 01	CAT SCAN		368,537	17,902,553	2,240,761		
41 02	MAGNETIC RESONANCE IMAGIN		45,744	8,141,042	605,397		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		279,547	7,651,518	543,653		
44	LABORATORY		564,940	30,821,053	4,499,722		
46	WHOLE BLOOD & PACKED RED		35,278	1,225,032	277,632		
49	RESPIRATORY THERAPY		117,877	8,540,202	3,201,919		
50	PHYSICAL THERAPY		133,953	4,877,497	467,324		
51	OCCUPATIONAL THERAPY		54,879	1,249,273	136,538		
52	SPEECH PATHOLOGY		63,814	373,516	128,480		
53	ELECTROCARDIOLOGY		153,075	5,712,701	1,554,892		
54	ELECTROENCEPHALOGRAPHY		70,334	4,374,454	60,105		
54 01	CARDIAC CATHERIZATION LAB		158,665	5,865,121	556,216		
55	MEDICAL SUPPLIES CHARGED		224,673	22,197,296	9,512,325		
56	DRUGS CHARGED TO PATIENTS		247,890	57,783,822	12,385,823		
59	PSYCHIATRIC/PSYCHOLOGICAL		252,102				
59 01	PREGNANCY PLUS		67,402	797,983			
	OUTPAT SERVICE COST CNTRS						
60 01	WOUND/OSTOMY CLINIC		7,234	97,961			
60 02	KIDS PLUS CLINIC		21,993				
60 03	ONCOLOGY		48,117	1,749,730			
61	EMERGENCY		356,648	19,508,327	2,339,195		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		163,289	4,704,909			
101	TOTAL		5,680,821	246,135,280	43,350,158		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-0113 I I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.052058	156,985
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.030968	6,118
41	RADIOLOGY-DIAGNOSTIC	.056146	91,351
41 01	CAT SCAN	.020586	46,128
41 02	MAGNETIC RESONANCE IMAGIN	.005619	3,402
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.036535	19,862
44	LABORATORY	.018330	82,480
46	WHOLE BLOOD & PACKED RED	.028798	7,995
49	RESPIRATORY THERAPY	.013803	44,196
50	PHYSICAL THERAPY	.027463	12,834
51	OCCUPATIONAL THERAPY	.043929	5,998
52	SPEECH PATHOLOGY	.170847	21,950
53	ELECTROCARDIOLOGY	.026796	41,665
54	ELECTROENCEPHALOGRAPHY	.016078	966
54 01	CARDIAC CATHETERIZATION LAB	.027052	15,047
55	MEDICAL SUPPLIES CHARGED	.010122	96,284
56	DRUGS CHARGED TO PATIENTS	.004290	53,135
59	PSYCHIATRIC/PSYCHOLOGICAL		
59 01	PREGNANCY PLUS	.084465	
60	OUTPAT SERVICE COST CNTRS		
60 01	WOUND/OSTOMY CLINIC	.073846	
60 02	KIDS PLUS CLINIC		
60 03	ONCOLOGY	.027500	
61	EMERGENCY	.018282	42,765
62	OBSERVATION BEDS (NON-DIS	.034706	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		749,161

PPS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III

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

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					23,890	
26	INTENSIVE CARE UNIT					1,681	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					2,281	
34	SKILLED NURSING FACILITY					8,069	
101	TOTAL					35,921	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		12,270
26	INTENSIVE CARE UNIT		1,172
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY		6,967
101	TOTAL		20,409

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41 01	CAT SCAN							
41 02	MAGNETIC RESONANCE IMAGIN							
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY							
46	WHOLE BLOOD & PACKED RED							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
54 01	CARDIAC CATHERIZATION LAB							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	PREGNANCY PLUS							
60	OUTPAT SERVICE COST CNTRS							
60 01	WOUND/OSTOMY CLINIC							
60 02	KIDS PLUS CLINIC							
60 03	ONCOLOGY							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			23,233,736			3,015,585	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			2,615,735			197,565	
41	RADIOLOGY-DIAGNOSTIC			16,711,819			1,627,026	
41 01	CAT SCAN			17,902,553			2,240,761	
41 02	MAGNETIC RESONANCE IMAGIN			8,141,042			605,397	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			7,651,518			543,653	
44	LABORATORY			30,821,053			4,499,722	
46	WHOLE BLOOD & PACKED RED			1,225,032			277,632	
49	RESPIRATORY THERAPY			8,540,202			3,201,919	
50	PHYSICAL THERAPY			4,877,497			467,324	
51	OCCUPATIONAL THERAPY			1,249,273			136,538	
52	SPEECH PATHOLOGY			373,516			128,480	
53	ELECTROCARDIOLOGY			5,712,701			1,554,892	
54	ELECTROENCEPHALOGRAPHY			4,374,454			60,105	
54 01	CARDIAC CATHERIZATION LAB			5,865,121			556,216	
55	MEDICAL SUPPLIES CHARGED			22,197,296			9,512,325	
56	DRUGS CHARGED TO PATIENTS			57,783,822			12,385,823	
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	PREGNANCY PLUS			797,983				
60	OUTPAT SERVICE COST CNTRS							
60 01	WOUND/OSTOMY CLINIC			97,961				
60 02	KIDS PLUS CLINIC							
60 03	ONCOLOGY			1,749,730				
61	EMERGENCY			19,508,327			2,339,195	
62	OBSERVATION BEDS (NON-DIS			4,704,909				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			246,135,280			43,350,158	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM	4,947,794					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	231,821					
41	RADIOLOGY-DIAGNOSTIC	3,779,398					
41	01 CAT SCAN	4,407,972					
41	02 MAGNETIC RESONANCE IMAGIN	2,198,475					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,463,901					
44	LABORATORY	1,113,174					
46	WHOLE BLOOD & PACKED RED	192,080					
49	RESPIRATORY THERAPY	441,761					
50	PHYSICAL THERAPY	6,534					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	1,342					
53	ELECTROCARDIOLOGY	1,695,223					
54	ELECTROENCEPHALOGRAPHY	1,317,526					
54	01 CARDIAC CATHERIZATION LAB	655,110					
55	MEDICAL SUPPLIES CHARGED	3,501,568					
56	DRUGS CHARGED TO PATIENTS	15,998,141					
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 PREGNANCY PLUS						
	OUTPAT SERVICE COST CNTRS						
60	01 WOUND/OSTOMY CLINIC						
60	02 KIDS PLUS CLINIC						
60	03 ONCOLOGY						
61	EMERGENCY	2,502,077					
62	OBSERVATION BEDS (NON-DIS	928,656					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	46,382,553					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.379691	.379691			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.637967	.637967			
41 RADIOLOGY-DIAGNOSTIC	.415045	.415045			
41 01 CAT SCAN	.071499	.071499			
41 02 MAGNETIC RESONANCE IMAGING(MRI)	.096485	.096485			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.169158	.169158			
44 LABORATORY	.230402	.230402			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.925200	.925200			
49 RESPIRATORY THERAPY	.188346	.188346			
50 PHYSICAL THERAPY	.445101	.445101			
51 OCCUPATIONAL THERAPY	.358340	.358340			
52 SPEECH PATHOLOGY	.984641	.984641			
53 ELECTROCARDIOLOGY	.168521	.168521			
54 ELECTROENCEPHALOGRAPHY	.162292	.162292			
54 01 CARDIAC CATHERIZATION LABORATORY	.278515	.278515			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.328684	.328684			
56 DRUGS CHARGED TO PATIENTS	.204676	.204676			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 PREGNANCY PLUS	1.377658	1.377658			
OUTPAT SERVICE COST CNTRS					
60 01 WOUND/OSTOMY CLINIC	1.681730	1.681730			
60 02 KIDS PLUS CLINIC					
60 03 ONCOLOGY	.543711	.543711			
61 EMERGENCY	.264113	.264113			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.470937	.470937			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,947,794			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		231,821			
41 RADIOLOGY-DIAGNOSTIC		3,779,398	61		
41 01 CAT SCAN		4,407,972			
41 02 MAGNETIC RESONANCE IMAGING(MRI)		2,198,475			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		2,463,901			
44 LABORATORY		1,113,174			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		192,080			
49 RESPIRATORY THERAPY		441,761			
50 PHYSICAL THERAPY		6,534			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		1,342			
53 ELECTROCARDIOLOGY		1,695,223			
54 ELECTROENCEPHALOGRAPHY		1,317,526			
54 01 CARDIAC CATHERIZATION LABORATORY		655,110			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,501,568	11,023		
56 DRUGS CHARGED TO PATIENTS		15,998,141	2,891		
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 PREGNANCY PLUS					
60 01 WOUND/OSTOMY CLINIC					
60 02 KIDS PLUS CLINIC					
60 03 ONCOLOGY					
61 EMERGENCY		2,502,077			
62 OBSERVATION BEDS (NON-DISTINCT PART)		928,656			
101 SUBTOTAL		46,382,553	13,975		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		46,382,553	13,975		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS	7	8	9	9.01	9.02
37 OPERATING ROOM				1,878,633	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				147,894	
41 RADIOLOGY-DIAGNOSTIC				1,568,620	25
41 01 CAT SCAN				315,166	
41 02 MAGNETIC RESONANCE IMAGING(MRI)				212,120	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				416,789	
44 LABORATORY				256,478	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				177,712	
49 RESPIRATORY THERAPY				83,204	
50 PHYSICAL THERAPY				2,908	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				1,321	
53 ELECTROCARDIOLOGY				285,681	
54 ELECTROENCEPHALOGRAPHY				213,824	
54 01 CARDIAC CATHETERIZATION LABORATORY				182,458	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,150,909	3,623
56 DRUGS CHARGED TO PATIENTS				3,274,436	592
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 PREGNANCY PLUS					
60 OUTPAT SERVICE COST CNTRS					
60 01 WOUND/OSTOMY CLINIC					
60 02 KIDS PLUS CLINIC					
60 03 ONCOLOGY					
61 EMERGENCY				660,831	
62 OBSERVATION BEDS (NON-DISTINCT PART)				437,338	
101 SUBTOTAL				11,266,322	4,240
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				11,266,322	4,240

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 CAT SCAN			
41 02 MAGNETIC RESONANCE IMAGING(MRI)			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
54 01 CARDIAC CATHETERIZATION LABORATORY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01 PREGNANCY PLUS			
OUTPAT SERVICE COST CNTRS			
60 01 WOUND/OSTOMY CLINIC			
60 02 KIDS PLUS CLINIC			
60 03 ONCOLOGY			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES			

Health Financial Systems MCRIF32 FOR COMMUNITY HOSPITAL ANDERSON IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
I COMPONENT NO: I TO 12/31/2008 I PART VI
I 15-0113 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.204676
3	PROGRAM COSTS	29,739
		6,087

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATHERIZATION LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 PREGNANCY PLUS						
	OUTPAT SERVICE COST CNTRS						
60	01 WOUND/OSTOMY CLINIC						
60	02 KIDS PLUS CLINIC						
60	03 ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 15-5320 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CAT SCAN		
41 02	MAGNETIC RESONANCE IMAGIN		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
54 01	CARDIAC CATHERIZATION LAB		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	PSYCHIATRIC/PSYCHOLOGICAL		
59 01	PREGNANCY PLUS		
	OUTPAT SERVICE COST CNTRS		
60 01	WOUND/OSTOMY CLINIC		
60 02	KIDS PLUS CLINIC		
60 03	ONCOLOGY		
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	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATHERIZATION LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 PREGNANCY PLUS						
	OUTPAT SERVICE COST CNTRS						
60	01 WOUND/OSTOMY CLINIC						
60	02 KIDS PLUS CLINIC						
60	03 ONCOLOGY						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			23,233,736			11,929	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			2,615,735				
41	RADIOLOGY-DIAGNOSTIC			16,711,819			120,975	
41 01	CAT SCAN			17,902,553			4,000	
41 02	MAGNETIC RESONANCE IMAGIN			8,141,042			7,575	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			7,651,518			7,926	
44	LABORATORY			30,821,053			523,678	
46	WHOLE BLOOD & PACKED RED			1,225,032			21,637	
49	RESPIRATORY THERAPY			8,540,202			741,498	
50	PHYSICAL THERAPY			4,877,497			729,257	
51	OCCUPATIONAL THERAPY			1,249,273			494,732	
52	SPEECH PATHOLOGY			373,516			122,242	
53	ELECTROCARDIOLOGY			5,712,701			25,043	
54	ELECTROENCEPHALOGRAPHY			4,374,454			8,328	
54 01	CARDIAC CATHERIZATION LAB			5,865,121				
55	MEDICAL SUPPLIES CHARGED			22,197,296			175,446	
56	DRUGS CHARGED TO PATIENTS			57,783,822			3,450,995	
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	PREGNANCY PLUS			797,983				
	OUTPAT SERVICE COST CNTRS							
60 01	WOUND/OSTOMY CLINIC			97,961				
60 02	KIDS PLUS CLINIC							
60 03	ONCOLOGY			1,749,730				
61	EMERGENCY			19,508,327				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,704,909				
101	TOTAL			246,135,280			6,445,261	

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	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54 01	CARDIAC CATHERIZATION LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	PREGNANCY PLUS						
60	OUTPAT SERVICE COST CNTRS						
60 01	WOUND/OSTOMY CLINIC						
60 02	KIDS PLUS CLINIC						
60 03	ONCOLOGY						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,890
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,890
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,890
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,270
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24,494,897
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	24,494,897

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,992,168
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,992,168
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.042575
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	501.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,494,897

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,025.32
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,580,676
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,580,676

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,512,403	1,681	1,494.59	1,172	1,751,659
44	12,124				
45	CORONARY CARE UNIT				
46	BURN INTENSIVE CARE UNIT				
47	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,076,586
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					749,161
52	TOTAL PROGRAM EXCLUDABLE COST					1,825,747
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					23,749,756

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE 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
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 2,161
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,025.32
- 85 OBSERVATION BED COST 2,215,717

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		24,494,897		2,215,717	
87 NEW CAPITAL-RELATED COST	1,805,167	24,494,897	.073696	2,215,717	163,289
88 NON PHYSICIAN ANESTHETIST		24,494,897		2,215,717	
89 MEDICAL EDUCATION		24,494,897		2,215,717	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,069
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,069
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,069
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,967
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,677,312
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,677,312

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,533,553
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,533,553
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.451445
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	313.99
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,677,312

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,677,312
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	455.73	
68	PROGRAM ROUTINE SERVICE COST		3,175,071
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,175,071
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	301,337	
72	PER DIEM CAPITAL-RELATED COSTS	37.35	
73	PROGRAM CAPITAL-RELATED COSTS	260,217	
74	INPATIENT ROUTINE SERVICE COST		2,914,854
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,914,854
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,175,071
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,729,243
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,904,314

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,890
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,890
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,890
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,923
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,281
16	NURSERY DAYS (TITLE V OR XIX ONLY)	226

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24,494,897
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	24,494,897

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,992,168
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,992,168
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.042575
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	501.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,494,897

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,025.32
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,971,690
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,971,690

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY)	815,888	2,281	357.69	226	80,838
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,500,023	1,681	1,487.22	81	120,465
44	CORONARY CARE UNIT	12,124				
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1 940,167
49	TOTAL PROGRAM INPATIENT COSTS					3,113,160

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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	2,161
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,025.32
85	OBSERVATION BED COST	2,215,717

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		7,518,651	
26	INTENSIVE CARE UNIT		1,662,599	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.379691	3,015,585	1,144,990
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.637967	197,565	126,040
41	RADIOLOGY-DIAGNOSTIC	.415045	1,627,026	675,289
41	01 CAT SCAN	.071499	2,240,761	160,212
41	02 MAGNETIC RESONANCE IMAGING(MRI)	.096485	605,397	58,412
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.169158	543,653	91,963
44	LABORATORY	.230402	4,499,722	1,036,745
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.925200	277,632	256,865
49	RESPIRATORY THERAPY	.188346	3,201,919	603,069
50	PHYSICAL THERAPY	.445101	467,324	208,006
51	OCCUPATIONAL THERAPY	.358340	136,538	48,927
52	SPEECH PATHOLOGY	.984641	128,480	126,507
53	ELECTROCARDIOLOGY	.168521	1,554,892	262,032
54	ELECTROENCEPHALOGRAPHY	.162292	60,105	9,755
54	01 CARDIAC CATHETERIZATION LABORATORY	.278515	556,216	154,914
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.328684	9,512,325	3,126,549
56	DRUGS CHARGED TO PATIENTS	.204676	12,385,823	2,535,081
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59	01 PREGNANCY PLUS	1.377658		
	OUTPAT SERVICE COST CNTRS			
60	01 WOUND/OSTOMY CLINIC	1.681730		
60	02 KIDS PLUS CLINIC			
60	03 ONCOLOGY	.543711		
61	EMERGENCY	.264113	2,339,195	617,812
62	OBSERVATION BEDS (NON-DISTINCT PART)	.470937		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		43,350,158	11,243,168
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		43,350,158	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-5320 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.379691	11,929	4,529
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.637967		
41	RADIOLOGY-DIAGNOSTIC	.415045	120,975	50,210
41 01	CAT SCAN	.071499	4,000	286
41 02	MAGNETIC RESONANCE IMAGING(MRI)	.096485	7,575	731
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.169158	7,926	1,341
44	LABORATORY	.230402	523,678	120,656
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.925200	21,637	20,019
49	RESPIRATORY THERAPY	.188346	741,498	139,658
50	PHYSICAL THERAPY	.445101	729,257	324,593
51	OCCUPATIONAL THERAPY	.358340	494,732	177,282
52	SPEECH PATHOLOGY	.984641	122,242	120,364
53	ELECTROCARDIOLOGY	.168521	25,043	4,220
54	ELECTROENCEPHALOGRAPHY	.162292	8,328	1,352
54 01	CARDIAC CATHERIZATION LABORATORY	.278515		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.328684	175,446	57,666
56	DRUGS CHARGED TO PATIENTS	.204676	3,450,995	706,336
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01	PREGNANCY PLUS	1.377658		
	OUTPAT SERVICE COST CNTRS			
60 01	WOUND/OSTOMY CLINIC	1.681730		
60 02	KIDS PLUS CLINIC			
60 03	ONCOLOGY	.543711		
61	EMERGENCY	.264113		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.470937		
101	TOTAL		6,445,261	1,729,243
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,445,261	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0113 I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		1,148,330	
27	INTENSIVE CARE UNIT		96,130	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.379691	452,638	171,863
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.637967	37,550	23,956
41	RADIOLOGY-DIAGNOSTIC	.415045	91,371	37,923
41 01	CAT SCAN	.071499	104,659	7,483
41 02	MAGNETIC RESONANCE IMAGING(MRI)	.096485	26,950	2,600
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.169158	20,901	3,536
44	LABORATORY	.230402	298,497	68,774
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.925200	42,738	39,541
49	RESPIRATORY THERAPY	.188346	150,183	28,286
50	PHYSICAL THERAPY	.445101	8,765	3,901
51	OCCUPATIONAL THERAPY	.358340	2,380	853
52	SPEECH PATHOLOGY	.984641	2,739	2,697
53	ELECTROCARDIOLOGY	.168521	33,373	5,624
54	ELECTROENCEPHALOGRAPHY	.162292	2,891	469
54 01	CARDIAC CATHERIZATION LABORATORY	.278515	65,504	18,244
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.328684	336,241	110,517
56	DRUGS CHARGED TO PATIENTS	.204676	986,972	202,009
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01	PREGNANCY PLUS	1.377658	123,860	170,637
	OUTPAT SERVICE COST CNTRS			
60 01	WOUND/OSTOMY CLINIC	1.681730		
60 02	KIDS PLUS CLINIC			
60 03	ONCOLOGY	.543711		
61	EMERGENCY	.264113	156,200	41,254
62	OBSERVATION BEDS (NON-DISTINCT PART)	.470937		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,944,412	940,167
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,944,412	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0113	I	FROM	I	WORKSHEET	E
I	COMPONENT NO:	I	TO	I	PART	A
I	15-0113	I		I		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT

1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,236,512
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,895,696
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	

MANAGED CARE PATIENTS

1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	260,323
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	145.05

INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I	
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	

SUM OF LINES PLUS E-3, PT
3.21 - 3.23 VI, LINE 23

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).

DISPROPORTIONATE SHARE ADJUSTMENT

4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.19
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I	19.79
4.02	SUM OF LINES 4 AND 4.01	23.98
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	9.00
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,721,899

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

5	TOTAL MEDICARE DISCHARGES ON WKST 5-3, 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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2008 I PART A
 I 15-0113 I I

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 INSTRU)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	21,114,430	
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)	21,114,430	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,718,150	
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)		
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	22,832,580	
17 PRIMARY PAYER PAYMENTS	50,111	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22,782,469	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,290,112	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	21,504	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	322,720	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	225,904	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	191,699	
22 SUBTOTAL	20,696,757	
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	20,696,757	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	20,907,721	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-210,964	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	72,268	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0113	I	FROM 1/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2008	I	PART B
I	15-0113	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,327
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,266,322
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,525,064
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.873
1.04	LINE 1.01 TIMES LINE 1.03.	9,835,499
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)	10,327
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	43,714
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	43,714
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)	43,714
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	33,387
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,327
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,525,064
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,217
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,679,571
19	SUBTOTAL (SEE INSTRUCTIONS)	7,853,603
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	7,853,603
24	PRIMARY PAYER PAYMENTS	2,898
25	SUBTOTAL	7,850,705
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	323,104
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	226,173
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	171,519
28	SUBTOTAL	8,076,878
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	8,076,878
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,110,408
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-33,530
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2008 I
 I 15-0113 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,881,952		8,086,680	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
ADJUSTMENTS TO PROVIDER	.01	8/25/2008	25,769	8/25/2008	23,728
ADJUSTMENTS TO PROVIDER	.02				
ADJUSTMENTS TO PROVIDER	.03				
ADJUSTMENTS TO PROVIDER	.04				
ADJUSTMENTS TO PROVIDER	.05				
ADJUSTMENTS TO PROGRAM	.50				
ADJUSTMENTS TO PROGRAM	.51				
ADJUSTMENTS TO PROGRAM	.52				
ADJUSTMENTS TO PROGRAM	.53				
ADJUSTMENTS TO PROGRAM	.54				
SUBTOTAL	.99		25,769		23,728
4 TOTAL INTERIM PAYMENTS			20,907,721		8,110,408
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
TENTATIVE TO PROVIDER	.01				
TENTATIVE TO PROVIDER	.02				
TENTATIVE TO PROVIDER	.03				
TENTATIVE TO PROGRAM	.50				
TENTATIVE TO PROGRAM	.51				
TENTATIVE TO PROGRAM	.52				
SUBTOTAL	.99		NONE		NONE
6 DETERMINED NET SETTLEMENT					
AMOUNT (BALANCE DUE)	.01				
BASED ON COST REPORT (1)	.02		210,964		33,530
7 TOTAL MEDICARE PROGRAM LIABILITY			20,696,757		8,076,878

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0113	I	FROM 1/ 1/2008	I	5/28/2009
I	COMPONENT NO:	I	TO 12/31/2008	I	WORKSHEET E-1
I	15-5320	I		I	

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,366,037		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			2,366,037	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT			NONE	NONE
AMOUNT (BALANCE DUE)			12,401	
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				2,378,438

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 15-5320 I I

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				2,571,989
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				2,571,989
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				2,571,989
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST				
35	SUBTOTAL				2,571,989
36	COINSURANCE				205,952
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19				
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)				16,674
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)				
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				2,432
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)				12,401
39	UTILIZATION REVIEW				
40	SUBTOTAL (SEE INSTRUCTIONS)				2,378,438
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				2,378,438
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)				
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER				2,378,438
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)				
57	INTERIM PAYMENTS				2,366,037
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				
58	BALANCE DUE PROVIDER/PROGRAM				12,401
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)				

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0113	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	15-5320	I		I	

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-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		3,113,160	
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		3,113,160	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		3,113,160	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,559,286	
11	ANCILLARY SERVICE CHARGES		2,944,412	
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		4,503,698	
	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)		4,503,698	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		1,390,538	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,113,160	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		3,113,160	
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		3,113,160	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,113,160	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		3,113,160	
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		3,113,160	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,113,160	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,334,443	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		1,778,717	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0113	I	FROM 1/ 1/2008	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	III
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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)
- 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 IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(F)(1)(iv)(C).
- 17 IME 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 IME 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 IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,942,844			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	42,730,620			
5	OTHER RECEIVABLES	-12,726			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-25,319,601			
7	INVENTORY	1,839,330			
8	PREPAID EXPENSES	405,355			
9	OTHER CURRENT ASSETS	25,059,194			
10	DUE FROM OTHER FUNDS	426,862			
11	TOTAL CURRENT ASSETS	53,071,878			
FIXED ASSETS					
12	LAND	5,956,988			
12.01					
13	LAND IMPROVEMENTS	1,749,070			
13.01	LESS ACCUMULATED DEPRECIATION	-1,341,144			
14	BUILDINGS	65,853,101			
14.01	LESS ACCUMULATED DEPRECIATION	-39,160,909			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	16,270,314			
16.01	LESS ACCUMULATED DEPRECIATION	-9,637,307			
17	AUTOMOBILES AND TRUCKS	483,157			
17.01	LESS ACCUMULATED DEPRECIATION	-406,174			
18	MAJOR MOVABLE EQUIPMENT	15,398,364			
18.01	LESS ACCUMULATED DEPRECIATION	-12,517,794			
19	MINOR EQUIPMENT DEPRECIABLE	20,788,075			
19.01	LESS ACCUMULATED DEPRECIATION	-15,538,005			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	47,897,736			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	100,969,614			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,077,126			
29 SALARIES, WAGES & FEES PAYABLE	8,054,469			
30 PAYROLL TAXES PAYABLE	301,334			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,470,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	381,230			
35 OTHER CURRENT LIABILITIES	1,499,957			
36 TOTAL CURRENT LIABILITIES	12,784,116			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	21,860,000			
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	21,860,000			
43 TOTAL LIABILITIES	34,644,116			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	66,325,498			
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	66,325,498			
52 TOTAL LIABILITIES AND FUND BALANCES	100,969,614			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0113 I FROM 1/ 1/2008 I WORKSHEET G-1
I TO 12/31/2008 I

GENERAL FUND

SPECIFIC PURPOSE FUND

	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		74,476,971		
2 NET INCOME (LOSS)		-7,878,849		
3 TOTAL		66,598,122		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		66,598,122		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN PRIOR YEAR BALA	272,623			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		272,623		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		66,325,499		

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 CHANGE IN PRIOR YEAR BALA				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	15,346,851		15,346,851
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,695,745		2,695,745
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	18,042,596		18,042,596
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,396,238		2,396,238
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,396,238		2,396,238
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	20,438,834		20,438,834
17 00 ANCILLARY SERVICES	77,385,008	149,817,858	227,202,866
18 00 OUTPATIENT SERVICES	4,860,075	18,091,835	22,951,910
24 00 NURSERY	1,179,734		1,179,734
25 00 TOTAL PATIENT REVENUES	103,863,651	167,909,693	271,773,344

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		110,750,140	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	10,761,535		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		10,761,535	
DEDUCT (SPECIFY)			
34 00 SEVERENCE SALARIES	33,495		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		33,495	
40 00 TOTAL OPERATING EXPENSES		121,478,180	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: 15-0113 I PERIOD: FROM 1/1/2008 TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	271,773,344
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	155,382,593
3	NET PATIENT REVENUES	116,390,751
4	LESS: TOTAL OPERATING EXPENSES	121,478,180
5	NET INCOME FROM SERVICE TO PATIENTS	-5,087,429
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	8,404
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	595,238
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	53,892
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	GENERAL NON-OPERATING REVENUE	-9,698,512
24.01	GENERAL OTHER OPERATING REVENUE	5,726,662
24.02	CLINICAL RESEARCH REVENUE	522,896
25	TOTAL OTHER INCOME	-2,791,420
26	TOTAL	-7,878,849
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7,878,849

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0113 I FROM 1/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
 I 15-0113 I I

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	1,616,024
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	21,648
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	64.32
	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	4.19
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.79
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.98
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.98
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	80,478
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,718,150

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)	