

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1318		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/30/2010 TIME 10:09

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:
 DUKES MEMORIAL HOSPITAL 15-1318

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	190,998	80,976	0	
3	SWING BED - SNF	0	35,525	0	0	
100	TOTAL	0	226,523	80,976	0	

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	15,775,110		15,775,110			
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,709,585	-8,071	3,701,514			
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)						CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	219,896		219,896			
22 ADMINISTRATIVE & GENERAL	2,048,900	8,071	2,056,971			
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	311,448		311,448			
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	344,034		344,034			
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	248,730		248,730			
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	240,912		240,912			
31 CENTRAL SERVICE AND SUPPLY	170,989		170,989			
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	502,696		502,696			
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	15,775,110		15,775,110			
2 EXCLUDED AREA SALARIES	3,709,585	-8,071	3,701,514			
3 SUBTOTAL SALARIES	12,065,525	8,071	12,073,596			
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS						
6 TOTAL	12,065,525	8,071	12,073,596			
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	4,087,605	8,071	4,095,676			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 4/30/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
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	AAA						
46	TOTAL						

(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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 4/30/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2008	4/30/2010
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	169,255
17.01	GROSS MEDICAID REVENUES	1,757,527
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	518,786
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	2,445,568
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	2,109,214
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.379114
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	799,633
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	10,654,911

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2008	4/30/2010
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,039,426
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,489,741
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,323,010
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,839,059

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 4/30/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		45,886	45,886	480,410	526,296
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	219,896	1,894,191	2,114,087		2,114,087
6.01	0640 ADMITTING	752,588	624,486	1,377,074		1,377,074
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	1,296,312	2,622,951	3,919,263	-455,669	3,463,594
8	0800 OPERATION OF PLANT	311,448	1,587,882	1,899,330		1,899,330
9	0900 LAUNDRY & LINEN SERVICE		126,588	126,588		126,588
10	1000 HOUSEKEEPING	344,034	175,338	519,372		519,372
11	1100 DIETARY	248,730	161,786	410,516		410,516
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	240,912	23,042	263,954		263,954
15	1500 CENTRAL SERVICES & SUPPLY	170,989	38,790	209,779	-54,670	155,109
17	1700 MEDICAL RECORDS & LIBRARY	502,696	284,771	787,467		787,467
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,655,681	302,731	1,958,412	-127,417	1,830,995
26	2600 INTENSIVE CARE UNIT	311,347	45,682	357,029	-8,271	348,758
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY				44,906	44,906
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	492,002	1,062,618	1,554,620	-638,513	916,107
38	3800 RECOVERY ROOM	266,133	46,906	313,039	-21,019	292,020
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,074,483	668,822	1,743,305	-66,673	1,676,632
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	755,764	1,094,113	1,849,877	-19,402	1,830,475
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	349,013	53,031	402,044	-9,987	392,057
50	5000 PHYSICAL THERAPY	278,647	35,619	314,266	-2,607	311,659
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	198,686	29,852	228,538	-4,649	223,889
54	5400 ELECTROENCEPHALOGRAPHY	104,413	24,304	128,717	-8,172	120,545
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,005,357	1,005,357
56	5600 DRUGS CHARGED TO PATIENTS	332,132	846,802	1,178,934	55,663	1,234,597
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	185,861	51,258	237,119	-16,560	220,559
61	6100 EMERGENCY	1,973,758	1,050,815	3,024,573	-94,311	2,930,262
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	276,506	189,429	465,935	-33,343	432,592
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	12,342,031	13,087,693	25,429,724	25,073	25,454,797
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	3,433,079	2,871,770	6,304,849	-25,073	6,279,776
99	9900 NONPAID WORKERS					
101	TOTAL	15,775,110	15,959,463	31,734,573	-0-	31,734,573

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 4/30/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	791,576	1,317,872
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,096,315	1,096,315
5	0500 EMPLOYEE BENEFITS	-5,136	2,108,951
6.01	0640 ADMITTING	-2,070	1,375,004
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-173,400	3,290,194
8	0800 OPERATION OF PLANT	-45,592	1,853,738
9	0900 LAUNDRY & LINEN SERVICE	-44,932	81,656
10	1000 HOUSEKEEPING		519,372
11	1100 DIETARY	-99,330	311,186
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		263,954
15	1500 CENTRAL SERVICES & SUPPLY	-6	155,103
17	1700 MEDICAL RECORDS & LIBRARY	-19,900	767,567
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,830,995
26	2600 INTENSIVE CARE UNIT		348,758
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		44,906
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-35	916,072
38	3800 RECOVERY ROOM		292,020
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	2,082	1,678,714
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-14,644	1,815,831
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		392,057
50	5000 PHYSICAL THERAPY		311,659
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		223,889
54	5400 ELECTROENCEPHALOGRAPHY	5,348	125,893
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,005,357
56	5600 DRUGS CHARGED TO PATIENTS	-1,011	1,233,586
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		220,559
61	6100 EMERGENCY	-180,049	2,750,213
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-21	432,571
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	1,309,195	26,763,992
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		6,279,776
99	9900 NONPAID WORKERS		
101	TOTAL	1,309,195	33,043,768

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATION	0640	ADMINISTRATION
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
151318

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

PREPARED 4/30/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,005,357
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		56,287
18					
19					
20					
21					
22					
23					
24					
25					
26 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		54,827
27 PROPERTY TAXES	D	NEW CAP REL COSTS-BLDG & FIXT	3		425,583
28					
29 NURSERY COSTS	E	NURSERY	33	37,527	7,379
30 INTEREST EXPENSE	F	AMBULANCE SERVICES	65		272
31 PHYS PRACTICE OVERHEADS	H	OTHER ADMINISTRATIVE AND GENERAL	6.02	8,071	
32 YELLOW PAGES	I	OTHER ADMINISTRATIVE AND GENERAL	6.02		9,125
36 TOTAL RECLASSIFICATIONS				45,598	1,558,830

(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:
151318

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

PREPARED 4/30/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	7			
	1			NO	8	9	10
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY		15		54,670	
2		ADULTS & PEDIATRICS		25		77,859	
3		INTENSIVE CARE UNIT		26		7,513	
4		OPERATING ROOM		37		634,143	
5		RECOVERY ROOM		38		21,019	
6		RADIOLOGY-DIAGNOSTIC		41		34,977	
7		LABORATORY		44		19,402	
8		RESPIRATORY THERAPY		49		9,817	
9		PHYSICAL THERAPY		50		2,501	
10		ELECTROCARDIOLOGY		53		4,649	
11		ELECTROENCEPHALOGRAPHY		54		8,172	
12		DRUGS CHARGED TO PATIENTS		56		624	
13		CLINIC		60		16,375	
14		EMERGENCY		61		82,350	
15		AMBULANCE SERVICES		65		31,226	
16		PHYSICIANS' PRIVATE OFFICES		98		60	
17 DRUGS CHARGED	B	ADULTS & PEDIATRICS		25		4,652	
18		INTENSIVE CARE UNIT		26		758	
19		OPERATING ROOM		37		4,370	
20		RADIOLOGY-DIAGNOSTIC		41		31,696	
21		RESPIRATORY THERAPY		49		170	
22		PHYSICAL THERAPY		50		106	
23		CLINIC		60		185	
24		EMERGENCY		61		11,961	
25		AMBULANCE SERVICES		65		2,389	
26 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL		6.02		54,827	12
27 PROPERTY TAXES	D	OTHER ADMINISTRATIVE AND GENERAL		6.02		417,766	13
28		PHYSICIANS' PRIVATE OFFICES		98		7,817	13
29 NURSERY COSTS	E	ADULTS & PEDIATRICS		25	37,527	7,379	
30 INTEREST EXPENSE	F	OTHER ADMINISTRATIVE AND GENERAL		6.02		272	
31 PHYS PRACTICE OVERHEADS	H	PHYSICIANS' PRIVATE OFFICES		98	8,071		
32 YELLOW PAGES	I	PHYSICIANS' PRIVATE OFFICES		98		9,125	
36 TOTAL RECLASSIFICATIONS					45,598	1,558,830	

(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:
151318

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

PREPARED 4/30/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,005,357	CENTRAL SERVICES & SUPPLY	15	54,670	
2.00			0	ADULTS & PEDIATRICS	25	77,859	
3.00			0	INTENSIVE CARE UNIT	26	7,513	
4.00			0	OPERATING ROOM	37	634,143	
5.00			0	RECOVERY ROOM	38	21,019	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	34,977	
7.00			0	LABORATORY	44	19,402	
8.00			0	RESPIRATORY THERAPY	49	9,817	
9.00			0	PHYSICAL THERAPY	50	2,501	
10.00			0	ELECTROCARDIOLOGY	53	4,649	
11.00			0	ELECTROENCEPHALOGRAPHY	54	8,172	
12.00			0	DRUGS CHARGED TO PATIENTS	56	624	
13.00			0	CLINIC	60	16,375	
14.00			0	EMERGENCY	61	82,350	
15.00			0	AMBULANCE SERVICES	65	31,226	
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	60	
TOTAL RECLASSIFICATIONS FOR CODE A			1,005,357	1,005,357			

RECLASS CODE: B
EXPLANATION : DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	56,287	ADULTS & PEDIATRICS	25	4,652	
2.00			0	INTENSIVE CARE UNIT	26	758	
3.00			0	OPERATING ROOM	37	4,370	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	31,696	
5.00			0	RESPIRATORY THERAPY	49	170	
6.00			0	PHYSICAL THERAPY	50	106	
7.00			0	CLINIC	60	185	
8.00			0	EMERGENCY	61	11,961	
9.00			0	AMBULANCE SERVICES	65	2,389	
TOTAL RECLASSIFICATIONS FOR CODE B			56,287	56,287			

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	54,827	OTHER ADMINISTRATIVE AND GENER	6.02	54,827	
TOTAL RECLASSIFICATIONS FOR CODE C			54,827	54,827			

RECLASS CODE: D
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	425,583	OTHER ADMINISTRATIVE AND GENER	6.02	417,766	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	7,817	
TOTAL RECLASSIFICATIONS FOR CODE D			425,583	425,583			

RECLASS CODE: E
EXPLANATION : NURSERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	44,906	ADULTS & PEDIATRICS	25	44,906	
TOTAL RECLASSIFICATIONS FOR CODE E			44,906	44,906			

RECLASS CODE: F
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	AMBULANCE SERVICES	65	272	OTHER ADMINISTRATIVE AND GENER	6.02	272	
TOTAL RECLASSIFICATIONS FOR CODE F			272	272			

RECLASS CODE: H
EXPLANATION : PHYS PRACTICE OVERHEADS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	8,071	PHYSICIANS' PRIVATE OFFICES	98	8,071	
TOTAL RECLASSIFICATIONS FOR CODE H			8,071	8,071			

RECLASSIFICATIONS

PROVIDER NO:
151318

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

PREPARED 4/30/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : YELLOW PAGES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENERAL	9,125	6.02	PHYSICIANS' PRIVATE OFFICES	9,125
TOTAL RECLASSIFICATIONS FOR CODE I		9,125	98		9,125

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	5	6	7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	540,000				40,000	500,000	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	15,593,917				5,169,178	10,424,739	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	7,788,034				5,857,088	1,930,946	
7 SUBTOTAL	23,921,951				11,066,266	12,855,685	
8 RECONCILING ITEMS		-18,472		-18,472		-18,472	
9 TOTAL	23,921,951	18,472		18,472	11,066,266	12,874,157	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	16,133,918		16,133,918	.673875				
4	NEW CAP REL COSTS-MV	7,808,074		7,808,074	.326125				
5	TOTAL	23,941,992		23,941,992	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	798,518	-23,009	61,953	54,827	425,583		1,317,872
4	NEW CAP REL COSTS-MV	1,096,315						1,096,315
5	TOTAL	1,894,833	-23,009	61,953	54,827	425,583		2,414,187

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	45,886						45,886
4	NEW CAP REL COSTS-MV							
5	TOTAL	45,886						45,886

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-180,249				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	-188,274				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-99,330	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-1,379	NEW CAP REL COSTS-MVBLE E		4	9
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-8,332	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 UTILIZATI ON REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	752,632	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	1,097,694	NEW CAP REL COSTS-MVBLE E		4	9
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 CPRTRAINING	B	-5,136	EMPLOYEE BENEFITS		5	
38 OTHER INCOME	B	4,159	OTHER ADMINI STRATIVE AND		6.02	
39 INVOICE PENALTIES	A	-35	OPERATING ROOM		37	
40 INVOICE PENALTIES	A	-200	RADIOLOGY-DIAGNOSTIC		41	
41 COUNTY HEALTH NURSE	A	-3,575	OTHER ADMINI STRATIVE AND		6.02	
42 CLINIC SPACE RENTAL	B	-23,009	NEW CAP REL COSTS-BLDG &		3	10
43 NONALLOWABLE LEGAL FEES	A	-18,117	OTHER ADMINI STRATIVE AND		6.02	
44 SLEEP LAB STARTUP	A	5,548	ELECTROENCEPHALOGRAPHY		54	
45 INVOICE PENALTIES	A	-582	LABORATORY		44	
46 PATIENT PHONE SERVICE COSTS	A	-21,510	OPERATION OF PLANT		8	
47 PATIENT TV SERVICE COST	A	-16,705	OPERATION OF PLANT		8	
48 INVOICE PENALTIES	A	-21	AMBULANCE SERVICES		65	
49 LAB CONTRACT	B	-18,953	LABORATORY		44	
49.01 NONALLOWABLE INTEREST	A	-1,853	OTHER ADMINI STRATIVE AND		6.02	
49.02 INTEREST INCOME	B	-1,511	ADMINI TTING		6.01	
49.03 LOBBYING COST IN DUES	A	-2,815	OTHER ADMINI STRATIVE AND		6.02	
49.12 INVOICE PENALTIES	A	-2	CENTRAL SERVICES & SUPPLY		15	
49.13 INVOICE PENALTIES	A	-1,011	DRUGS CHARGED TO PATIENTS		56	
49.14 INVOICE PENALTIES	A	-1,007	OTHER ADMINI STRATIVE AND		6.02	
49.15 INVOICE PENALTIES	A	-365	OPERATION OF PLANT		8	
49.18 BRING ON XRAY/LAB MCMC LEASE	A	4,891	LABORATORY		44	
49.19 BRING ON XRAY/LAB MCMC LEASE	A	2,282	RADIOLOGY-DIAGNOSTIC		41	
49.20 BRING ON XRAY/LAB MCMC LEASE	A	2,188	OPERATION OF PLANT		8	
49.21 PHYS PRACTICE UTILITIES	A	58,935	OTHER ADMINI STRATIVE AND		6.02	
49.22 SERVICE RECOVERY	A	-100	OTHER ADMINI STRATIVE AND		6.02	
49.23 PHYSICIAN RECRUITING'	A	-82,478	OTHER ADMINI STRATIVE AND		6.02	
49.24 ENTERTAINMENT	A	-4	CENTRAL SERVICES & SUPPLY		15	
49.25 CONTRIBUTIONS	A	-734	OTHER ADMINI STRATIVE AND		6.02	
49.26 BOOTH RENTAL	B	-3,800	OPERATION OF PLANT		8	
49.27 MOB PROP TAXES	A	61,953	NEW CAP REL COSTS-BLDG &		3	11
49.28						
49.29						
50 TOTAL (SUM OF LINES 1 THRU 49)		1,309,195				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	9	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SRVC	98,885	121,351	-22,466	
2	6 2	OTHER ADMINISTRATIVE AND	THI MGMT FEES	550,563	433,536	117,027	
3	6 2	OTHER ADMINISTRATIVE AND	THI INSURANCE GEN	70,370	70,370		
4	6 2	OTHER ADMINISTRATIVE AND	THI MALP INSUR	282,659	403,798	-121,139	
4.01	5	EMPLOYEE BENEFITS	THI WORKRS COMP	179,190	179,190		
4.02	9	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SVC	98,885	121,351	-22,466	
4.03	6 1	ADMITTING	355 ALLOC		559	-559	
4.04	6 2	OTHER ADMINISTRATIVE AND	355 ALLOC		121,703	-121,703	
4.05	8	OPERATION OF PLANT	355 ALLOC		5,400	-5,400	
4.06	17	MEDICAL RECORDS & LIBRARY	355 ALLOC		11,568	-11,568	
4.07							
4.08							
5		TOTALS		1,280,552	1,468,826	-188,274	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	F	0.00	HOSPITAL LAUNDR	0.00	CONSOLIDATED LA
2	B	0.00	COMMUNITY HEALTH SYSTEMS	0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 4/30/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	AGGREGATE	96,000		96,000				
2 61	AGGREGATE	850,284	180,049	670,235				
3 65	AGGREGATE	4,992		4,992				
4 60	AGGREGATE	1,042		1,042				
5 54	AGGREGATE	200	200					
6								
7								
8								
9								
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22								
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25								
26								
27								
28								
29								
30								
101	TOTAL	952,518	180,249	772,269				

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION			
	GENERAL SERVICE COST					
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEE	T	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	7	SQUARE	FEE	T	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALA	RIE	ENTERED
6.01	ADMINITTING	16	GROSS	REVE	NUE	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST		NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEE	T	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY		ENTERED
10	HOUSEKEEPING	9	SQUARE	FEE	T	ENTERED
11	DIETARY	10	MEALS	SERV	ED	ENTERED
12	CAFETERIA	11	FTE HOURS			ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRS	ING	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQ	UIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	REVE	NUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE E FITS	EMPLOYEE BENEFITS	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,317,872	1,317,872					
005 NEW CAP REL COSTS-MVBLE E	1,096,315		1,096,315				
006 EMPLOYEE BENEFITS	2,108,951	9,314	8,302	2,126,567			
006 01 ADMINISTRATION	1,375,004	14,171	12,631	132,025	1,533,831		
006 02 OTHER ADMINISTRATIVE AND	3,290,194	61,982	55,247	227,409		3,634,832	3,634,832
008 OPERATION OF PLANT	1,853,738	390,562	348,116	54,637		2,647,053	327,165
009 LAUNDRY & LINEN SERVICE	81,656	15,334	13,667			110,657	13,677
010 HOUSEKEEPING	519,372	12,694	11,315	60,353		603,734	74,619
011 DIETARY	311,186	52,635	46,915	43,634		454,370	56,158
012 CAFETERIA							
014 NURSING ADMINISTRATION	263,954	5,986	5,336	42,263		317,539	39,247
015 CENTRAL SERVICES & SUPPLY	155,103	31,415	28,001	29,996		244,515	30,221
017 MEDICAL RECORDS & LIBRARY	767,567	27,567	24,571	88,187		907,892	112,212
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,830,995	233,398	208,034	283,870	82,326	2,638,623	326,123
026 INTENSIVE CARE UNIT	348,758	13,737	12,244	54,619	9,140	438,498	54,197
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	44,906	5,044	4,496	6,583	7,972	69,001	8,528
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	916,072	101,075	90,091	86,311	198,088	1,391,637	172,001
038 RECOVERY ROOM	292,020	7,276	6,485	46,687	34,351	386,819	47,809
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,678,714	71,089	63,364	188,494	315,074	2,316,735	286,339
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,815,831	28,422	25,334	132,582	235,744	2,237,913	276,597
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	392,057	12,200	10,874	61,227	40,559	516,917	63,889
050 PHYSICAL THERAPY	311,659	24,955	22,243	48,882	26,956	434,695	53,727
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	223,889	8,278	7,379	34,855	48,216	322,617	39,874
054 ELECTROENCEPHALOGRAPHY	125,893	11,819	10,535	18,317	19,365	185,929	22,980
055 MEDICAL SUPPLIES CHARGED	1,005,357				73,981	1,079,338	133,402
056 DRUGS CHARGED TO PATIENTS	1,233,586	14,665	13,072	58,265	184,773	1,504,361	185,933
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	220,559	7,683	6,849	32,605	6,200	273,896	33,852
061 EMERGENCY	2,750,213	48,961	43,640	346,259	191,431	3,380,504	417,817
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	432,571	19,717	17,574	48,507	59,655	578,024	71,441
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	26,763,992	1,229,979	1,096,315	2,126,567	1,533,831	26,676,099	2,847,808
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		5,392				5,392	666
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	6,279,776	82,501				6,362,277	786,358
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	33,043,768	1,317,872	1,096,315	2,126,567	1,533,831	33,043,768	3,634,832

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
15-1318

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

PREPARED 4/30/2010
WORKSHEET B
PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	2,974,218						
009 LAUNDRY & LINEN SERVICE	54,173	178,507					
010 HOUSEKEEPING	44,849		723,202				
011 DIETARY	185,959		46,664		743,151		
012 CAFETERIA					520,469		
014 NURSING ADMINISTRATION	21,150		5,307			7,454	
015 CENTRAL SERVICES & SUPPLY	110,990		27,851			390,697	
017 MEDICAL RECORDS & LIBRARY	97,394		24,439				425,655
INPAT ROUTINE SRVC CNTRS							1,812
025 ADULTS & PEDIATRICS	824,591	70,864	206,918	206,011	75,261	154,760	13,528
026 INTENSIVE CARE UNIT	48,532	4,345	12,178	16,671	10,115	20,799	1,456
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	17,822		4,472		1,512	3,110	276
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	357,095	29,621	89,607		24,273	49,912	23,769
038 RECOVERY ROOM	25,706		6,450		11,453	23,551	726
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	251,156	20,170	63,024		44,826		35,808
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	100,415	292	25,198		45,516		121,748
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	43,103		10,816		13,150		2,360
050 PHYSICAL THERAPY	88,164		22,123		11,393		893
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	29,246	4,470	7,339		8,913		844
054 ELECTROENCEPHALOGRAPHY	41,757		10,478		4,663		396
055 MEDICAL SUPPLIES CHARGED							204,339
056 DRUGS CHARGED TO PATIENTS	51,813		13,002		12,711		6,334
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	27,146		6,812		8,365		1,693
061 EMERGENCY	172,977	48,745	43,406		67,385	138,565	7,201
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	69,658		17,480		13,345		2,033
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	2,663,696	178,507	643,564	743,151	403,063	390,697	425,216
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	19,049		4,780				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	291,473		74,858		117,406		439
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,974,218	178,507	723,202	743,151	520,469	390,697	425,655

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY	1,174,399			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	63,034	4,579,713		4,579,713
026 INTENSIVE CARE UNIT	6,998	613,789		613,789
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY	6,104	110,825		110,825
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	151,668	2,289,583		2,289,583
038 RECOVERY ROOM	26,301	528,815		528,815
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC	241,248	3,259,306		3,259,306
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY	180,499	2,988,178		2,988,178
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	31,054	681,289		681,289
050 PHYSICAL THERAPY	20,639	631,634		631,634
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	36,917	450,220		450,220
054 ELECTROENCEPHALOGRAPHY	14,827	281,030		281,030
055 MEDICAL SUPPLIES CHARGED	56,644	1,473,723		1,473,723
056 DRUGS CHARGED TO PATIENTS	141,473	1,915,627		1,915,627
058 ASC (NON-DISTINCT PART)				
OUTPAT SERVICE COST CNTRS				
060 CLINIC	4,747	356,511		356,511
061 EMERGENCY	146,571	4,423,171		4,423,171
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES	45,675	797,656		797,656
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
070 I&R SERVICES-NOT APPRVD P				
SPEC PURPOSE COST CENTERS				
092 AMBULATORY SURGICAL CENTE				
095 SUBTOTALS	1,174,399	25,381,070		25,381,070
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		29,887		29,887
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		7,632,811		7,632,811
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,174,399	33,043,768		33,043,768

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMITTING 6.01	OTHER ADMINISTRATIVE AND 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS			9,314	17,616	17,616		
006 01 ADMINITTING			14,171	26,802	1,094	27,896	
006 02 OTHER ADMINISTRATIVE AND	60,655	61,982	55,247	177,884	1,884		179,768
008 OPERATION OF PLANT		390,562	348,116	738,678	453		16,181
009 LAUNDRY & LINEN SERVICE	5,510	15,334	13,667	34,511			676
010 HOUSEKEEPING		12,694	11,315	24,009	500		3,691
011 DIETARY		52,635	46,915	99,550	361		2,778
012 CAFETERIA							
014 NURSING ADMINISTRATION		5,986	5,336	11,322	350		1,941
015 CENTRAL SERVICES & SUPPLY		31,415	28,001	59,416	248		1,495
017 MEDICAL RECORDS & LIBRARY		27,567	24,571	52,138	730		5,550
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		233,398	208,034	441,432	2,351	1,498	16,130
027 INTENSIVE CARE UNIT		13,737	12,244	25,981	452	166	2,681
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY		5,044	4,496	9,540	55	145	422
035 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		101,075	90,091	191,166	715	3,605	8,507
039 RECOVERY ROOM		7,276	6,485	13,761	387	625	2,365
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		71,089	63,364	134,453	1,561	5,714	14,162
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY		28,422	25,334	53,756	1,098	4,291	13,680
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		12,200	10,874	23,074	507	738	3,160
051 PHYSICAL THERAPY		24,955	22,243	47,198	405	491	2,657
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY		8,278	7,379	15,657	289	878	1,972
055 ELECTROENCEPHALOGRAPHY		11,819	10,535	22,354	152	352	1,137
056 MEDICAL SUPPLIES CHARGED						1,347	6,598
058 DRUGS CHARGED TO PATIENTS		14,665	13,072	27,737	483	3,363	9,196
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC		7,683	6,849	14,532	270	113	1,674
065 EMERGENCY		48,961	43,640	92,601	2,869	3,484	20,665
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
070 AMBULANCE SERVICES		19,717	17,574	37,291	402	1,086	3,533
092 DURABLE MEDICAL EQUIP-REN							
095 DURABLE MEDICAL EQUIP-SOL							
096 I&R SERVICES-NOT APPRVD P							
097 SPEC PURPOSE COST CENTERS							
099 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	66,165	1,229,979	1,096,315	2,392,459	17,616	27,896	140,851
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		5,392		5,392			33
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC		82,501		82,501			38,884
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	66,165	1,317,872	1,096,315	2,480,352	17,616	27,896	179,768

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 ADMINITTING							
02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	755,312						
009 LAUNDRY & LINEN SERVICE	13,757	48,944					
010 HOUSEKEEPING	11,390		39,590				
011 DIETARY	47,225		2,554				
012 CAFETERIA				152,468			
014 NURSING ADMINISTRATION	5,371		291		106,782		
015 CENTRAL SERVICES & SUPPLY	28,186		1,525			106,782	
017 MEDICAL RECORDS & LIBRARY	24,733		1,338			20,804	
INPAT ROUTINE SRVC CNTRS							93,348
025 ADULTS & PEDIATRICS	209,407	19,430	11,326	42,266	15,441	8,240	2,967
026 INTENSIVE CARE UNIT	12,325	1,191	667	3,420	2,075	1,108	319
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	4,526		245		310	166	60
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	90,685	8,122	4,905		4,980	2,658	5,213
038 RECOVERY ROOM	6,528		353		2,350	1,254	159
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	63,782	5,530	3,450		9,197		7,853
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	25,501	80	1,379		9,338		26,700
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	10,946		592		2,698		517
050 PHYSICAL THERAPY	22,390		1,211		2,338		196
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	7,427	1,226	402		1,829		185
054 ELECTROENCEPHALOGRAPHY	10,604		574		957		87
055 MEDICAL SUPPLIES CHARGED							44,814
056 DRUGS CHARGED TO PATIENTS	13,158		712		2,608		1,389
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	6,894		373		1,716		371
061 EMERGENCY	43,928	13,365	2,376		13,825	7,378	1,579
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	17,690		957		2,738		446
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	676,453	48,944	35,230	152,468	82,695	20,804	93,252
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,838		262				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	74,021		4,098		24,087		96
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	755,312	48,944	39,590	152,468	106,782	20,804	93,348

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMINISTRATION				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY	91,174			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	4,894	775,382		775,382
026 INTENSIVE CARE UNIT	543	50,928		50,928
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY	474	15,943		15,943
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	11,776	332,332		332,332
038 RECOVERY ROOM	2,042	29,824		29,824
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC	18,724	264,426		264,426
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY	14,014	149,837		149,837
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	2,411	44,643		44,643
050 PHYSICAL THERAPY	1,602	78,488		78,488
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	2,866	32,731		32,731
054 ELECTROENCEPHALOGRAPHY	1,151	37,368		37,368
055 MEDICAL SUPPLIES CHARGED	4,398	57,157		57,157
056 DRUGS CHARGED TO PATIENTS	10,984	69,630		69,630
058 ASC (NON-DISTINCT PART)				
OUTPAT SERVICE COST CNTRS				
060 CLINIC	369	26,312		26,312
061 EMERGENCY	11,380	213,450		213,450
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES	3,546	67,689		67,689
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
070 I&R SERVICES-NOT APPRVD P				
SPEC PURPOSE COST CENTERS				
092 AMBULATORY SURGICAL CENTE				
095 SUBTOTALS	91,174	2,246,140		2,246,140
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		10,525		10,525
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		223,687		223,687
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	91,174	2,480,352		2,480,352

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARY)	ADMITTING (GROSS REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	197,248					
005 NEW CAP REL COSTS-MVB		184,093				
006 EMPLOYEE BENEFITS	1,394	1,394	12,122,135			
006 01 ADMITTING	2,121	2,121	752,588	66,948,450		
006 02 OTHER ADMINISTRATIVE	9,277	9,277	1,296,312		-3,634,832	29,408,936
008 OPERATION OF PLANT	58,456	58,456	311,448			2,647,053
009 LAUNDRY & LINEN SERVI	2,295	2,295				110,657
010 HOUSEKEEPING	1,900	1,900	344,034			603,734
011 DIETARY	7,878	7,878	248,730			454,370
012 CAFETERIA						
014 NURSING ADMINISTRATIO	896	896	240,912			317,539
015 CENTRAL SERVICES & SU	4,702	4,702	170,989			244,515
017 MEDICAL RECORDS & LIB	4,126	4,126	502,696			907,892
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	34,933	34,933	1,618,154	3,593,297		2,638,623
026 INTENSIVE CARE UNIT	2,056	2,056	311,347	398,949		438,498
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY	755	755	37,527	347,956		69,001
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	15,128	15,128	492,002	8,645,972		1,391,637
038 RECOVERY ROOM	1,089	1,089	266,133	1,499,334		386,819
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	10,640	10,640	1,074,483	13,753,161		2,316,735
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	4,254	4,254	755,764	10,289,553		2,237,913
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,826	1,826	349,013	1,770,270		516,917
050 PHYSICAL THERAPY	3,735	3,735	278,647	1,176,548		434,695
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	1,239	1,239	198,686	2,104,506		322,617
054 ELECTROENCEPHALOGRAPH	1,769	1,769	104,413	845,226		185,929
055 MEDICAL SUPPLIES CHAR				3,229,046		1,079,338
056 DRUGS CHARGED TO PATI	2,195	2,195	332,132	8,064,829		1,504,361
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC	1,150	1,150	185,861	270,615		273,896
061 EMERGENCY	7,328	7,328	1,973,758	8,355,409		3,380,504
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	2,951	2,951	276,506	2,603,779		578,024
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
070 I&R SERVICES-NOT APPR						
092 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
095 SUBTOTALS	184,093	184,093	12,122,135	66,948,450	-3,634,832	23,041,267
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	807					5,392
097 RESEARCH						
098 PHYSICIANS' PRIVATE O	12,348					6,362,277
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,317,872	1,096,315	2,126,567	1,533,831		3,634,832
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.681295		.175428			
105 (WRKSHT B, PT I)		5.955224		.022911		.123596
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			17,616	27,896		179,768
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001453		.000417	.006113
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

15-1318

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE HOURS)	(DIRECT NRSNG)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT	126,000						
009 LAUNDRY & LINEN SERVING	2,295	100,121					
010 HOUSEKEEPING	1,900		122,095				
011 DIETARY	7,878		7,878	49,168			
012 CAFETERIA				34,435	472,169		
014 NURSING ADMINISTRATION	896		896		6,762	172,367	
015 CENTRAL SERVICES & SUPPLY	4,702		4,702		10,957		2,092,862
017 MEDICAL RECORDS & LIBRARY	4,126		4,126		27,806		8,908
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	34,933	39,746	34,933	13,630	68,277	68,277	66,517
026 INTENSIVE CARE UNIT	2,056	2,437	2,056	1,103	9,176	9,176	7,160
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY	755		755		1,372	1,372	1,356
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	15,128	16,614	15,128		22,020	22,020	116,867
038 RECOVERY ROOM	1,089		1,089		10,390	10,390	3,570
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	10,640	11,313	10,640		40,666		176,062
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	4,254	164	4,254		41,292		598,610
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,826		1,826		11,930		11,602
050 PHYSICAL THERAPY	3,735		3,735		10,336		4,393
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,239	2,507	1,239		8,086		4,151
054 ELECTROENCEPHALOGRAPH	1,769		1,769		4,230		1,946
055 MEDICAL SUPPLIES CHARACTERIZED							1,004,688
056 DRUGS CHARGED TO PATIENTS	2,195		2,195		11,531		31,145
058 ASC (NON-DISTINCT PARAPATIENT SERVICE COST CENTER)							
060 CLINIC	1,150		1,150		7,589		8,325
061 EMERGENCY	7,328	27,340	7,328		61,132	61,132	35,405
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
065 OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES	2,951		2,951		12,107		9,997
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE SPEC PURPOSE COST CENTER							
092 AMBULATORY SURGICAL CENTER							
095 SUBTOTALS	112,845	100,121	108,650	49,168	365,659	172,367	2,090,702
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	807		807				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	12,348		12,638		106,510		2,160
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,974,218	178,507	723,202	743,151	520,469	390,697	425,655
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	23.604905	1.782913	5.923273	15.114526	1.102294	2.266658	.203384
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)	755,312	48,944	39,590	152,468	106,782	20,804	93,348
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	5.994540	.488848	.324256	3.100960	.226152	.120696	.044603

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 4/30/2010

15-1318

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
006 01 ADMINISTRATION	
006 02 OTHER ADMINISTRATIVE	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPORT	
017 MEDICAL RECORDS & LIBRARY	66,948,450
025 INPATIENT ROUTINE SERVICE CENTER	
025 ADULTS & PEDIATRICS	3,593,297
026 INTENSIVE CARE UNIT	398,949
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE UNIT	
033 NURSERY	347,956
034 SKILLED NURSING FACILITY	
035 NURSING FACILITY	
037 ANCILLARY SERVICE COST CENTER	
037 OPERATING ROOM	8,645,972
038 RECOVERY ROOM	1,499,334
039 DELIVERY ROOM & LABOR	
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	13,753,161
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	
044 LABORATORY	10,289,553
045 PBP CLINICAL LAB SERVICE	
046 WHOLE BLOOD & PACKED	
047 BLOOD STORAGE, PROCESSING	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	1,770,270
050 PHYSICAL THERAPY	1,176,548
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
053 ELECTROCARDIOLOGY	2,104,506
054 ELECTROENCEPHALOGRAPHY	845,226
055 MEDICAL SUPPLIES CHARGED TO PATIENT	3,229,046
056 DRUGS CHARGED TO PATIENT	8,064,829
058 ASC (NON-DISTINCT PATIENT)	
060 OUTPATIENT SERVICE COST CENTER	
060 CLINIC	270,615
061 EMERGENCY	8,355,409
062 OBSERVATION BEDS (NON-REIMBURSABLE)	
065 OTHER REIMBURSABLE COST CENTER	
065 AMBULANCE SERVICES	2,603,779
066 DURABLE MEDICAL EQUIPMENT	
067 DURABLE MEDICAL EQUIPMENT	
070 I&R SERVICES-NOT APPROPRIATE	
092 SPECIFIC PURPOSE COST CENTER	
092 AMBULATORY SURGICAL CENTER	
095 SUBTOTALS	66,948,450
096 NONREIMBURSABLE COST CENTER	
096 GIFT, FLOWER, COFFEE	
097 RESEARCH	
098 PHYSICIANS' PRIVATE OFFICE	
099 NONPAID WORKERS	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	1,174,399
(PER WORKSHEET B, PART I)	
104 UNIT COST MULTIPLIER	.017542
(WORKSHEET B, PT I)	
105 COST TO BE ALLOCATED	
(PER WORKSHEET B, PART II)	
106 UNIT COST MULTIPLIER	
(WORKSHEET B, PT II)	
107 COST TO BE ALLOCATED	91,174
(PER WORKSHEET B, PART III)	
108 UNIT COST MULTIPLIER	.001362
(WORKSHEET B, PT III)	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-1318PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 4/30/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,579,713		4,579,713		4,579,713
26	INTENSIVE CARE UNIT	613,789		613,789		613,789
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	110,825		110,825		110,825
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,289,583		2,289,583		2,289,583
38	RECOVERY ROOM	528,815		528,815		528,815
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,259,306		3,259,306		3,259,306
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,988,178		2,988,178		2,988,178
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	681,289		681,289		681,289
50	PHYSICAL THERAPY	631,634		631,634		631,634
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	450,220		450,220		450,220
54	ELECTROENCEPHALOGRAPHY	281,030		281,030		281,030
55	MEDICAL SUPPLIES CHARGED	1,473,723		1,473,723		1,473,723
56	DRUGS CHARGED TO PATIENTS	1,915,627		1,915,627		1,915,627
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	356,511		356,511		356,511
61	EMERGENCY	4,423,171		4,423,171		4,423,171
62	OBSERVATION BEDS (NON-DIS	644,035		644,035		644,035
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	797,656		797,656		797,656
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	26,025,105		26,025,105		26,025,105
102	LESS OBSERVATION BEDS	644,035		644,035		644,035
103	TOTAL	25,381,070		25,381,070		25,381,070

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,176,313		3,176,313			
26	INTENSIVE CARE UNIT	398,949		398,949			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	347,956		347,956			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,412,722	6,233,250	8,645,972	.264815	.264815	.264815
38	RECOVERY ROOM	272,682	1,226,652	1,499,334	.352700	.352700	.352700
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,586,637	12,166,524	13,753,161	.236986	.236986	.236986
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,073,372	8,216,181	10,289,553	.290409	.290409	.290409
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,061,397	708,873	1,770,270	.384850	.384850	.384850
50	PHYSICAL THERAPY	387,779	788,770	1,176,549	.536853	.536853	.536853
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	568,799	1,535,707	2,104,506	.213931	.213931	.213931
54	ELECTROENCEPHALOGRAPHY	27,829	817,397	845,226	.332491	.332491	.332491
55	MEDICAL SUPPLIES CHARGED	813,046	2,416,000	3,229,046	.456396	.456396	.456396
56	DRUGS CHARGED TO PATIENTS	3,900,923	4,163,905	8,064,828	.237529	.237529	.237529
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,115	262,500	270,615	1.317410	1.317410	1.317410
61	EMERGENCY	433,523	7,921,886	8,355,409	.529378	.529378	.529378
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	28,423	388,561	416,984	1.544508	1.544508	1.544508
65	AMBULANCE SERVICES		2,603,779	2,603,779	.306346	.306346	.306346
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,498,465	49,449,985	66,948,450			
102	LESS OBSERVATION BEDS						
103	TOTAL	17,498,465	49,449,985	66,948,450			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-1318

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

PREPARED 4/30/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,579,713		4,579,713		4,579,713
26	INTENSIVE CARE UNIT	613,789		613,789		613,789
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	110,825		110,825		110,825
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,289,583		2,289,583		2,289,583
38	RECOVERY ROOM	528,815		528,815		528,815
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,259,306		3,259,306		3,259,306
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,988,178		2,988,178		2,988,178
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	681,289		681,289		681,289
50	PHYSICAL THERAPY	631,634		631,634		631,634
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	450,220		450,220		450,220
54	ELECTROENCEPHALOGRAPHY	281,030		281,030		281,030
55	MEDICAL SUPPLIES CHARGED	1,473,723		1,473,723		1,473,723
56	DRUGS CHARGED TO PATIENTS	1,915,627		1,915,627		1,915,627
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	356,511		356,511		356,511
61	EMERGENCY	4,423,171		4,423,171		4,423,171
62	OBSERVATION BEDS (NON-DIS	644,035		644,035		644,035
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	797,656		797,656		797,656
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	26,025,105		26,025,105		26,025,105
102	LESS OBSERVATION BEDS	644,035		644,035		644,035
103	TOTAL	25,381,070		25,381,070		25,381,070

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-1318

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

PREPARED 4/30/2010
WORKSHEET C
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	3,176,313		3,176,313			
26	INTENSIVE CARE UNIT	398,949		398,949			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	347,956		347,956			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,412,722	6,233,250	8,645,972	.264815	.264815	.264815
38	RECOVERY ROOM	272,682	1,226,652	1,499,334	.352700	.352700	.352700
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,586,637	12,166,524	13,753,161	.236986	.236986	.236986
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,073,372	8,216,181	10,289,553	.290409	.290409	.290409
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,061,397	708,873	1,770,270	.384850	.384850	.384850
50	PHYSICAL THERAPY	387,779	788,770	1,176,549	.536853	.536853	.536853
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	568,799	1,535,707	2,104,506	.213931	.213931	.213931
54	ELECTROENCEPHALOGRAPHY	27,829	817,397	845,226	.332491	.332491	.332491
55	MEDICAL SUPPLIES CHARGED	813,046	2,416,000	3,229,046	.456396	.456396	.456396
56	DRUGS CHARGED TO PATIENTS	3,900,923	4,163,905	8,064,828	.237529	.237529	.237529
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,115	262,500	270,615	1.317410	1.317410	1.317410
61	EMERGENCY	433,523	7,921,886	8,355,409	.529378	.529378	.529378
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	28,423	388,561	416,984	1.544508	1.544508	1.544508
65	AMBULANCE SERVICES		2,603,779	2,603,779	.306346	.306346	.306346
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,498,465	49,449,985	66,948,450			
102	LESS OBSERVATION BEDS						
103	TOTAL	17,498,465	49,449,985	66,948,450			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,289,583	332,332	1,957,251			2,289,583
38	RECOVERY ROOM	528,815	29,824	498,991			528,815
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,259,306	264,426	2,994,880			3,259,306
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,988,178	149,837	2,838,341			2,988,178
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	681,289	44,643	636,646			681,289
50	PHYSICAL THERAPY	631,634	78,488	553,146			631,634
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	450,220	32,731	417,489			450,220
54	ELECTROENCEPHALOGRAPHY	281,030	37,368	243,662			281,030
55	MEDICAL SUPPLIES CHARGED	1,473,723	57,157	1,416,566			1,473,723
56	DRUGS CHARGED TO PATIENTS	1,915,627	69,630	1,845,997			1,915,627
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	356,511	26,312	330,199			356,511
61	EMERGENCY	4,423,171	213,450	4,209,721			4,423,171
62	OBSERVATION BEDS (NON-DIS	644,035		644,035			644,035
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	797,656	67,689	729,967			797,656
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	20,720,778	1,403,887	19,316,891			20,720,778
102	LESS OBSERVATION BEDS	644,035		644,035			644,035
103	TOTAL	20,076,743	1,403,887	18,672,856			20,076,743

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,645,972	.264815	.264815
38	RECOVERY ROOM	1,499,334	.352700	.352700
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	13,753,161	.236986	.236986
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	10,289,553	.290409	.290409
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,770,270	.384850	.384850
50	PHYSICAL THERAPY	1,176,549	.536853	.536853
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,104,506	.213931	.213931
54	ELECTROENCEPHALOGRAPHY	845,226	.332491	.332491
55	MEDICAL SUPPLIES CHARGED	3,229,046	.456396	.456396
56	DRUGS CHARGED TO PATIENTS	8,064,828	.237529	.237529
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	270,615	1.317410	1.317410
61	EMERGENCY	8,355,409	.529378	.529378
62	OBSERVATION BEDS (NON-DIS	416,984	1.544508	1.544508
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,603,779	.306346	.306346
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	63,025,232		
102	LESS OBSERVATION BEDS	416,984		
103	TOTAL	62,608,248		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,289,583	332,332	1,957,251			2,289,583
38	RECOVERY ROOM	528,815	29,824	498,991			528,815
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,259,306	264,426	2,994,880			3,259,306
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,988,178	149,837	2,838,341			2,988,178
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	681,289	44,643	636,646			681,289
50	PHYSICAL THERAPY	631,634	78,488	553,146			631,634
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	450,220	32,731	417,489			450,220
54	ELECTROENCEPHALOGRAPHY	281,030	37,368	243,662			281,030
55	MEDICAL SUPPLIES CHARGED	1,473,723	57,157	1,416,566			1,473,723
56	DRUGS CHARGED TO PATIENTS	1,915,627	69,630	1,845,997			1,915,627
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	356,511	26,312	330,199			356,511
61	EMERGENCY	4,423,171	213,450	4,209,721			4,423,171
62	OBSERVATION BEDS (NON-DIS	644,035		644,035			644,035
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	797,656	67,689	729,967			797,656
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	20,720,778	1,403,887	19,316,891			20,720,778
102	LESS OBSERVATION BEDS	644,035		644,035			644,035
103	TOTAL	20,076,743	1,403,887	18,672,856			20,076,743

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,645,972	.264815	.264815
38	RECOVERY ROOM	1,499,334	.352700	.352700
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	13,753,161	.236986	.236986
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	10,289,553	.290409	.290409
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,770,270	.384850	.384850
50	PHYSICAL THERAPY	1,176,549	.536853	.536853
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,104,506	.213931	.213931
54	ELECTROENCEPHALOGRAPHY	845,226	.332491	.332491
55	MEDICAL SUPPLIES CHARGED	3,229,046	.456396	.456396
56	DRUGS CHARGED TO PATIENTS	8,064,828	.237529	.237529
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	270,615	1.317410	1.317410
61	EMERGENCY	8,355,409	.529378	.529378
62	OBSERVATION BEDS (NON-DIS	416,984	1.544508	1.544508
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,603,779	.306346	.306346
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	63,025,232		
102	LESS OBSERVATION BEDS	416,984		
103	TOTAL	62,608,248		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,308,480	8,645,972			
38	RECOVERY ROOM	542,012	1,499,334			
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,011,117	13,753,161			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,936,332	10,289,553			
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	698,020	1,770,270			
50	PHYSICAL THERAPY	666,514	1,176,549			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	463,702	2,104,506			
54	ELECTROENCEPHALOGRAPHY	294,874	845,226			
55	MEDICAL SUPPLIES CHARGED	1,498,597	3,229,046			
56	DRUGS CHARGED TO PATIENTS	1,828,911	8,064,828			
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	364,922	270,615			
61	EMERGENCY	4,513,448	8,355,409			
62	OBSERVATION BEDS (NON-DIS	688,865	416,984			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	829,014	2,603,779			
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	20,644,808	63,025,232			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,308,480		2,308,480	8,645,972			
38	RECOVERY ROOM	542,012		542,012	1,499,334			
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	3,011,117		3,011,117	13,753,161			
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY	2,936,332		2,936,332	10,289,553			
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	698,020		698,020	1,770,270			
50	PHYSICAL THERAPY	666,514		666,514	1,176,549			
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	463,702		463,702	2,104,506			
54	ELECTROENCEPHALOGRAPHY	294,874	200	295,074	845,226			
55	MEDICAL SUPPLIES CHARGED	1,498,597		1,498,597	3,229,046			
56	DRUGS CHARGED TO PATIENTS	1,828,911		1,828,911	8,064,828			
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	364,922		364,922	270,615			
61	EMERGENCY	4,513,448	180,049	4,693,497	8,355,409			
62	OBSERVATION BEDS (NON-DIS	688,865		688,865	416,984			
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	829,014		829,014	2,603,779			
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	20,644,808	180,249	20,825,057	63,025,232			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVII I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVII I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				775,382	22,555	752,827
26	INTENSIVE CARE UNIT				50,928		50,928
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY				15,943		15,943
101	TOTAL				842,253		819,698

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,040	156			149.37	23,302
26	INTENSIVE CARE UNIT	361	3			141.07	423
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	676	62			23.58	1,462
101	TOTAL	6,077	221				25,187

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1318
 COMPONENT NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		332,332	8,645,972	98,770		
38	RECOVERY ROOM		29,824	1,499,334	14,409		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		264,426	13,753,161	55,218		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		149,837	10,289,553	89,234		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		44,643	1,770,270	57,803		
50	PHYSICAL THERAPY		78,488	1,176,549	4,701		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		32,731	2,104,506			
54	ELECTROENCEPHALOGRAPHY		37,368	845,226			
55	MEDICAL SUPPLIES CHARGED		57,157	3,229,046	12,471		
56	DRUGS CHARGED TO PATIENTS		69,630	8,064,828	122,664		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		26,312	270,615	158		
61	EMERGENCY		213,450	8,355,409	40,997		
62	OBSERVATION BEDS (NON-DIS			416,984	1,808		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		1,336,198	60,421,453	498,233		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1318
 COMPONENT NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038438	3,797
38	RECOVERY ROOM	.019891	287
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.019227	1,062
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.014562	1,299
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.025218	1,458
50	PHYSICAL THERAPY	.066710	314
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.015553	
54	ELECTROENCEPHALOGRAPHY	.044211	
55	MEDICAL SUPPLIES CHARGED	.017701	221
56	DRUGS CHARGED TO PATIENTS	.008634	1,059
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.097230	15
61	EMERGENCY	.025546	1,047
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		10,559

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 4/30/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,040	
26	INTENSIVE CARE UNIT					361	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					676	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL					6,077	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 4/30/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		156
26	INTENSIVE CARE UNIT		3
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		62
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		221

TITLE XIX HOSPITAL PPS

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

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			8,645,972			98,770	
38	RECOVERY ROOM			1,499,334			14,409	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			13,753,161			55,218	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			10,289,553			89,234	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,770,270			57,803	
50	PHYSICAL THERAPY			1,176,549			4,701	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,104,506				
54	ELECTROENCEPHALOGRAPHY			845,226				
55	MEDICAL SUPPLIES CHARGED			3,229,046			12,471	
56	DRUGS CHARGED TO PATIENTS			8,064,828			122,664	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			270,615			158	
61	EMERGENCY			8,355,409			40,997	
62	OBSERVATION BEDS (NON-DIS			416,984			1,808	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			60,421,453			498,233	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	152,283					
38	RECOVERY ROOM	39,723					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	338,900					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	363,905					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	33,836					
50	PHYSICAL THERAPY	12,747					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	145					
54	ELECTROENCEPHALOGRAPHY	16,042					
55	MEDICAL SUPPLIES CHARGED	63,317					
56	DRUGS CHARGED TO PATIENTS	118,719					
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,453					
61	EMERGENCY	418,185					
62	OBSERVATION BEDS (NON-DIS	17,801					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	93,315					
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,674,371					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-1318
 COMPONENT NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.264815				152,283
38 RECOVERY ROOM	.352700				39,723
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.236986				338,900
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.290409				363,905
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.384850				33,836
50 PHYSICAL THERAPY	.536853				12,747
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.213931				145
54 ELECTROENCEPHALOGRAPHY	.332491				16,042
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.456396				63,317
56 DRUGS CHARGED TO PATIENTS	.237529				118,719
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.317410				5,453
61 EMERGENCY	.529378				418,185
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.544508				17,801
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.306346				93,315
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					1,674,371
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					1,674,371

(A) WORKSHEET A LINE NUMBERS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1318
 COMPONENT NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET D-4

TITLE XVIII, PART A

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 ADULTS & PEDIATRICS		1,404,788	
26	INTENSIVE CARE UNIT		245,852	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.264815	413,564	109,518
38	RECOVERY ROOM	.352700	57,099	20,139
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.236986	820,001	194,329
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.290409	1,068,616	310,336
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.384850	667,392	256,846
50	PHYSICAL THERAPY	.536853	239,215	128,423
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.213931	306,864	65,648
54	ELECTROENCEPHALOGRAPHY	.332491	27,829	9,253
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456396	728,353	332,417
56	DRUGS CHARGED TO PATIENTS	.237529	2,018,724	479,505
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.317410	216	285
61	EMERGENCY	.529378	14,441	7,645
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.544508		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		6,362,314	1,914,344
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,362,314	

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.264815		
38	RECOVERY ROOM	.352700		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.236986	9,351	2,216
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.290409	8,104	2,353
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.384850	19,559	7,527
50	PHYSICAL THERAPY	.536853	83,831	45,005
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.213931	767	164
54	ELECTROENCEPHALOGRAPHY	.332491		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456396	10,355	4,726
56	DRUGS CHARGED TO PATIENTS	.237529	34,425	8,177
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.317410		
61	EMERGENCY	.529378		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.544508		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		166,392	70,168
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		166,392	

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.264815		
38	RECOVERY ROOM	.352700		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.236986		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.290409		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.384850		
50	PHYSICAL THERAPY	.536853		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.213931		
54	ELECTROENCEPHALOGRAPHY	.332491		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456396		
56	DRUGS CHARGED TO PATIENTS	.237529		
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.317410		
61	EMERGENCY	.529378		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.544508		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1318
 COMPONENT NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		132,504	
26	INTENSIVE CARE UNIT		9,440	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.264815	98,770	26,156
38	RECOVERY ROOM	.352700	14,409	5,082
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.236986	55,218	13,086
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.290409	89,234	25,914
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.384850	57,803	22,245
50	PHYSICAL THERAPY	.536853	4,701	2,524
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.213931		
54	ELECTROENCEPHALOGRAPHY	.332491		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.456396	12,471	5,692
56	DRUGS CHARGED TO PATIENTS	.237529	122,664	29,136
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.317410	158	208
61	EMERGENCY	.529378	40,997	21,703
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.544508	1,808	2,792
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		498,233	154,538
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		498,233	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,018,904
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,018,904

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,069,093
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	32,306
18.01	CAH ACTUAL BILLED COINSURANCE	2,383,966
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,652,821
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	2,652,821
24	PRIMARY PAYER PAYMENTS	1,063
25	SUBTOTAL	2,651,758

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	376,501
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	376,501
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	376,501
28	SUBTOTAL	3,028,259
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	3,028,259
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,947,283
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	80,976
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2008	4/30/2010
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-2
15-2318		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	134,550	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	70,870	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	151	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	205,420	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	205,420	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	205,420	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	128	
14	80% OF PART B COSTS		
15	SUBTOTAL	205,292	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	205,292	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	169,767	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	35,525	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2008	4/30/2010
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-1318		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,324,176
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,324,176
5	PRIMARY PAYER PAYMENTS	22,185
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,345,011

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,345,011
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	551,028
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,793,983
23	COI NSURANCE	12,032
24	SUBTOTAL	3,781,951
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	50,409
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	50,409
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	50,409
26	SUBTOTAL	3,832,360
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	3,832,360
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,641,362
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	190,998
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII SNF	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
18	PAYMENT FOR SERVICES ON A CHARGE BASIS		
	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		
	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		125,732
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		125,732
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		125,732
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)		99,909
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
44	PAYMENT FOR SERVICES ON A CHARGE BASIS		
	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		99,909
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		99,909
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		99,909
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2008	4/30/2010
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XVIII

SNF

TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

1

2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-268,530			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,800,781			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,401,190			
7	INVENTORY	874,375			
8	PREPAID EXPENSES	129,880			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	-127,536			
11	TOTAL CURRENT ASSETS	6,007,780			
FIXED ASSETS					
12	LAND	500,000			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	10,424,739			
14.01	LESS ACCUMULATED DEPRECIATION	-760,999			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	1,930,946			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	18,472			
21	TOTAL FIXED ASSETS	12,113,158			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS	12,000			
25	OTHER ASSETS	7,622,458			
26	TOTAL OTHER ASSETS	7,634,458			
27	TOTAL ASSETS	25,755,396			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,309,560			
29 SALARIES, WAGES & FEES PAYABLE	712,541			
30 PAYROLL TAXES PAYABLE	1,307,157			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	75,856			
36 TOTAL CURRENT LIABILITIES	3,405,114			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	22,127,197			
41 OTHER LONG TERM LIABILITIES	970,266			
42 TOTAL LONG-TERM LIABILITIES	23,097,463			
43 TOTAL LIABILITIES	26,502,577			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-747,181			
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	-747,181			
52 TOTAL LIABILITIES AND FUND BALANCES	25,755,396			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-3,650,188		
2 NET INCOME (LOSS)		3,249,015		
3 TOTAL		-401,173		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-401,173		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 CHS ADJ	346,008			
15				
16				
17				
18 TOTAL DEDUCTIONS		346,008		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-747,181		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 4/30/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	66,948,447
2	LESS: ALLOWANCES AND DISCOUNTS ON	35,851,134
3	NET PATIENT REVENUES	31,097,313
4	LESS: TOTAL OPERATING EXPENSES	27,725,457
5	NET INCOME FROM SERVICE TO PATIENT	3,371,856
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	99,330
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	8,332
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	23,009
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	38,363
25	TOTAL OTHER INCOME	169,034
26	TOTAL	3,540,890
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	291,875
28		
29		
30	TOTAL OTHER EXPENSES	291,875
31	NET INCOME (OR LOSS) FOR THE PERIO	3,249,015

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2008	4/30/2010
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-1318		PARTS I-IV

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	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)	