

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0150	I	FROM 4/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 3/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/ 9/2009 TIME 10:55

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:  
DUPONT HOSPITAL 15-0150  
FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2007 AND ENDING 3/31/2008 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	TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4	
1	HOSPITAL	0	165,370	52,417	0	
100	TOTAL	0	165,370	52,417	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.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-2  
 I I TO 3/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2520 E. DUPONT ROAD P.O. BOX:  
 1.01 CITY: FORT WAYNE STATE: IN ZIP CODE: 46825- COUNTY: ALLEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	DUPONT HOSPITAL	15-0150		5/24/2001	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2007 TO: 3/31/2008 1 2  
 18 TYPE OF CONTROL 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(b)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

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I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-2
I I TO 3/31/2008 I

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
0.00 0
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
28.03 STAFFING 0.00%
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-2  
 I I TO 3/31/2008 I

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
  
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
- 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: 7000 MERIDIAN BLVD P.O. BOX:
- 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO, IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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I I TO 3/31/2008 I

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

MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-3  
I TO 3/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	92	33,672	2.01	3	4	2,764	5 429
2 HMO							3,813
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	92	33,672				2,764	429
6 INTENSIVE CARE UNIT	10	3,660				215	11
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	20	7,320					308
11 NURSERY							288
12 TOTAL	122	44,652				2,979	1,036
13 RPCH VISITS							
25 TOTAL	122						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS TOTAL OBSERVATION ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			15,638				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			15,638				
6 INTENSIVE CARE UNIT			621				
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			3,777				
11 NURSERY			5,062				
12 TOTAL			25,098				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			1,169		1,169		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES TITLE V	DISCHARGES TITLE XVIII	DISCHARGES TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					912	252	7,056
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		559.00			912	252	7,056
13 RPCH VISITS							
25 TOTAL		559.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-3  
 I I TO 3/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	27,586,824		27,586,824	1,163,325.00	23.71	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 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	73,549	160,040	233,589	14,499.00	16.11	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	5,833		5,833	173.00	33.72	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	149,013		149,013	993.00	150.06	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,395,108		1,395,108	11,112.00	125.55	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	5,987,668		5,987,668			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	56,300		56,300			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
20 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	439,857		439,857	16,709.00	26.32	
23 ADMINISTRATIVE & GENERAL	4,629,456	-160,040	4,469,416	182,163.00	24.54	
22.01 A & G UNDER CONTRACT						
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	689,470		689,470	40,024.00	17.23	
26 LAUNDRY & LINEN SERVICE						
26.01 HOUSEKEEPING	516,564		516,564	46,138.00	11.20	
27 HOUSEKEEPING UNDER CONTRACT						
27.01 DIETARY	956,984		956,984	72,806.00	13.14	
28 DIETARY UNDER CONTRACT						
29 CAFETERIA						
30 MAINTENANCE OF PERSONNEL						
31 NURSING ADMINISTRATION	465,460		465,460	12,639.00	36.83	
32 CENTRAL SERVICE AND SUPPLY	374,129		374,129	21,614.00	17.31	
33 PHARMACY						
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	362,792		362,792	23,411.00	15.50	
35 SOCIAL SERVICE						
36 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	27,586,824		27,586,824	1,163,325.00	23.71	
2 EXCLUDED AREA SALARIES	73,549	160,040	233,589	14,499.00	16.11	
3 SUBTOTAL SALARIES	27,513,275	-160,040	27,353,235	1,148,826.00	23.81	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,549,954		1,549,954	12,278.00	126.24	
5 SUBTOTAL WAGE-RELATED COSTS	5,987,668		5,987,668		21.89	
6 TOTAL	35,050,897	-160,040	34,890,857	1,161,104.00	30.05	
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	8,434,712	-160,040	8,274,672	415,504.00	19.91	

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-10  
 I I TO 3/31/2008 I  
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	1,184,919
17.01	GROSS MEDICAID REVENUES	3,525,408
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	13,722
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,724,049
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	999,441
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.293687
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	293,523
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	18,639,372

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET S-10  
 I I TO 3/31/2008 I  
 I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,474,141
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,365,946
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,575,909
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,767,664

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
I 15-0150 I FROM 4/ 1/2007 I WORKSHEET A  
I I TO 3/31/2008 I

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		5,929,114	5,929,114	-2,298,281	3,630,833
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,539,905	4,539,905
5	0500 EMPLOYEE BENEFITS	439,857	4,361,685	4,801,542	-7,185	4,794,357
6.01	0640 ADMITTING	1,526,531	265,164	1,791,695	-27,307	1,764,388
6.02	0650 CASHIERING/ACCOUNTS RECEIVABLE	222,069	1,402,024	1,624,093		1,624,093
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	2,880,856	13,398,809	16,279,665	-2,393,536	13,886,129
8	0800 OPERATION OF PLANT	689,470	2,778,520	3,467,990		3,467,990
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	516,564	311,768	828,332	-1,492	826,840
11	1100 DIETARY	956,984	1,135,892	2,092,876		2,092,876
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	465,460	77,737	543,197	-35	543,162
15	1500 CENTRAL SERVICES & SUPPLY	374,129	733,281	1,107,410	-423,119	684,291
17	1700 MEDICAL RECORDS & LIBRARY	362,792	525,066	887,858		887,858
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,849,231	1,290,218	7,139,449	-505,119	6,634,330
26	2600 INTENSIVE CARE UNIT	601,271	71,014	672,285	-26,778	645,507
27	2700 CORONARY CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	1,730,691	411,511	2,142,202	-159,961	1,982,241
33	3300 NURSERY	468,204	157,850	626,054	-140,068	485,986
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,972,301	15,455,425	19,427,726	-13,744,129	5,683,597
41	4100 RADIOLOGY-DIAGNOSTIC	1,338,202	1,511,033	2,849,235	-833,809	2,015,426
41.01	3630 ULTRA SOUND	384,476	39,753	424,229	-7,346	416,883
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	109,626	81,680	191,306	-14,215	177,091
42	4200 RADIOLOGY-THERAPEUTIC	114,407	298,687	413,094	-159,166	253,928
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	933,994	1,466,809	2,400,803	-167,131	2,233,672
49	4900 RESPIRATORY THERAPY	860,622	299,745	1,160,367	-74,506	1,085,861
50	5000 PHYSICAL THERAPY	190,141	1,142	191,283	-48	191,235
53	5300 ELECTROCARDIOLOGY	19,648	8,272	27,920		27,920
54	5400 ELECTROENCEPHALOGRAPHY	181,503	101,221	282,724	-6,553	276,171
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				15,988,767	15,988,767
56	5600 DRUGS CHARGED TO PATIENTS	888,597	2,391,434	3,280,031	385,738	3,665,769
57	5700 RENAL DIALYSIS		4,715	4,715		4,715
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	42,946	4,377	47,323	-160	47,163
61	6100 EMERGENCY	1,392,703	339,968	1,732,671	-75,102	1,657,569
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		438,071	438,071	-1,396,434	-958,363
90	9000 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	27,513,275	55,291,985	82,805,260	-1,547,070	81,258,190
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,570	106,152	117,722		117,722
100	7950 PHYSICIAN RELATIONS	13,621	138,434	152,055		152,055
100.01	7951 MARKETING	48,358	46,444	94,802	1,547,070	1,641,872
100.02	7952 WOMENS RESOURCE CENTER					
101	TOTAL	27,586,824	55,583,015	83,169,839	-0-	83,169,839

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
I 15-0150 I FROM 4/ 1/2007 I WORKSHEET A  
I I TO 3/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,581,854	5,212,687
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-26,001	4,513,904
5	0500 EMPLOYEE BENEFITS	-41,868	4,752,489
6.01	0640 ADMITTING		1,764,388
6.02	0650 CASHIERING/ACCOUNTS RECEIVABLE	-165	1,623,928
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	-4,219,349	9,666,780
8	0800 OPERATION OF PLANT	-36,693	3,431,297
9	0900 LAUNDRY & LINEN SERVICE	320,142	320,142
10	1000 HOUSEKEEPING		826,840
11	1100 DIETARY	-328,758	1,764,118
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		543,162
15	1500 CENTRAL SERVICES & SUPPLY	-348,507	335,784
17	1700 MEDICAL RECORDS & LIBRARY	-20,827	867,031
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-13,663	6,620,667
26	2600 INTENSIVE CARE UNIT		645,507
27	2700 CORONARY CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-65,112	1,917,129
33	3300 NURSERY		485,986
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-89,902	5,593,695
41	4100 RADIOLOGY-DIAGNOSTIC		2,015,426
41.01	3630 ULTRA SOUND		416,883
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)		177,091
42	4200 RADIOLOGY-THERAPEUTIC		253,928
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		2,233,672
49	4900 RESPIRATORY THERAPY		1,085,861
50	5000 PHYSICAL THERAPY		191,235
53	5300 ELECTROCARDIOLOGY		27,920
54	5400 ELECTROENCEPHALOGRAPHY	-49,440	226,731
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-172	15,988,595
56	5600 DRUGS CHARGED TO PATIENTS		3,665,769
57	5700 RENAL DIALYSIS		4,715
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		47,163
61	6100 EMERGENCY	-61,200	1,596,369
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	958,363	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,441,298	78,816,892
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		117,722
100	7950 PHYSICIAN RELATIONS		152,055
100.01	7951 MARKETING		1,641,872
100.02	7952 WOMENS RESOURCE CENTER		
101	TOTAL	-2,441,298	80,728,541

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 3/31/2008 I

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	ADMITTING	0640	ADMITTING
6.02	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	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 C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	PHYSICIAN RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	WOMENS RESOURCE CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			15,988,767
2		RADIOLOGY-THERAPEUTIC	42			648
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56			393,927
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35 PROPERTY TAXES	C	NEW CAP REL COSTS-BLDG & FIXT	3			780,196
1 CAPITAL INSURANCE	D	NEW CAP REL COSTS-BLDG & FIXT	3			64,994
2 MARKETING EXPENSES	E	MARKETING	100.01		160,040	1,387,210
3 DEPRECIATION EXPENSE	G	NEW CAP REL COSTS-MVBLE EQUIP	4			4,539,905
4 INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3			1,396,434
36 TOTAL RECLASSIFICATIONS					160,040	24,552,081

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	7			
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	EMPLOYEE BENEFITS		5		2,081	
2		ADMITTING		6.01		27,307	
3		OTHER ADMINISTRATIVE AND GENERAL		6.03		2	
4		HOUSEKEEPING		10		1,492	
5		CENTRAL SERVICES & SUPPLY		15		423,119	
6		ADULTS & PEDIATRICS		25		496,765	
7		INTENSIVE CARE UNIT		26		26,627	
8		NEONATAL INTENSIVE CARE UNIT		30		156,641	
9		NURSERY		33		140,043	
10		OPERATING ROOM		37		13,560,196	
11		RADIOLOGY-DIAGNOSTIC		41		807,100	
12		ULTRA SOUND		41.01		7,346	
13		MAGNETIC RESONANCE IMAGING (MRI)		41.02		14,215	
14		LABORATORY		44		167,131	
15		RESPIRATORY THERAPY		49		74,495	
16		ELECTROENCEPHALOGRAPHY		54		6,553	
17		DRUGS CHARGED TO PATIENTS		56		8,189	
18		CLINIC		60		81	
19		EMERGENCY		61		69,852	
20		MARKETING		100.01		180	
21 DRUGS CHARGED TO PATIENTS	B	EMPLOYEE BENEFITS		5		5,104	
22		OTHER ADMINISTRATIVE AND GENERAL		6.03		1,094	
23		NURSING ADMINISTRATION		14		35	
24		ADULTS & PEDIATRICS		25		8,354	
25		INTENSIVE CARE UNIT		26		151	
26		NEONATAL INTENSIVE CARE UNIT		30		3,320	
27		NURSERY		33		25	
28		OPERATING ROOM		37		183,933	
29		RADIOLOGY-DIAGNOSTIC		41		26,709	
30		RADIOLOGY-THERAPEUTIC		42		159,814	
31		RESPIRATORY THERAPY		49		11	
32		PHYSICAL THERAPY		50		48	
33		CLINIC		60		79	
34		EMERGENCY		61		5,250	
35 PROPERTY TAXES	C	OTHER ADMINISTRATIVE AND GENERAL		6.03		780,196	13
1 CAPITAL INSURANCE	D	OTHER ADMINISTRATIVE AND GENERAL		6.03		64,994	12
2 MARKETING EXPENSES	E	OTHER ADMINISTRATIVE AND GENERAL		6.03	160,040	1,387,210	
3 DEPRECIATION EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT		3		4,539,905	9
4 INTEREST EXPENSE	H	INTEREST EXPENSE		88		1,396,434	11
36 TOTAL RECLASSIFICATIONS					160,040	24,552,081	

(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

IN LIEU OF FORM CMS-2552-96 (09/1996)  
 PROVIDER NO: 150150 PERIOD: FROM 4/ 1/2007 TO 3/31/2008 PREPARED 6/ 9/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,988,767	EMPLOYEE BENEFITS	5	2,081	
2.00	RADIOLOGY-THERAPEUTIC	42	648	ADMITTING	6.01	27,307	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.03	2	
4.00			0	HOUSEKEEPING	10	1,492	
5.00			0	CENTRAL SERVICES & SUPPLY	15	423,119	
6.00			0	ADULTS & PEDIATRICS	25	496,765	
7.00			0	INTENSIVE CARE UNIT	26	26,627	
8.00			0	NEONATAL INTENSIVE CARE UNIT	30	156,641	
9.00			0	NURSERY	33	140,043	
10.00			0	OPERATING ROOM	37	13,560,196	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	807,100	
12.00			0	ULTRA SOUND	41.01	7,346	
13.00			0	MAGNETIC RESONANCE IMAGING (MR	41.02	14,215	
14.00			0	LABORATORY	44	167,131	
15.00			0	RESPIRATORY THERAPY	49	74,495	
16.00			0	ELECTROENCEPHALOGRAPHY	54	6,553	
17.00			0	DRUGS CHARGED TO PATIENTS	56	8,189	
18.00			0	CLINIC	60	81	
19.00			0	EMERGENCY	61	69,852	
20.00			0	MARKETING	100.01	180	
TOTAL RECLASSIFICATIONS FOR CODE A			15,989,415				15,989,415

RECLASS CODE: B  
 EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	393,927	EMPLOYEE BENEFITS	5	5,104	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.03	1,094	
3.00			0	NURSING ADMINISTRATION	14	35	
4.00			0	ADULTS & PEDIATRICS	25	8,354	
5.00			0	INTENSIVE CARE UNIT	26	151	
6.00			0	NEONATAL INTENSIVE CARE UNIT	30	3,320	
7.00			0	NURSERY	33	25	
8.00			0	OPERATING ROOM	37	183,933	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	26,709	
10.00			0	RADIOLOGY-THERAPEUTIC	42	159,814	
11.00			0	RESPIRATORY THERAPY	49	11	
12.00			0	PHYSICAL THERAPY	50	48	
13.00			0	CLINIC	60	79	
14.00			0	EMERGENCY	61	5,250	
TOTAL RECLASSIFICATIONS FOR CODE B			393,927				393,927

RECLASS CODE: C  
 EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	780,196	OTHER ADMINISTRATIVE AND GENER	6.03	780,196	
TOTAL RECLASSIFICATIONS FOR CODE C			780,196				780,196

RECLASS CODE: D  
 EXPLANATION : CAPITAL INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	64,994	OTHER ADMINISTRATIVE AND GENER	6.03	64,994	
TOTAL RECLASSIFICATIONS FOR CODE D			64,994				64,994

RECLASS CODE: E  
 EXPLANATION : MARKETING EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.01	1,547,250	OTHER ADMINISTRATIVE AND GENER	6.03	1,547,250	
TOTAL RECLASSIFICATIONS FOR CODE E			1,547,250				1,547,250

RECLASS CODE: G  
 EXPLANATION : DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,539,905	NEW CAP REL COSTS-BLDG & FIXT	3	4,539,905	
TOTAL RECLASSIFICATIONS FOR CODE G			4,539,905				4,539,905

RECLASSIFICATIONS

RECLASS CODE: H  
 EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,396,434	INTEREST EXPENSE	88	1,396,434	
TOTAL RECLASSIFICATIONS FOR CODE H			1,396,434				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 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 BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,191,308				34,151	1,157,157	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	51,257,495				394,638	50,862,857	
4 BUILDING IMPROVEMEN	407,654					407,654	
5 FIXED EQUIPMENT	2,323,192	199,719		199,719		2,522,911	
6 MOVABLE EQUIPMENT	36,676,715				295,503	36,381,212	
7 SUBTOTAL	91,856,364	199,719		199,719	724,292	91,331,791	
8 RECONCILING ITEMS	-91,675	-3,637,990		-3,637,990		-3,729,665	
9 TOTAL	91,948,039	3,837,709		3,837,709	724,292	95,061,456	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED GROSS ASSETS LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	51,270,511		51,270,511	.568569				
4	NEW CAP REL COSTS-MV	38,904,123		38,904,123	.431431				
5	TOTAL	90,174,634		90,174,634	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,530,695	1,440,368	1,396,434	64,994	780,196		5,212,687
4	NEW CAP REL COSTS-MV	4,513,904						4,513,904
5	TOTAL	6,044,599	1,440,368	1,396,434	64,994	780,196		9,726,591

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	5,929,114						5,929,114
4	NEW CAP REL COSTS-MV							
5	TOTAL	5,929,114						5,929,114

\* 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

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET A-8  
 I I TO 3/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7	B	-289	OTHER ADMINISTRATIVE AND	6.03	
8					
9	B	-24	OPERATION OF PLANT	8	
10					
11					
12	A-8-2	-1,933,309			
13					
14	A-8-1	755,096			
15					
16	B	-327,033	DIETARY	11	
17					
18					
19					
20	B	-10,903	MEDICAL RECORDS & LIBRARY	17	
21					
22	B	-1,725	DIETARY	11	
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31	3	140,722	NEW CAP REL COSTS-BLDG &	3	9
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		**COST CENTER DELETED**	51	
36	A-8-4		**COST CENTER DELETED**	52	
37	B	-1,120	EMPLOYEE BENEFITS	5	
38	B	-5,174	OTHER ADMINISTRATIVE AND	6.03	
39	B	-61	OPERATION OF PLANT	8	
40	B	-135,232	OTHER ADMINISTRATIVE AND	6.03	
41	A	8,227	OPERATING ROOM	37	
42	A	-17,524	OPERATION OF PLANT	8	
43	A	-14,769	OTHER ADMINISTRATIVE AND	6.03	
44	A	-3,839	EMPLOYEE BENEFITS	5	
45	A	-26,001	NEW CAP REL COSTS-MVBLE E	4	9
46	A	-13,271	OPERATION OF PLANT	8	
47	A	-6,679	OTHER ADMINISTRATIVE AND	6.03	
48	A	-1,023	OTHER ADMINISTRATIVE AND	6.03	
49	A	-44,370	ELECTROENCEPHALOGRAPHY	54	
49.04	A	-65,658	OTHER ADMINISTRATIVE AND	6.03	
49.05	A	-7,964	OTHER ADMINISTRATIVE AND	6.03	
49.06	B	-36,909	EMPLOYEE BENEFITS	5	
49.07	A	-437,506	OTHER ADMINISTRATIVE AND	6.03	
49.08	A	-209,647	OTHER ADMINISTRATIVE AND	6.03	
49.09	A	-2,851	OTHER ADMINISTRATIVE AND	6.03	
49.10	B	-18,946	OTHER ADMINISTRATIVE AND	6.03	
49.11	A	-7,900	OTHER ADMINISTRATIVE AND	6.03	
49.13	A	-2,414	OTHER ADMINISTRATIVE AND	6.03	
49.14	A	-30	OPERATING ROOM	37	
49.15	A	-3	ADULTS & PEDIATRICS	25	
49.16	A	-30	NEONATAL INTENSIVE CARE U	30	
49.17	A	-12,322	OTHER ADMINISTRATIVE AND	6.03	
49.18	A	-817	ADULTS & PEDIATRICS	25	
49.19					
49.20					
49.21					
49.22					
49.23					
49.40					
49.41					
49.42					
49.43					
49.44					
49.45					
49.46					
49.47					
49.48					
49.49					
49.50					
50	TOTAL (SUM OF LINES 1 THRU 49)	-2,441,298			

ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET A-8  
 I I TO 3/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	5
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,441,298			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripsts 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	6 3	OTHER ADMINISTRATIVE AND	CHS-MANAGEMENT FEES	893,396	2,135,863	-1,242,467	
2	6 3	OTHER ADMINISTRATIVE AND	CHS-GENERAL INSURANCE	109,489	109,489		
3	6 3	OTHER ADMINISTRATIVE AND	CHS-MALPRACTICE INSURANCE	372,863	532,661	-159,798	
4	5	EMPLOYEE BENEFITS	CHS-EMPLOYEE BEN/WC	393,697	393,697		
4.01	6 3	OTHER ADMINISTRATIVE AND	THI-IS FEES	131,062	133,058	-1,996	
4.02	88	INTEREST EXPENSE	INTEREST EXPENSE		-958,363	958,363	
4.03	3	NEW CAP REL COSTS-BLDG &	INTEREST EXPENSE	1,440,368		1,440,368	10
4.05	37	OPERATING ROOM	HLS TO DSC	28,608	10,161	18,447	
4.11	15	CENTRAL SERVICES & SUPPLY	HLS EXPENSE		348,507	-348,507	
4.12	9	LAUNDRY & LINEN SERVICE	HLS-LAUNDRY OPERATING COS	320,142		320,142	
4.13	55	MEDICAL SUPPLIES CHARGED	LHI SUPPLIES	566	738	-172	
4.14	37	OPERATING ROOM	LHI SURGERY	215	407	-192	
4.15	44	LABORATORY	LHN LAB ADMINISTRATION	63,363	63,363		
4.16	44	LABORATORY	SJH LAB	84,535	84,535		
4.17	37	OPERATING ROOM	DSC BLDG LEASE SJH	348,795	462,993	-114,198	
4.18	3	NEW CAP REL COSTS-BLDG &	BOC BLDG DEPRECIATION	764		764	9
4.19	6 2	CASHIERING/ACCOUNTS RECEI	CHS 08 355 ALLOCATIONS		165	-165	
4.20	6 3	OTHER ADMINISTRATIVE AND	CHS 08 355 ALLOCATIONS		99,756	-99,756	
4.21	8	OPERATION OF PLANT	CHS 08 355 ALLOCATIONS		5,813	-5,813	
4.22	17	MEDICAL RECORDS & LIBRARY	CHS 08 355 ALLOCATIONS		9,924	-9,924	
4.23							
4.24							
4.25							
4.26							
4.27							
4.28							
4.29							
4.30							
4.31							
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4.40							
4.41							
4.42							
4.43							
4.44							
5		TOTALS		4,187,863	3,432,767	755,096	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	72.03		0.00	
2	D	0.00	HLS, INC	33.00	LAUNDRY
3	B	0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET A-8-2  
 I I TO 3/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	28,500		28,500	171,400	190	15,657	783
2 30	AGGREGATE	73,734	57,996	15,738	171,400	105	8,652	433
3 37	AGGREGATE	6,375		6,375	204,100	43	4,219	211
4 44	AGGREGATE	35,254		35,254	219,500	336	35,458	1,773
5 54	AGGREGATE	11,250		11,250	171,400	75	6,180	309
6 6 3	AGGREGATE	1,868,785	1,719,772	149,013	171,400	993	81,827	4,091
7 61	AGGREGATE	61,200	61,200					
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101	TOTAL	2,085,098	1,838,968	246,130		1,742	151,993	7,600

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET A-8-2  
 I I TO 3/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE					15,657	12,843	12,843
2 30	AGGREGATE					8,652	7,086	65,082
3 37	AGGREGATE					4,219	2,156	2,156
4 44	AGGREGATE					35,458		
5 54	AGGREGATE					6,180	5,070	5,070
6 6 3	AGGREGATE					81,827	67,186	1,786,958
7 61	AGGREGATE							61,200
8								
9								
10								
11								
12								
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24								
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26								
27								
28								
29								
30								
101	TOTAL					151,993	94,341	1,933,309

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6.01	ADMITTING	6	PATIENT	REVENUES	ENTERED
6.02	CASHIERING/ACCOUNTS RECEIVABLE	6	PATIENT	REVENUES	ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	12	MEALS	SERVED	ENTERED
12	CAFETERIA	13	FTES		ENTERED
14	NURSING ADMINISTRATION	15	NURSING	FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	PATIENT	REVENUES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	ADMITTING 6.01	CASHIERING/AC COUNTS RECEI 6.02	SUBTOTAL 6a.02
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &	5,212,687	5,212,687					
004	NEW CAP REL COSTS-MVBLE E	4,513,904		4,513,904				
005	EMPLOYEE BENEFITS	4,752,489	15,151	13,120	4,780,760			
006	01 ADMITTING	1,764,388			272,032	2,036,420		
006	02 CASHIERING/ACCOUNTS RECEI	1,623,928			85,997		1,709,925	
006	03 OTHER ADMINISTRATIVE AND	9,666,780	112,002	96,987	407,325			10,283,094
008	OPERATION OF PLANT	3,431,297	976,794	845,850	115,059			5,369,000
009	LAUNDRY & LINEN SERVICE	320,142						320,142
010	HOUSEKEEPING	826,840	20,885	18,086	96,848			962,659
011	DIETARY	1,764,118	150,169	130,038	178,195			2,222,520
012	CAFETERIA							
014	NURSING ADMINISTRATION	543,162			93,040			636,202
015	CENTRAL SERVICES & SUPPLY	335,784	55,659	48,198	63,021			502,662
017	MEDICAL RECORDS & LIBRARY	867,031	19,623	16,992	77,806			981,452
INPUT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	6,620,667	1,244,881	1,078,000	1,033,576	159,112	133,603	10,269,839
026	INTENSIVE CARE UNIT	645,507	180,655	156,437	119,684	9,055	7,603	1,118,941
027	CORONARY CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	1,917,129	86,908	75,258	258,299	63,967	53,712	2,455,273
033	NURSERY	485,986	28,329	24,532	123,456	30,476	25,590	718,369
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	5,593,695	1,197,746	1,037,183	761,920	583,933	490,302	9,664,779
041	RADIOLOGY-DIAGNOSTIC	2,015,426	309,386	267,911	230,122	223,767	187,892	3,234,504
041	01 ULTRA SOUND	416,883	9,469	8,200	82,819	45,678	38,355	601,404
041	02 MAGNETIC RESONANCE IMAGIN	177,091	45,348	39,269	17,966	46,118	38,724	364,516
042	RADIOLOGY-THERAPEUTIC	253,928	13,152	11,389	16,734	12,662	10,632	318,497
043	RADIOISOTOPE							
044	LABORATORY	2,233,672	51,819	44,872	166,814	135,558	113,825	2,746,560
049	RESPIRATORY THERAPY	1,085,861	14,467	12,528	142,488	21,964	18,443	1,295,751
050	PHYSICAL THERAPY	191,235	15,730	13,621	31,228	6,500	5,458	263,772
053	ELECTROCARDIOLOGY	27,920			3,646	8,816	7,403	47,785
054	ELECTROENCEPHALOGRAPHY	226,731				4,993	4,193	235,917
055	MEDICAL SUPPLIES CHARGED	15,988,595				381,977	320,737	16,691,309
056	DRUGS CHARGED TO PATIENTS	3,665,769	31,275	27,083	135,877	181,452	152,361	4,193,817
057	RENAL DIALYSIS	4,715				78	66	4,859
OUTPAT SERVICE COST CNTRS								
060	CLINIC	47,163				2,643	2,220	52,026
061	EMERGENCY	1,596,369	207,274	179,488	240,728	117,671	98,806	2,440,336
062	OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	78,816,892	4,786,722	4,145,042	4,754,680	2,036,420	1,709,925	77,995,985
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	117,722	14,862	12,869	1,888			147,341
100	PHYSICIAN RELATIONS	152,055			1,869			153,924
100	01 MARKETING	1,641,872	411,103	355,993	22,323			2,431,291
100	02 WOMENS RESOURCE CENTER							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	80,728,541	5,212,687	4,513,904	4,780,760	2,036,420	1,709,925	80,728,541

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET B  
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	6.03	8	9	10	11	12	14
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND	10,283,094						
008 OPERATION OF PLANT	783,724	6,152,724					
009 LAUNDRY & LINEN SERVICE	46,732		366,874				
010 HOUSEKEEPING	140,521	31,275		1,134,455			
011 DIETARY	324,426	224,873		41,675	2,813,494		
012 CAFETERIA					1,709,119	1,709,119	
014 NURSING ADMINISTRATION	92,868					26,074	755,144
015 CENTRAL SERVICES & SUPPLY	73,375	83,348		15,446		44,589	
017 MEDICAL RECORDS & LIBRARY	143,265	29,384		5,446		48,296	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,499,109	1,864,176	193,110	345,478	535,949	469,673	311,300
026 INTENSIVE CARE UNIT	163,334	270,526	14,219	50,135	262,832	38,806	25,721
027 CORONARY CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	358,401	130,142	4,874	24,119	57,046	128,257	85,009
033 NURSERY	104,862	42,422	6,532	7,862	76,465	34,645	22,963
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,410,787	1,793,591	67,681	332,396		361,803	239,804
041 RADIOLOGY-DIAGNOSTIC	472,147	463,297	35,261	85,860		111,670	
041 01 ULTRA SOUND	87,788	14,180		2,628		8,588	
041 02 MAGNETIC RESONANCE IMAGIN	53,209	67,907		12,585		7,973	
042 RADIOLOGY-THERAPEUTIC	46,492	19,695		3,650		82,409	
043 RADIOISOTOPE							
044 LABORATORY	400,921	77,597		14,381		82,409	
049 RESPIRATORY THERAPY	189,143	21,664		4,015		59,246	
050 PHYSICAL THERAPY	38,503	23,555		4,365		12,207	
053 ELECTROCARDIOLOGY	6,975					776	
054 ELECTROENCEPHALOGRAPHY	34,437		168			17,327	
055 MEDICAL SUPPLIES CHARGED	2,436,494						
056 DRUGS CHARGED TO PATIENTS	612,180	46,834		8,679		46,817	
057 RENAL DIALYSIS	709						
OUTPAT SERVICE COST CNTRS							
060 CLINIC	7,594					3,173	
061 EMERGENCY	356,221	310,388	45,029	57,522		106,135	70,347
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,884,217	5,514,854	366,874	1,016,242	2,641,411	1,690,873	755,144
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	21,508	22,255		4,124	172,083	2,655	
100 PHYSICIAN RELATIONS	22,469					1,128	
100 01 MARKETING	354,900	615,615		114,089		14,463	
100 02 WOMENS RESOURCE CENTER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,283,094	6,152,724	366,874	1,134,455	2,813,494	1,709,119	755,144

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET B  
 I I TO 3/31/2008 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	15	17		25	26	27
GENERAL SERVICE COST CNTR						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 ADMITTING						
006 02 CASHIERING/ACCOUNTS RECEI						
006 03 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	719,420					
017 MEDICAL RECORDS & LIBRARY		374	1,208,217			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	8,855	94,411		15,591,900		15,591,900
026 INTENSIVE CARE UNIT	346	5,373		1,950,233		1,950,233
027 CORONARY CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
030 NEONATAL INTENSIVE CARE U	1,094	37,956		3,282,171		3,282,171
033 NURSERY	59	18,083		1,032,262		1,032,262
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	1,668	346,365		14,218,874		14,218,874
041 RADIOLOGY-DIAGNOSTIC	3,234	132,775		4,538,748		4,538,748
041 01 ULTRA SOUND		27	27,104	741,719		741,719
041 02 MAGNETIC RESONANCE IMAGIN	2,034	27,365		535,589		535,589
042 RADIOLOGY-THERAPEUTIC	5,087	7,513		483,343		483,343
043 RADIOISOTOPE						
044 LABORATORY	27,803	80,435		3,430,106		3,430,106
049 RESPIRATORY THERAPY	6,293	13,033		1,589,145		1,589,145
050 PHYSICAL THERAPY	4	3,857		346,263		346,263
053 ELECTROCARDIOLOGY		5,231		60,767		60,767
054 ELECTROENCEPHALOGRAPHY	712	2,963		291,524		291,524
055 MEDICAL SUPPLIES CHARGED	650,321	226,650		20,004,774		20,004,774
056 DRUGS CHARGED TO PATIENTS	4,797	107,667		5,020,791		5,020,791
057 RENAL DIALYSIS		46		5,614		5,614
OUTPAT SERVICE COST CNTRS						
060 CLINIC	55	1,568		64,416		64,416
061 EMERGENCY	2,030	69,822		3,457,830		3,457,830
062 OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	714,793	1,208,217		76,646,069		76,646,069
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP	3,967			373,933		373,933
100 PHYSICIAN RELATIONS	411			177,932		177,932
100 01 MARKETING	249			3,530,607		3,530,607
100 02 WOMENS RESOURCE CENTER						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	719,420	1,208,217		80,728,541		80,728,541

ALLOCATION OF NEW CAPITAL RELATED COSTS

	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 BENE ADMITTING FITS 5	6.01	CASHIERING/AC COUNTS RECEI 6.02
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	419	15,151	13,120	28,690	28,690		
006	01 ADMITTING					1,633	1,633	
006	02 CASHIERING/ACCOUNTS RECEI					516		516
006	03 OTHER ADMINISTRATIVE AND	288,843	112,002	96,987	497,832	2,445		
008	OPERATION OF PLANT	15,781	976,794	845,850	1,838,425	691		
009	LAUNDRY & LINEN SERVICE	17,547			17,547			
010	HOUSEKEEPING	1,494	20,885	18,086	40,465	581		
011	DIETARY	3,554	150,169	130,038	283,761	1,069		
012	CAFETERIA							
014	NURSING ADMINISTRATION					558		
015	CENTRAL SERVICES & SUPPLY	264,764	55,659	48,198	368,621	378		
017	MEDICAL RECORDS & LIBRARY	2,288	19,623	16,992	38,903	467		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		1,244,881	1,078,000	2,322,881	6,203	122	41
026	INTENSIVE CARE UNIT		180,655	156,437	337,092	718	7	2
027	CORONARY CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U		86,908	75,258	162,166	1,550	49	16
033	NURSERY		28,329	24,532	52,861	741	23	8
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	658,980	1,197,746	1,037,183	2,893,909	4,573	517	143
041	RADIOLOGY-DIAGNOSTIC	340,625	309,386	267,911	917,922	1,381	172	57
041	01 ULTRA SOUND		9,469	8,200	17,669	497	35	12
041	02 MAGNETIC RESONANCE IMAGIN		45,348	39,269	84,617	108	35	12
042	RADIOLOGY-THERAPEUTIC		13,152	11,389	24,541	100	10	3
043	RADIOISOTOPE							
044	LABORATORY	86,484	51,819	44,872	183,175	1,001	104	35
049	RESPIRATORY THERAPY	364	14,467	12,528	27,359	855	17	6
050	PHYSICAL THERAPY		15,730	13,621	29,351	187	5	2
053	ELECTROCARDIOLOGY					22	7	2
054	ELECTROENCEPHALOGRAPHY	45,406			45,406		4	1
055	MEDICAL SUPPLIES CHARGED						294	98
056	DRUGS CHARGED TO PATIENTS	209	31,275	27,083	58,567	815	140	47
057	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC						2	1
061	EMERGENCY		207,274	179,488	386,762	1,445	90	30
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,726,758	4,786,722	4,145,042	10,658,522	28,534	1,633	516
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		14,862	12,869	27,731	11		
100	PHYSICIAN RELATIONS					11		
100	01 MARKETING		411,103	355,993	767,096	134		
100	02 WOMENS RESOURCE CENTER							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,726,758	5,212,687	4,513,904	11,453,349	28,690	1,633	516

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		6.03	8	9	10	11	12	14
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 CASHIERING/ACCOUNTS RECEI							
006	03 OTHER ADMINISTRATIVE AND	500,277						
008	OPERATION OF PLANT	38,131	1,877,247					
009	LAUNDRY & LINEN SERVICE	2,274		19,821				
010	HOUSEKEEPING	6,837	9,542		57,425			
011	DIETARY	15,784	68,611		2,110	371,335		
012	CAFETERIA					225,576	225,576	
014	NURSING ADMINISTRATION	4,518					3,441	8,517
015	CENTRAL SERVICES & SUPPLY	3,570	25,430		782		5,885	
017	MEDICAL RECORDS & LIBRARY	6,970	8,965		276		6,374	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	72,936	568,778	10,433	17,486	70,736	61,989	3,511
026	INTENSIVE CARE UNIT	7,947	82,540	768	2,538	34,690	5,122	290
027	CORONARY CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	17,437	39,707	263	1,221	7,529	16,928	959
033	NURSERY	5,102	12,943	353	398	10,092	4,573	259
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	68,639	547,239	3,657	16,826		47,752	2,705
041	RADIOLOGY-DIAGNOSTIC	22,971	141,356	1,905	4,346		14,739	
041	01 ULTRA SOUND	4,271	4,326		133		1,133	
041	02 MAGNETIC RESONANCE IMAGIN	2,589	20,719		637		1,052	
042	RADIOLOGY-THERAPEUTIC	2,262	6,009		185		10,877	
043	RADIOISOTOPE							
044	LABORATORY	19,506	23,675		728		10,877	
049	RESPIRATORY THERAPY	9,202	6,610		203		7,820	
050	PHYSICAL THERAPY	1,873	7,187		221		1,611	
053	ELECTROCARDIOLOGY	339					102	
054	ELECTROENCEPHALOGRAPHY	1,675		9			2,287	
055	MEDICAL SUPPLIES CHARGED	118,519						
056	DRUGS CHARGED TO PATIENTS	29,784	14,289		439		6,179	
057	RENAL DIALYSIS	35						
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	369					419	
061	EMERGENCY	17,331	94,702	2,433	2,912		14,008	793
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	480,871	1,682,628	19,821	51,441	348,623	223,168	8,517
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	1,046	6,790		209	22,712	350	
100	PHYSICIAN RELATIONS	1,093					149	
100	01 MARKETING	17,267	187,829		5,775		1,909	
100	02 WOMENS RESOURCE CENTER							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	500,277	1,877,247	19,821	57,425	371,335	225,576	8,517

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET B  
 I I TO 3/31/2008 I PART III

COST CENTER DESCRIPTION	CENTRAL SERVI MEDICAL RECOR		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15 CES & SUPPLY	17 DS & LIBRARY			
GENERAL SERVICE COST CNTR			25	26	27
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 ADMITTING					
006 02 CASHIERING/ACCOUNTS RECEI					
006 03 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	404,666				
017 MEDICAL RECORDS & LIBRARY	210	62,165			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	4,981	4,853	3,144,950		3,144,950
026 INTENSIVE CARE UNIT	195	276	472,185		472,185
027 CORONARY CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
030 NEONATAL INTENSIVE CARE U	615	1,951	250,391		250,391
033 NURSERY	33	930	88,316		88,316
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	938	17,863	3,604,761		3,604,761
041 RADIOLOGY-DIAGNOSTIC	1,819	6,825	1,113,493		1,113,493
041 01 ULTRA SOUND	15	1,393	29,484		29,484
041 02 MAGNETIC RESONANCE IMAGIN	1,144	1,407	112,320		112,320
042 RADIOLOGY-THERAPEUTIC	2,861	386	47,234		47,234
043 RADIOISOTOPE					
044 LABORATORY	15,639	4,135	258,875		258,875
049 RESPIRATORY THERAPY	3,540	670	56,282		56,282
050 PHYSICAL THERAPY	2	198	40,637		40,637
053 ELECTROCARDIOLOGY		269	741		741
054 ELECTROENCEPHALOGRAPHY	400	152	49,934		49,934
055 MEDICAL SUPPLIES CHARGED	365,801	11,651	496,363		496,363
056 DRUGS CHARGED TO PATIENTS	2,698	5,534	118,492		118,492
057 RENAL DIALYSIS		2	37		37
OUTPAT SERVICE COST CNTRS					
060 CLINIC	31	81	903		903
061 EMERGENCY	1,142	3,589	525,237		525,237
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	402,064	62,165	10,410,635		10,410,635
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP	2,231		61,080		61,080
100 PHYSICIAN RELATIONS	231		1,484		1,484
100 01 MARKETING	140		980,150		980,150
100 02 WOMENS RESOURCE CENTER					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	404,666	62,165	11,453,349		11,453,349

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET B-1  
 I I TO 3/31/2008 I

COST CENTER DESCRIPTION	NEW CAP REL OSTS-BLDG & (SQUARE FEET	C NEW CAP REL OSTS-MVBLE (SQUARE )FEET	C EMPLOYEE BENE FITS (GROSS )SALARIES	ADMITTING (PATIENT )REVENUES	CASHIERING/AC (PATIENT )REVENUES	RECONCILIATION
	3	4	5	6.01	6.02	6a.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	198,172					
005 NEW CAP REL COSTS-MVB		198,172				
006 EMPLOYEE BENEFITS	576	576	24,628,827			
006 01 ADMITTING			1,401,420	260,978,422		
006 02 CASHIERING/ACCOUNTS R			443,030		260,978,422	
006 03 OTHER ADMINISTRATIVE	4,258	4,258	2,098,403			
008 OPERATION OF PLANT	37,135	37,135	592,748			-10,283,094
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	794	794	498,928			
011 DIETARY	5,709	5,709	918,001			
012 CAFETERIA						
014 NURSING ADMINISTRATIO			479,310			
015 CENTRAL SERVICES & SU	2,116	2,116	324,664			
017 MEDICAL RECORDS & LIB	746	746	400,833			
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	47,327	47,327	5,324,578	20,391,115	20,391,115	
027 INTENSIVE CARE UNIT	6,868	6,868	616,572	1,160,438	1,160,438	
029 CORONARY CARE UNIT						
030 SURGICAL INTENSIVE CA						
033 NEONATAL INTENSIVE CA	3,304	3,304	1,330,670	8,197,783	8,197,783	
037 NURSERY	1,077	1,077	636,002	3,905,706	3,905,706	
041 ANCILLARY SRVC COST C						
041 OPERATING ROOM	45,535	45,535	3,925,155	74,833,571	74,833,571	
041 RADIOLOGY-DIAGNOSTIC	11,762	11,762	1,185,514	28,676,998	28,676,998	
041 01 ULTRA SOUND	360	360	426,656	5,853,932	5,853,932	
041 02 MAGNETIC RESONANCE IM	1,724	1,724	92,557	5,910,288	5,910,288	
042 RADIOLOGY-THERAPEUTIC	500	500	86,209	1,622,663	1,622,663	
043 RADIOISOTOPE						
044 LABORATORY	1,970	1,970	859,371	17,372,554	17,372,554	
049 RESPIRATORY THERAPY	550	550	734,050	2,814,828	2,814,828	
050 PHYSICAL THERAPY	598	598	160,876	833,010	833,010	
053 ELECTROCARDIOLOGY			18,781	1,129,882	1,129,882	
054 ELECTROENCEPHALOGRAPH				639,900	639,900	
055 MEDICAL SUPPLIES CHAR				48,952,545	48,952,545	
056 DRUGS CHARGED TO PATI	1,189	1,189	699,993	23,254,151	23,254,151	
057 RENAL DIALYSIS				10,010	10,010	
060 OUTPAT SERVICE COST C						
061 CLINIC				338,765	338,765	
062 EMERGENCY	7,880	7,880	1,240,151	15,080,283	15,080,283	
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN SUBTOTALS	181,978	181,978	24,494,472	260,978,422	260,978,422	-10,283,094
096 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	565	565	9,726			
100 PHYSICIAN RELATIONS			9,628			
100 01 MARKETING	15,629	15,629	115,001			
100 02 WOMENS RESOURCE CENTE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,212,687	4,513,904	4,780,760	2,036,420	1,709,925	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	26.303852	22.777708	.194112	.007803	.006552	
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)			28,690	1,633	516	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.001165	.000006	.000002	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN
	TRATIVE AND	PLANT	EN SERVICE				ISTRATION
	( ACCUM.	(SQUARE	(POUNDS OF	(SQUARE	(MEALS	(FTES	(NURSING
	COST	)FEET	)LAUNDRY	)FEET	)SERVED	)	)FTES
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS R							
006 03 OTHER ADMINISTRATIVE	70,445,447						
008 OPERATION OF PLANT	5,369,000	156,203					
009 LAUNDRY & LINEN SERVI	320,142		593,709				
010 HOUSEKEEPING	962,659	794		155,409			
011 DIETARY	2,222,520	5,709		5,709	190,669		
012 CAFETERIA					115,826	828,477	
014 NURSING ADMINISTRATIO	636,202					12,639	552,272
015 CENTRAL SERVICES & SU	502,662	2,116		2,116		21,614	
017 MEDICAL RECORDS & LIB	981,452	746		746		23,411	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	10,269,839	47,327	312,509	47,327	36,321	227,668	227,668
026 INTENSIVE CARE UNIT	1,118,941	6,868	23,011	6,868	17,812	18,811	18,811
027 CORONARY CARE UNIT							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA	2,455,273	3,304	7,887	3,304	3,866	62,171	62,171
033 NURSERY	718,369	1,077	10,570	1,077	5,182	16,794	16,794
ANCILLARY SRVC COST C							
037 OPERATING ROOM	9,664,779	45,535	109,528	45,535		175,380	175,380
041 RADIOLOGY-DIAGNOSTIC	3,234,504	11,762	57,062	11,762		54,131	
041 01 ULTRA SOUND	601,404	360		360		4,163	
041 02 MAGNETIC RESONANCE IM	364,516	1,724		1,724		3,865	
042 RADIOLOGY-THERAPEUTIC	318,497	500		500		39,947	
043 RADIOISOTOPE							
044 LABORATORY	2,746,560	1,970		1,970		39,947	
049 RESPIRATORY THERAPY	1,295,751	550		550		28,719	
050 PHYSICAL THERAPY	263,772	598		598		5,917	
053 ELECTROCARDIOLOGY	47,785					376	
054 ELECTROENCEPHALOGRAPH	235,917		272			8,399	
055 MEDICAL SUPPLIES CHAR	16,691,309						
056 DRUGS CHARGED TO PATI	4,193,817	1,189		1,189		22,694	
057 RENAL DIALYSIS	4,859						
OUTPAT SERVICE COST C							
060 CLINIC	52,026					1,538	
061 EMERGENCY	2,440,336	7,880	72,870	7,880		51,448	51,448
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	67,712,891	140,009	593,709	139,215	179,007	819,632	552,272
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	147,341	565		565	11,662	1,287	
100 PHYSICIAN RELATIONS	153,924					547	
100 01 MARKETING	2,431,291	15,629		15,629		7,011	
100 02 WOMENS RESOURCE CENTE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,283,094	6,152,724	366,874	1,134,455	2,813,494	1,709,119	755,144
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		39.389282		7.299802	14.755907	2.062965	1.367341
(WRKSHT B, PT I)	.145972		.617936				
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	500,277	1,877,247	19,821	57,425	371,335	225,576	8,517
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		12.017996		.369509	1.947537	.272278	.015422
(WRKSHT B, PT III)	.007102		.033385				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVI MEDICAL RECOR CES & SUPPLY DS & LIBRARY	
	(COSTED REQUIS.	(PATIENT )REVENUES )
	15	17
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 ADMITTING		
006 02 CASHIERING/ACCOUNTS R		
006 03 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU	17,687,629	
017 MEDICAL RECORDS & LIB	9,192	260,978,422
025 INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	217,707	20,391,115
026 INTENSIVE CARE UNIT	8,510	1,160,438
027 CORONARY CARE UNIT		
029 SURGICAL INTENSIVE CA		
030 NEONATAL INTENSIVE CA	26,895	8,197,783
033 NURSERY	1,440	3,905,706
ANCILLARY SRVC COST C		
037 OPERATING ROOM	41,016	74,833,571
041 RADIOLOGY-DIAGNOSTIC	79,513	28,676,998
041 01 ULTRA SOUND	663	5,853,932
041 02 MAGNETIC RESONANCE IM	50,011	5,910,288
042 RADIOLOGY-THERAPEUTIC	125,062	1,622,663
043 RADIOISOTOPE		
044 LABORATORY	683,567	17,372,554
049 RESPIRATORY THERAPY	154,724	2,814,828
050 PHYSICAL THERAPY	100	833,010
053 ELECTROCARDIOLOGY	1	1,129,882
054 ELECTROENCEPHALOGRAPH	17,493	639,900
055 MEDICAL SUPPLIES CHAR	15,988,768	48,952,545
056 DRUGS CHARGED TO PATI	117,933	23,254,151
057 RENAL DIALYSIS		10,010
OUTPAT SERVICE COST C		
060 CLINIC	1,359	338,765
061 EMERGENCY	49,911	15,080,283
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	17,573,865	260,978,422
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE	97,539	
100 PHYSICIAN RELATIONS	10,102	
100 01 MARKETING	6,123	
100 02 WOMENS RESOURCE CENTE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	719,420	1,208,217
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		.004630
(WRKSHT B, PT I)	.040674	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	404,666	62,165
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		.000238
(WRKSHT B, PT III)	.022878	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET C  
 I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,591,900		15,591,900	12,843	15,604,743
26	INTENSIVE CARE UNIT	1,950,233		1,950,233		1,950,233
27	CORONARY CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	3,282,171		3,282,171	7,086	3,289,257
33	NURSERY	1,032,262		1,032,262		1,032,262
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	14,218,874		14,218,874	2,156	14,221,030
41	RADIOLOGY-DIAGNOSTIC	4,538,748		4,538,748		4,538,748
41 01	ULTRA SOUND	741,719		741,719		741,719
41 02	MAGNETIC RESONANCE IMAGIN	535,589		535,589		535,589
42	RADIOLOGY-THERAPEUTIC	483,343		483,343		483,343
43	RADIOISOTOPE					
44	LABORATORY	3,430,106		3,430,106		3,430,106
49	RESPIRATORY THERAPY	1,589,145		1,589,145		1,589,145
50	PHYSICAL THERAPY	346,263		346,263		346,263
53	ELECTROCARDIOLOGY	60,767		60,767		60,767
54	ELECTROENCEPHALOGRAPHY	291,524		291,524	5,070	296,594
55	MEDICAL SUPPLIES CHARGED	20,004,774		20,004,774		20,004,774
56	DRUGS CHARGED TO PATIENTS	5,020,791		5,020,791		5,020,791
57	RENAL DIALYSIS	5,614		5,614		5,614
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	64,416		64,416		64,416
61	EMERGENCY	3,457,830		3,457,830		3,457,830
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,085,381		1,085,381		1,085,381
101	SUBTOTAL	77,731,450		77,731,450	27,155	77,758,605
102	LESS OBSERVATION BEDS	1,085,381		1,085,381		1,085,381
103	TOTAL	76,646,069		76,646,069	27,155	76,673,224

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET C  
 I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,427,611		19,427,611			
26	INTENSIVE CARE UNIT	1,160,438		1,160,438			
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,197,783		8,197,783			
33	NURSERY	3,905,706		3,905,706			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,386,619	51,446,942	74,833,561	.190007	.190007	.190035
41	RADIOLOGY-DIAGNOSTIC	4,642,835	24,034,163	28,676,998	.158271	.158271	.158271
41 01	ULTRA SOUND	1,467,229	4,386,704	5,853,933	.126704	.126704	.126704
41 02	MAGNETIC RESONANCE IMAGIN	528,285	5,382,003	5,910,288	.090620	.090620	.090620
42	RADIOLOGY-THERAPEUTIC	287,567	1,335,096	1,622,663	.297870	.297870	.297870
43	RADIOISOTOPE						
44	LABORATORY	7,446,587	9,925,967	17,372,554	.197444	.197444	.197444
49	RESPIRATORY THERAPY	2,369,847	444,981	2,814,828	.564562	.564562	.564562
50	PHYSICAL THERAPY	783,817	49,193	833,010	.415677	.415677	.415677
53	ELECTROCARDIOLOGY	276,929	852,954	1,129,883	.053782	.053782	.053782
54	ELECTROENCEPHALOGRAPHY		639,900	639,900	.455577	.455577	.463501
55	MEDICAL SUPPLIES CHARGED	29,679,906	19,272,639	48,952,545	.408656	.408656	.408656
56	DRUGS CHARGED TO PATIENTS	14,173,216	9,080,935	23,254,151	.215909	.215909	.215909
57	RENAL DIALYSIS	10,010		10,010	.560839	.560839	.560839
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,926	334,840	338,766	.190149	.190149	.190149
61	EMERGENCY	2,086,694	12,993,589	15,080,283	.229295	.229295	.229295
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	110,227	853,282	963,509	1.126488	1.126488	1.126488
101	SUBTOTAL	119,945,232	141,033,188	260,978,420			
102	LESS OBSERVATION BEDS						
103	TOTAL	119,945,232	141,033,188	260,978,420			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,591,900		15,591,900	12,843	15,604,743
26	INTENSIVE CARE UNIT	1,950,233		1,950,233		1,950,233
27	CORONARY CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	3,282,171		3,282,171	7,086	3,289,257
33	NURSERY	1,032,262		1,032,262		1,032,262
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	14,218,874		14,218,874	2,156	14,221,030
41	RADIOLOGY-DIAGNOSTIC	4,538,748		4,538,748		4,538,748
41 01	ULTRA SOUND	741,719		741,719		741,719
41 02	MAGNETIC RESONANCE IMAGIN	535,589		535,589		535,589
42	RADIOLOGY-THERAPEUTIC	483,343		483,343		483,343
43	RADIOISOTOPE					
44	LABORATORY	3,430,106		3,430,106		3,430,106
49	RESPIRATORY THERAPY	1,589,145		1,589,145		1,589,145
50	PHYSICAL THERAPY	346,263		346,263		346,263
53	ELECTROCARDIOLOGY	60,767		60,767		60,767
54	ELECTROENCEPHALOGRAPHY	291,524		291,524	5,070	296,594
55	MEDICAL SUPPLIES CHARGED	20,004,774		20,004,774		20,004,774
56	DRUGS CHARGED TO PATIENTS	5,020,791		5,020,791		5,020,791
57	RENAL DIALYSIS	5,614		5,614		5,614
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	64,416		64,416		64,416
61	EMERGENCY	3,457,830		3,457,830		3,457,830
62	OBSERVATION BEDS (NON-DIS	1,085,381		1,085,381		1,085,381
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	77,731,450		77,731,450	27,155	77,758,605
102	LESS OBSERVATION BEDS	1,085,381		1,085,381		1,085,381
103	TOTAL	76,646,069		76,646,069	27,155	76,673,224

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
I 15-0150 I FROM 4/ 1/2007 I WORKSHEET C  
I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,427,611		19,427,611			
26	INTENSIVE CARE UNIT	1,160,438		1,160,438			
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,197,783		8,197,783			
33	NURSERY	3,905,706		3,905,706			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,386,619	51,446,942	74,833,561	.190007	.190007	.190035
41	RADIOLOGY-DIAGNOSTIC	4,642,835	24,034,163	28,676,998	.158271	.158271	.158271
41 01	ULTRA SOUND	1,467,229	4,386,704	5,853,933	.126704	.126704	.126704
41 02	MAGNETIC RESONANCE IMAGIN	528,285	5,382,003	5,910,288	.090620	.090620	.090620
42	RADIOLOGY-THERAPEUTIC	287,567	1,335,096	1,622,663	.297870	.297870	.297870
43	RADIOISOTOPE						
44	LABORATORY	7,446,587	9,925,967	17,372,554	.197444	.197444	.197444
49	RESPIRATORY THERAPY	2,369,847	444,981	2,814,828	.564562	.564562	.564562
50	PHYSICAL THERAPY	783,817	49,193	833,010	.415677	.415677	.415677
53	ELECTROCARDIOLOGY	276,929	852,954	1,129,883	.053782	.053782	.053782
54	ELECTROENCEPHALOGRAPHY		639,900	639,900	.455577	.455577	.463501
55	MEDICAL SUPPLIES CHARGED	29,679,906	19,272,639	48,952,545	.408656	.408656	.408656
56	DRUGS CHARGED TO PATIENTS	14,173,216	9,080,935	23,254,151	.215909	.215909	.215909
57	RENAL DIALYSIS	10,010		10,010	.560839	.560839	.560839
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,926	334,840	338,766	.190149	.190149	.190149
61	EMERGENCY	2,086,694	12,993,589	15,080,283	.229295	.229295	.229295
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	110,227	853,282	963,509	1.126488	1.126488	1.126488
101	SUBTOTAL	119,945,232	141,033,188	260,978,420			
102	LESS OBSERVATION BEDS						
103	TOTAL	119,945,232	141,033,188	260,978,420			

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	14,218,874	3,604,761	10,614,113			14,218,874
41	RADIOLOGY-DIAGNOSTIC	4,538,748	1,113,493	3,425,255			4,538,748
41 01	ULTRA SOUND	741,719	29,484	712,235			741,719
41 02	MAGNETIC RESONANCE IMAGIN	535,589	112,320	423,269			535,589
42	RADIOLOGY-THERAPEUTIC	483,343	47,234	436,109			483,343
43	RADIOISOTOPE						
44	LABORATORY	3,430,106	258,875	3,171,231			3,430,106
49	RESPIRATORY THERAPY	1,589,145	56,282	1,532,863			1,589,145
50	PHYSICAL THERAPY	346,263	40,637	305,626			346,263
53	ELECTROCARDIOLOGY	60,767	741	60,026			60,767
54	ELECTROENCEPHALOGRAPHY	291,524	49,934	241,590			291,524
55	MEDICAL SUPPLIES CHARGED	20,004,774	496,363	19,508,411			20,004,774
56	DRUGS CHARGED TO PATIENTS	5,020,791	118,492	4,902,299			5,020,791
57	RENAL DIALYSIS	5,614	37	5,577			5,614
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	64,416	903	63,513			64,416
61	EMERGENCY	3,457,830	525,237	2,932,593			3,457,830
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,085,381	218,746	866,635			1,085,381
101	SUBTOTAL	55,874,884	6,673,539	49,201,345			55,874,884
102	LESS OBSERVATION BEDS	1,085,381	218,746	866,635			1,085,381
103	TOTAL	54,789,503	6,454,793	48,334,710			54,789,503

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	74,833,561	.190007	.190007
41	RADIOLOGY-DIAGNOSTIC	28,676,998	.158271	.158271
41 01	ULTRA SOUND	5,853,933	.126704	.126704
41 02	MAGNETIC RESONANCE IMAGIN	5,910,288	.090620	.090620
42	RADIOLOGY-THERAPEUTIC	1,622,663	.297870	.297870
43	RADIOISOTOPE			
44	LABORATORY	17,372,554	.197444	.197444
49	RESPIRATORY THERAPY	2,814,828	.564562	.564562
50	PHYSICAL THERAPY	833,010	.415677	.415677
53	ELECTROCARDIOLOGY	1,129,883	.053782	.053782
54	ELECTROENCEPHALOGRAPHY	639,900	.455577	.455577
55	MEDICAL SUPPLIES CHARGED	48,952,545	.408656	.408656
56	DRUGS CHARGED TO PATIENTS	23,254,151	.215909	.215909
57	RENAL DIALYSIS	10,010	.560839	.560839
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	338,766	.190149	.190149
61	EMERGENCY	15,080,283	.229295	.229295
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	963,509	1.126488	1.126488
101	SUBTOTAL	228,286,882		
102	LESS OBSERVATION BEDS	963,509		
103	TOTAL	227,323,373		

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	14,218,874	3,604,761	10,614,113	360,476	615,619	13,242,779
41	RADIOLOGY-DIAGNOSTIC	4,538,748	1,113,493	3,425,255	111,349	198,665	4,228,734
41 01	ULTRA SOUND	741,719	29,484	712,235	2,948	41,310	697,461
41 02	MAGNETIC RESONANCE IMAGIN	535,589	112,320	423,269	11,232	24,550	499,807
42	RADIOLOGY-THERAPEUTIC	483,343	47,234	436,109	4,723	25,294	453,326
43	RADIOISOTOPE						
44	LABORATORY	3,430,106	258,875	3,171,231	25,888	183,931	3,220,287
49	RESPIRATORY THERAPY	1,589,145	56,282	1,532,863	5,628	88,906	1,494,611
50	PHYSICAL THERAPY	346,263	40,637	305,626	4,064	17,726	324,473
53	ELECTROCARDIOLOGY	60,767	741	60,026	74	3,482	57,211
54	ELECTROENCEPHALOGRAPHY	291,524	49,934	241,590	4,993	14,012	272,519
55	MEDICAL SUPPLIES CHARGED	20,004,774	496,363	19,508,411	49,636	1,131,488	18,823,650
56	DRUGS CHARGED TO PATIENTS	5,020,791	118,492	4,902,299	11,849	284,333	4,724,609
57	RENAL DIALYSIS	5,614	37	5,577	4	323	5,287
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	64,416	903	63,513	90	3,684	60,642
61	EMERGENCY	3,457,830	525,237	2,932,593	52,524	170,090	3,235,216
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,085,381	218,746	866,635	21,875	50,265	1,013,241
101	SUBTOTAL	55,874,884	6,673,539	49,201,345	667,353	2,853,678	52,353,853
102	LESS OBSERVATION BEDS	1,085,381	218,746	866,635	21,875	50,265	1,013,241
103	TOTAL	54,789,503	6,454,793	48,334,710	645,478	2,803,413	51,340,612

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	74,833,561	.176963	.185190
41	RADIOLOGY-DIAGNOSTIC	28,676,998	.147461	.154389
41 01	ULTRA SOUND	5,853,933	.119144	.126201
41 02	MAGNETIC RESONANCE IMAGIN	5,910,288	.084566	.088719
42	RADIOLOGY-THERAPEUTIC	1,622,663	.279372	.294960
43	RADIOISOTOPE			
44	LABORATORY	17,372,554	.185366	.195954
49	RESPIRATORY THERAPY	2,814,828	.530978	.562563
50	PHYSICAL THERAPY	833,010	.389519	.410798
53	ELECTROCARDIOLOGY	1,129,883	.050634	.053716
54	ELECTROENCEPHALOGRAPHY	639,900	.425877	.447775
55	MEDICAL SUPPLIES CHARGED	48,952,545	.384529	.407643
56	DRUGS CHARGED TO PATIENTS	23,254,151	.203173	.215400
57	RENAL DIALYSIS	10,010	.528172	.560440
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	338,766	.179009	.189883
61	EMERGENCY	15,080,283	.214533	.225812
62	OBSERVATION BEDS (NON-DIS	963,509	1.051616	1.103784
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	228,286,882		
102	LESS OBSERVATION BEDS	963,509		
103	TOTAL	227,323,373		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				3,144,950		3,144,950
27	INTENSIVE CARE UNIT				472,185		472,185
29	CORONARY CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
33	NEONATAL INTENSIVE CARE U				250,391		250,391
101	NURSERY				88,316		88,316
	TOTAL				3,955,842		3,955,842

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART I  
 PPS

TITLE XVIII, PART A

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	16,807	2,764			187.12	517,200
26	INTENSIVE CARE UNIT	621	215			760.36	163,477
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	3,777				66.29	
33	NURSERY	5,062				17.45	
101	TOTAL	26,267	2,979				680,677

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART II  
 I 15-0150 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		3,604,761	74,833,561	5,339,704		
41	RADIOLOGY-DIAGNOSTIC		1,113,493	28,676,998	1,245,804		
41 01	ULTRA SOUND		29,484	5,853,933	387,816		
41 02	MAGNETIC RESONANCE IMAGIN		112,320	5,910,288	176,356		
42	RADIOLOGY-THERAPEUTIC		47,234	1,622,663	73,450		
43	RADIOISOTOPE						
44	LABORATORY		258,875	17,372,554	1,626,752		
49	RESPIRATORY THERAPY		56,282	2,814,828	474,217		
50	PHYSICAL THERAPY		40,637	833,010	292,484		
53	ELECTROCARDIOLOGY		741	1,129,883	117,373		
54	ELECTROENCEPHALOGRAPHY		49,934	639,900			
55	MEDICAL SUPPLIES CHARGED		496,363	48,952,545	7,531,677		
56	DRUGS CHARGED TO PATIENTS		118,492	23,254,151	2,638,792		
57	RENAL DIALYSIS		37	10,010	8,380		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		903	338,766	1,363		
61	EMERGENCY		525,237	15,080,283	623,251		
62	OBSERVATION BEDS (NON-DIS		218,746	963,509	15,502		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,673,539	228,286,882	20,552,921		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART II  
 I 15-0150 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.048170	257,214
41	RADIOLOGY-DIAGNOSTIC	.038829	48,373
41 01	ULTRA SOUND	.005037	1,953
41 02	MAGNETIC RESONANCE IMAGIN	.019004	3,351
42	RADIOLOGY-THERAPEUTIC	.029109	2,138
43	RADIOISOTOPE		
44	LABORATORY	.014901	24,240
49	RESPIRATORY THERAPY	.019995	9,482
50	PHYSICAL THERAPY	.048783	14,268
53	ELECTROCARDIOLOGY	.000656	77
54	ELECTROENCEPHALOGRAPHY	.078034	
55	MEDICAL SUPPLIES CHARGED	.010140	76,371
56	DRUGS CHARGED TO PATIENTS	.005096	13,447
57	RENAL DIALYSIS	.003696	31
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.002666	4
61	EMERGENCY	.034829	21,707
62	OBSERVATION BEDS (NON-DIS	.227031	3,519
	OTHER REIMBURS COST CNTRS		
101	TOTAL		476,175

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART III  
 PPS

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

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					16,807	
26	INTENSIVE CARE UNIT					621	
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					3,777	
33	NURSERY					5,062	
101	TOTAL					26,267	

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

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		2,764
26	INTENSIVE CARE UNIT		215
27	CORONARY CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		2,979

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART IV  
 I 15-0150 I I

TITLE XVIII, PART A HOSPITAL

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
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			74,833,561			5,339,704	
41	RADIOLOGY-DIAGNOSTIC			28,676,998			1,245,804	
41 01	ULTRA SOUND			5,853,933			387,816	
41 02	MAGNETIC RESONANCE IMAGIN			5,910,288			176,356	
42	RADIOLOGY-THERAPEUTIC			1,622,663			73,450	
43	RADIOISOTOPE							
44	LABORATORY			17,372,554			1,626,752	
49	RESPIRATORY THERAPY			2,814,828			474,217	
50	PHYSICAL THERAPY			833,010			292,484	
53	ELECTROCARDIOLOGY			1,129,883			117,373	
54	ELECTROENCEPHALOGRAPHY			639,900				
55	MEDICAL SUPPLIES CHARGED			48,952,545			7,531,677	
56	DRUGS CHARGED TO PATIENTS			23,254,151			2,638,792	
57	RENAL DIALYSIS			10,010			8,380	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			338,766			1,363	
61	EMERGENCY			15,080,283			623,251	
62	OBSERVATION BEDS (NON-DIS			963,509			15,502	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			228,286,882			20,552,921	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.			CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	6,964,608					
41		RADIOLOGY-DIAGNOSTIC	3,748,954					
41	01	ULTRA SOUND	572,526					
41	02	MAGNETIC RESONANCE IMAGIN	736,548					
42		RADIOLOGY-THERAPEUTIC	207,776					
43		RADIOISOTOPE						
44		LABORATORY	300,766					
49		RESPIRATORY THERAPY	79,801					
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY	226,593					
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	3,451,303					
56		DRUGS CHARGED TO PATIENTS	1,627,297					
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	94,104					
61		EMERGENCY	1,332,765					
62		OBSERVATION BEDS (NON-DIS	77,538					
		OTHER REIMBURS COST CNTRS						
101		TOTAL	19,420,579					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART V  
 I 15-0150 I I

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.190007	.190007			
41 RADIOLOGY-DIAGNOSTIC	.158271	.158271			
41 01 ULTRA SOUND	.126704	.126704			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.090620	.090620			
42 RADIOLOGY-THERAPEUTIC	.297870	.297870			
43 RADIOISOTOPE					
44 LABORATORY	.197444	.197444			
49 RESPIRATORY THERAPY	.564562	.564562			
50 PHYSICAL THERAPY	.415677	.415677			
53 ELECTROCARDIOLOGY	.053782	.053782			
54 ELECTROENCEPHALOGRAPHY	.455577	.455577			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.408656	.408656			
56 DRUGS CHARGED TO PATIENTS	.215909	.215909			
57 RENAL DIALYSIS	.560839	.560839			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.190149	.190149			
61 EMERGENCY	.229295	.229295			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.126488	1.126488			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART V  
 I 15-0150 I I

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,964,608			
41 RADIOLOGY-DIAGNOSTIC		3,748,954			
41 01 ULTRA SOUND		572,526			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		736,548			
42 RADIOLOGY-THERAPEUTIC		207,776			
43 RADIOISOTOPE					
44 LABORATORY		300,766			
49 RESPIRATORY THERAPY		79,801			
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		226,593			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,451,303			
56 DRUGS CHARGED TO PATIENTS		1,627,297			
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		94,104			
61 EMERGENCY		1,332,765			
62 OBSERVATION BEDS (NON-DISTINCT PART)		77,538			
101 SUBTOTAL		19,420,579			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		19,420,579			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART V  
 I 15-0150 I I

TITLE XVIII, PART B

HOSPITAL

Outpatient  
Radiology

Other  
Outpatient  
Diagnostic

All Other

PPS Services  
FYB to 12/31

Non-PPS  
Services

Cost Center Description

7

8

9

9.01

9.02

(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,323,324	
41	RADIOLOGY-DIAGNOSTIC				593,351	
41 01	ULTRA SOUND				72,541	
41 02	MAGNETIC RESONANCE IMAGING (MRI)				66,746	
42	RADIOLOGY-THERAPEUTIC				61,890	
43	RADIOISOTOPE					
44	LABORATORY				59,384	
49	RESPIRATORY THERAPY				45,053	
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				12,187	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,410,396	
56	DRUGS CHARGED TO PATIENTS				351,348	
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				17,894	
61	EMERGENCY				305,596	
62	OBSERVATION BEDS (NON-DISTINCT PART)				87,346	
101	SUBTOTAL				4,407,056	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				4,407,056	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 9/2009
I	15-0150	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V
I	15-0150	I		I	

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRA SOUND
- 41 02 MAGNETIC RESONANCE IMAGING (MRI)
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR DUPONT HOSPITAL

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 9/2009
I	15-0150	I	FROM 4/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 3/31/2008	I	PART VI
I	15-0150	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.215909
403
87

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART I  
 PPS

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,144,950		3,144,950
26	INTENSIVE CARE UNIT				472,185		472,185
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U				250,391		250,391
30	NEONATAL INTENSIVE CARE U				88,316		88,316
33	NURSERY						
101	TOTAL				3,955,842		3,955,842

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,807	429			187.12	80,274
26	INTENSIVE CARE UNIT	621	11			760.36	8,364
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U					66.29	20,417
30	NEONATAL INTENSIVE CARE U	3,777	308			17.45	5,026
33	NURSERY	5,062	288				
101	TOTAL	26,267	1,036				114,081

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART II  
 I 15-0150 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,604,761	74,833,561	430,950		
41	RADIOLOGY-DIAGNOSTIC		1,113,493	28,676,998	144,897		
41	01 ULTRA SOUND		29,484	5,853,933	74,278		
41	02 MAGNETIC RESONANCE IMAGIN		112,320	5,910,288	22,486		
42	RADIOLOGY-THERAPEUTIC		47,234	1,622,663	2,903		
43	RADIOISOTOPE						
44	LABORATORY		258,875	17,372,554	330,887		
49	RESPIRATORY THERAPY		56,282	2,814,828	103,102		
50	PHYSICAL THERAPY		40,637	833,010	21,329		
53	ELECTROCARDIOLOGY		741	1,129,883	6,122		
54	ELECTROENCEPHALOGRAPHY		49,934	639,900			
55	MEDICAL SUPPLIES CHARGED		496,363	48,952,545	357,968		
56	DRUGS CHARGED TO PATIENTS		118,492	23,254,151	528,645		
57	RENAL DIALYSIS		37	10,010	430		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		903	338,766			
61	EMERGENCY		525,237	15,080,283	86,466		
62	OBSERVATION BEDS (NON-DIS		218,746	963,509	3,037		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,673,539	228,286,882	2,113,500		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART II  
 I 15-0150 I I

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.048170	20,759
41	RADIOLOGY-DIAGNOSTIC	.038829	5,626
41 01	ULTRA SOUND	.005037	374
41 02	MAGNETIC RESONANCE IMAGEN	.019004	427
42	RADIOLOGY-THERAPEUTIC	.029109	85
43	RADIOISOTOPE		
44	LABORATORY	.014901	4,931
49	RESPIRATORY THERAPY	.019995	2,062
50	PHYSICAL THERAPY	.048783	1,040
53	ELECTROCARDIOLOGY	.000656	4
54	ELECTROENCEPHALOGRAPHY	.078034	
55	MEDICAL SUPPLIES CHARGED	.010140	3,630
56	DRUGS CHARGED TO PATIENTS	.005096	2,694
57	RENAL DIALYSIS	.003696	2
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.002666	
61	EMERGENCY	.034829	3,012
62	OBSERVATION BEDS (NON-DIS	.227031	689
	OTHER REIMBURS COST CNTRS		
101	TOTAL		45,335

PPS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART III  
 PPS

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

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					16,807	
26	INTENSIVE CARE UNIT					621	
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U					3,777	
30	NEONATAL INTENSIVE CARE U					5,062	
33	NURSERY					26,267	
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I I TO 3/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		429
26	INTENSIVE CARE UNIT		11
27	CORONARY CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		308
33	NURSERY		288
101	TOTAL		1,036

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART IV  
 I 15-0150 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			74,833,561			430,950	
41	RADIOLOGY-DIAGNOSTIC			28,676,998			144,897	
41 01	ULTRA SOUND			5,853,933			74,278	
41 02	MAGNETIC RESONANCE IMAGIN			5,910,288			22,486	
42	RADIOLOGY-THERAPEUTIC			1,622,663			2,903	
43	RADIOISOTOPE							
44	LABORATORY			17,372,554			330,887	
49	RESPIRATORY THERAPY			2,814,828			103,102	
50	PHYSICAL THERAPY			833,010			21,329	
53	ELECTROCARDIOLOGY			1,129,883			6,122	
54	ELECTROENCEPHALOGRAPHY			639,900				
55	MEDICAL SUPPLIES CHARGED			48,952,545			357,968	
56	DRUGS CHARGED TO PATIENTS			23,254,151			528,645	
57	RENAL DIALYSIS			10,010			430	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			338,766				
61	EMERGENCY			15,080,283			86,466	
62	OBSERVATION BEDS (NON-DIS			963,509			3,037	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			228,286,882			2,113,500	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	842,264					
41	RADIOLOGY-DIAGNOSTIC	577,395					
41 01	ULTRA SOUND	209,387					
41 02	MAGNETIC RESONANCE IMAGIN	84,599					
42	RADIOLOGY-THERAPEUTIC	18,765					
43	RADIOISOTOPE						
44	LABORATORY	353,932					
49	RESPIRATORY THERAPY	10,452					
50	PHYSICAL THERAPY	1,073					
53	ELECTROCARDIOLOGY	34,909					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	235,919					
56	DRUGS CHARGED TO PATIENTS	204,572					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,023					
61	EMERGENCY	648,580					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	55,388					
101	TOTAL	3,280,258					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART V  
 I 15-0150 I I

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	.176963				842,264
41 RADIOLOGY-DIAGNOSTIC	.147461				577,395
41 01 ULTRA SOUND	.119144				209,387
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.084566				84,599
42 RADIOLOGY-THERAPEUTIC	.279372				18,765
43 RADIOISOTOPE					
44 LABORATORY	.185366				353,932
49 RESPIRATORY THERAPY	.530978				10,452
50 PHYSICAL THERAPY	.389519				1,073
53 ELECTROCARDIOLOGY	.050634				34,909
54 ELECTROENCEPHALOGRAPHY	.425877				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.384529				235,919
56 DRUGS CHARGED TO PATIENTS	.203173				204,572
57 RENAL DIALYSIS	.528172				
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.179009				3,023
61 EMERGENCY	.214533				648,580
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.051616				55,388
101 SUBTOTAL					3,280,258
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,280,258

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/ 9/2009
I	15-0150	I	FROM 4/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 3/31/2008	I	PART V	
I	15-0150	I		I		

TITLE XIX - O/P

HOSPITAL

PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical ctr	Outpatient Radialogy
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Cost Center Description	5.01	5.02	5.03	6	7
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRA SOUND
- 41 02 MAGNETIC RESONANCE IMAGING (MRI)
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 3/31/2008 I PART V  
 I 15-0150 I I

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		149,050			
41 RADIOLOGY-DIAGNOSTIC		85,143			
41 01 ULTRA SOUND		24,947			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		7,154			
42 RADIOLOGY-THERAPEUTIC		5,242			
43 RADIOISOTOPE					
44 LABORATORY		65,607			
49 RESPIRATORY THERAPY		5,550			
50 PHYSICAL THERAPY		418			
53 ELECTROCARDIOLOGY		1,768			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		90,718			
56 DRUGS CHARGED TO PATIENTS		41,564			
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC		541			
61 EMERGENCY		139,142			
62 OBSERVATION BEDS (NON-DISTINCT PART)		58,247			
101 SUBTOTAL		675,091			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		675,091			

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 3/31/2008 I PART I  
 I 15-0150 I I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	16,807
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,807
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,807
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,764
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,604,743
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,604,743

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,427,611
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,427,611
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.803225
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,155.92
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,604,743

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/ 9/2009
I	15-0150	I	FROM 4/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 3/31/2008	I	PART II
I	15-0150	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				928.47
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				2,566,291
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				2,566,291

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,950,233	621	3,140.47	215	675,201
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT	3,289,257	3,777	870.86		
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					5,828,647
49	TOTAL PROGRAM INPATIENT COSTS					9,070,139

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				680,677
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				476,175
52	TOTAL PROGRAM EXCLUDABLE COST				1,156,852
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				7,913,287

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 3/31/2008 I PART III  
 I 15-0150 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,169
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 928.47
- 85 OBSERVATION BED COST 1,085,381

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		15,604,743		1,085,381	
87 NEW CAPITAL-RELATED COST	3,144,950	15,604,743	.201538	1,085,381	218,746
88 NON PHYSICIAN ANESTHETIST		15,604,743		1,085,381	
89 MEDICAL EDUCATION		15,604,743		1,085,381	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 3/31/2008 I PART I  
 I 15-0150 I I

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	16,807
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,807
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,807
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	429
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	5,062
16	NURSERY DAYS (TITLE V OR XIX ONLY)	288

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,604,743
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,604,743

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,427,611
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,427,611
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.803225
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,155.92
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,604,743

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 3/31/2008 I PART II  
 I 15-0150 I I

TITLE XIX - I/P

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 928.47  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 398,314  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 398,314

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,032,262	5,062	203.92	288	58,729
43 INTENSIVE CARE UNIT	1,950,233	621	3,140.47	11	34,545
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	3,289,257	3,777	870.86	308	268,225
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 533,790
49 TOTAL PROGRAM INPATIENT COSTS					1,293,603

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 114,081  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 45,335  
 52 TOTAL PROGRAM EXCLUDABLE COST 159,416  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,134,187

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 3/31/2008 I PART III  
 I 15-0150 I I

TITLE XIX - I/P

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,169
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 928.47
- 85 OBSERVATION BED COST 1,085,381

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		15,604,743		1,085,381	
87 NEW CAPITAL-RELATED COST	3,144,950	15,604,743	.201538	1,085,381	218,746
88 NON PHYSICIAN ANESTHETIST		15,604,743		1,085,381	
89 MEDICAL EDUCATION		15,604,743		1,085,381	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 3/31/2008 I  
 I 15-0150 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		2,185,874	
26	INTENSIVE CARE UNIT		407,425	
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.190035	5,339,704	1,014,731
41	RADIOLOGY-DIAGNOSTIC	.158271	1,245,804	197,175
41	01 ULTRA SOUND	.126704	387,816	49,138
41	02 MAGNETIC RESONANCE IMAGING (MRI)	.090620	176,356	15,981
42	RADIOLOGY-THERAPEUTIC	.297870	73,450	21,879
43	RADIOISOTOPE			
44	LABORATORY	.197444	1,626,752	321,192
49	RESPIRATORY THERAPY	.564562	474,217	267,725
50	PHYSICAL THERAPY	.415677	292,484	121,579
53	ELECTROCARDIOLOGY	.053782	117,373	6,313
54	ELECTROENCEPHALOGRAPHY	.463501		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.408656	7,531,677	3,077,865
56	DRUGS CHARGED TO PATIENTS	.215909	2,638,792	569,739
57	RENAL DIALYSIS	.560839	8,380	4,700
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.190149	1,363	259
61	EMERGENCY	.229295	623,251	142,908
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.126488	15,502	17,463
	OTHER REIMBURS COST CNTRS			
101	TOTAL		20,552,921	5,828,647
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		20,552,921	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 3/31/2008 I  
 I 15-0150 I

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			
26	ADULTS & PEDIATRICS		535,085	
27	INTENSIVE CARE UNIT		41,690	
29	CORONARY CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
37	NEONATAL INTENSIVE CARE UNIT		897,151	
41	ANCILLARY SRVC COST CNTRS			
41	OPERATING ROOM	.190035	430,950	81,896
41	RADIOLOGY-DIAGNOSTIC	.158271	144,897	22,933
41 01	ULTRA SOUND	.126704	74,278	9,411
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.090620	22,486	2,038
42	RADIOLOGY-THERAPEUTIC	.297870	2,903	865
43	RADIOISOTOPE			
44	LABORATORY	.197444	330,887	65,332
49	RESPIRATORY THERAPY	.564562	103,102	58,207
50	PHYSICAL THERAPY	.415677	21,329	8,866
53	ELECTROCARDIOLOGY	.053782	6,122	329
54	ELECTROENCEPHALOGRAPHY	.463501		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.408656	357,968	146,286
56	DRUGS CHARGED TO PATIENTS	.215909	528,645	114,139
57	RENAL DIALYSIS	.560839	430	241
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	.190149		
61	EMERGENCY	.229295	86,466	19,826
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.126488	3,037	3,421
62	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,113,500	533,790
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,113,500	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 3/31/2008 I PART A  
 I 15-0150 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	2,753,657	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,376,829	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	1,376,828	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	364,069	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	118.81	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.14
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.32
4.02 SUM OF LINES 4 AND 4.01		22.46
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.27
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		455,455
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 3/31/2008 I PART A  
 I 15-0150 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,326,838	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,326,838	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	556,875	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	6,883,713	
17 PRIMARY PAYER PAYMENTS	21,841	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,861,872	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	744,544	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,968	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	77,263	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	54,084	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	77,263	
22 SUBTOTAL	6,167,444	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	6,167,444	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,002,074	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	165,370	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	40,363	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 3/31/2008 I PART B  
 I 15-0150 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 87  
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1,  
 2001 (SEE INSTRUCTIONS). 4,407,056  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 4,453,529  
 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) 87

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES  
 6 ANCILLARY SERVICE CHARGES 403  
 7 INTERNS AND RESIDENTS SERVICE CHARGES  
 8 ORGAN ACQUISITION CHARGES  
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  
 10 TOTAL REASONABLE CHARGES 403  
 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) 403  
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 316  
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 87  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 4,453,529

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON  
 LINE 17.01 (SEE INSTRUCTIONS) 1,145,120  
 19 SUBTOTAL (SEE INSTRUCTIONS) 3,308,496  
 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 3,308,496  
 24 PRIMARY PAYER PAYMENTS 6,904  
 25 SUBTOTAL 3,301,592  
 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  
 26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 156,294  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 109,406  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 156,294  
 28 SUBTOTAL 3,410,998  
 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 3,410,998  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 3,358,581  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 52,417  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET E-1  
 I COMPONENT NO: I TO 3/31/2008 I  
 I 15-0150 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,957,931		3,301,807
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		44,143		56,774
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		6,002,074		3,358,581
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT		165,370		52,417
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		6,167,444		3,410,998

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 3/31/2008 I PART III  
 I - I I

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	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			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
	SUBTOTAL			
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
44	PAYMENT FOR SERVICES ON A CHARGE BASIS			
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
46	FOR PAYMENT OF PART A SERVICES			
47	RATIO OF LINE 43 TO 44			
48	TOTAL CUSTOMARY CHARGES			
49	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
50	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
51	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
52	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
53	OTHER ADJUSTMENTS (SPECIFY)			
54	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
55	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
56	SUBTOTAL			
57	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
58	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
59	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
	INTERIM PAYMENTS			
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
	BALANCE DUE PROVIDER/PROGRAM			
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
I	PROVIDER NO:	I PERIOD:	I PREPARED 6/ 9/2009
I	15-0150	I FROM 4/ 1/2007	I WORKSHEET E-3
I	COMPONENT NO:	I TO 3/31/2008	I PART III
I	-	I	I

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	544,245			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,697,514			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,960,524			
7	INVENTORY	3,153,818			
8	PREPAID EXPENSES	407,936			
9	OTHER CURRENT ASSETS	1,129,215			
10	DUE FROM OTHER FUNDS	-59,008			
11	TOTAL CURRENT ASSETS	27,913,196			
FIXED ASSETS					
12	LAND	1,157,157			
12.01	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	51,270,511			
14.01	LESS ACCUMULATED DEPRECIATION	-26,593,744			
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	38,904,123			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	3,729,665			
21	TOTAL FIXED ASSETS	68,467,712			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	16,379,242			
26	TOTAL OTHER ASSETS	16,379,242			
27	TOTAL ASSETS	112,760,150			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,827,185			
29 SALARIES, WAGES & FEES PAYABLE	1,893,412			
30 PAYROLL TAXES PAYABLE	2,232,617			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	26,148			
36 TOTAL CURRENT LIABILITIES	7,979,362			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	-27,191,413			
39 UNSECURED LOANS	39,241,469			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	12,050,056			
43 TOTAL LIABILITIES	20,029,418			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	92,730,732			
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	92,730,732			
52 TOTAL LIABILITIES AND FUND BALANCES	112,760,150			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		101,669,965		
	OF PERIOD				
2	NET INCOME (LOSS)		36,328,743		
3	TOTAL		137,998,708		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		137,998,708		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DISTRIBUTIONS	45,267,976			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		45,267,976		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		92,730,732		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET G-2  
 I I TO 3/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,436,821		2,436,821
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,436,821		2,436,821
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,160,438		1,160,438
11 00 CORONARY CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	8,197,783		8,197,783
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,358,221		9,358,221
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,795,042		11,795,042
17 00 ANCILLARY SERVICES	113,610,327		113,610,327
18 00 OUTPATIENT SERVICES		135,573,052	135,573,052
24 00			
25 00 TOTAL PATIENT REVENUES	125,405,369	135,573,052	260,978,421

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	83,169,839
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	83,169,839

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET G-3  
 I I TO 3/31/2008 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	260,978,421
2	LESS: ALLOWANCES AND DISCOUNTS ON	137,582,604
3	NET PATIENT REVENUES	123,395,817
4	LESS: TOTAL OPERATING EXPENSES	83,169,839
5	NET INCOME FROM SERVICE TO PATIENT	40,225,978
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	18,976
8	REVENUE FROM TELEPHONE AND TELEG	24
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	28
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	466,496
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	10,903
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	196,463
25	TOTAL OTHER INCOME	692,890
26	TOTAL	40,918,868
	OTHER EXPENSES	
27	BAD DEBTS	4,590,125
28		
29		
30	TOTAL OTHER EXPENSES	4,590,125
31	NET INCOME (OR LOSS) FOR THE PERIO	36,328,743

I PROVIDER NO: I PERIOD: I PREPARED 6/ 9/2009  
 I 15-0150 I FROM 4/ 1/2007 I WORKSHEET L  
 I COMPONENT NO: I TO 3/31/2008 I PARTS I-IV  
 I 15-0150 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	472,557
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	62,344
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	54.74
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.14
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.32
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	22.46
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.65
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	21,974
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	556,875
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)	