

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	15-0044	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 16:00

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:

FLOYD MEMORIAL HOSPITAL 15-0044  
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION  
 DATE: 5/27/2009 TIME 16:00

:N1ZjPEOELQ8FmjDH12YfmKXne8J0  
 2wtN0SLy41jdjihH3BEm2TSis6xBH  
 eDve0QAKVH0BMzLk

PI ENCRYPTION INFORMATION  
 DATE: 5/27/2009 TIME 16:00

1Adp9vpAmM1b0.i1wJ14Xi2NhpFR0  
 4czG00tke0.4b:umZ6D6YI:p161Y:D  
 cJnZ55B8DV05GerC

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

*[Signature]*  
 UP/CTB  
 5/28/09

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1 HOSPITAL	0	-816,477		-63,793		0
7 HOSPITAL-BASED HHA	0	0		0		0
100 TOTAL	0	-816,477		-63,793		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.

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THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0044	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 8:39

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:  
FLOYD MEMORIAL HOSPITAL 15-0044  
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-816,477	-63,793	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-816,477	-63,793	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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 1850 STATE STREET P.O. BOX:  
 1.01 CITY: NEW ALBANY STATE: IN ZIP CODE: 47150 COUNTY: FLOYD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX
02.00 HOSPITAL	FLOYD MEMORIAL HOSPITAL	15-0044		7/ 1/1966	4 5 6 N P O
09.00 HOSPITAL-BASED HHA	FLOYD MEMORIAL HOSPITAL	15-7152		7/ 1/1985	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2  
9

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 N 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?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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

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

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / / 0  
 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		0	0.0000	0.0000
28.02		0.00	0	

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

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

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

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

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

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

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

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). N

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 N

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

- 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 N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	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 SCHEDULES 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 SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 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). Y 4/ 3/2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	203	73,567					5,751
2 HMO						24,865	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	203	73,567				24,865	5,751
6 INTENSIVE CARE UNIT	16	5,856				3,025	
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	219	79,423				27,890	5,751
13 RPCH VISITS							
14 SUBPROVIDER							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						11,703	1,054
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	219						
26 OBSERVATION BED DAYS							272
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION ADMITTED 6.01	--- TRIPS / TOTAL OBSERVATION NOT ADMITTED 6.02	-- INTERNS & RES. FTES / TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			46,988				8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			46,988				
6 INTENSIVE CARE UNIT			5,118				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			52,106				
13 RPCH VISITS							
14 SUBPROVIDER							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			17,785				
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS	17	255	3,978	574	3,404		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,668	403	13,771
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,212.82			5,668	403	13,771
13 RPCH VISITS							
14 SUBPROVIDER							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							



## HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	66,579,152		66,579,152	2,577,453.82	25.83	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,503,242		4,503,242	131,289.04	34.30	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	255,142		255,142	11,647.47	21.91	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	16,108,236		16,108,236			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,082,628		1,082,628			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	613,486		613,486	25,242.04	24.30	
22 ADMINISTRATIVE & GENERAL	7,424,500		7,424,500	250,360.53	29.66	
22.01 A & G UNDER CONTRACT	143,875		143,875	2,586.74	55.62	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,766,892		1,766,892	79,330.91	22.27	
25 LAUNDRY & LINEN SERVICE	127,169		127,169	7,744.85	16.42	
26 HOUSEKEEPING	1,456,256		1,456,256	108,837.15	13.38	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,719,642	-1,132,881	586,761	38,895.62	15.09	
27.01 DIETARY UNDER CONTRACT	369		369	8.50	43.41	
28 CAFETERIA		1,132,881	1,132,881	75,097.00	15.09	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY	346,246		346,246	21,837.33	15.86	
32 PHARMACY	1,617,038		1,617,038	43,275.52	37.37	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,205,936		3,205,936	128,303.57	24.99	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	66,723,396		66,723,396	2,580,049.06	25.86	
2 EXCLUDED AREA SALARIES	4,503,242		4,503,242	131,289.04	34.30	
3 SUBTOTAL SALARIES	62,220,154		62,220,154	2,448,760.02	25.41	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	255,142		255,142	11,647.47	21.91	
5 SUBTOTAL WAGE-RELATED COSTS	16,108,236		16,108,236		25.89	
6 TOTAL	78,583,532		78,583,532	2,460,407.49	31.94	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	18,421,409		18,421,409	781,519.76	23.57	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET S-4  
I HHA NO: I TO 12/31/2008 I  
I 15-7152 I  
COUNTY: FLOYD I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,891	317	64
2 UNDUPLICATED CENSUS COUNT		893.00	71.00	611.00

	TOTAL 5
1 HOME HEALTH AIDE HOURS	3,272
2 UNDUPLICATED CENSUS COUNT	1,575.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.05		2.05
5 OTHER ADMINISTRATIVE PERSONEL	10.19		10.19
6 DIRECTING NURSING SERVICE	11.12		11.12
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.58		3.58
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.59		.59
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.37		.37
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.57		1.57
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		31140
20.01		99915

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	5,088	0	142	69
22 SKILLED NURSING VISIT CHARGES	753,903	0	21,038	10,212
23 PHYSICAL THERAPY VISITS	3,303	0	16	57
24 PHYSICAL THERAPY VISIT CHARGES	561,510	0	2,720	9,690
25 OCCUPATIONAL THERAPY VISITS	848	0	2	21
26 OCCUPATIONAL THERAPY VISIT CHARGES	144,160	0	340	3,570
27 SPEECH PATHOLOGY VISITS	26	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,420	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	120	0	0	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	24,000	0	0	800
31 HOME HEALTH AIDE VISITS	1,765	0	3	15
32 HOME HEALTH AIDE VISIT CHARGES	130,610	0	222	1,110
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	11,150	0	163	166
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,618,603	0	24,320	25,382
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	714	0	64	21
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	36,429	0	2,834	294

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET S-4  
 I HHA NO: I TO 12/31/2008 I  
 I 15-7152 I  
 COUNTY: FLOYD I

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,299
22 SKILLED NURSING VISIT CHARGES	0	0	785,153
23 PHYSICAL THERAPY VISITS	0	0	3,376
24 PHYSICAL THERAPY VISIT CHARGES	0	0	573,920
25 OCCUPATIONAL THERAPY VISITS	0	0	871
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	148,070
27 SPEECH PATHOLOGY VISITS	0	0	26
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,420
29 MEDICAL SOCIAL SERVICE VISITS	0	0	124
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	24,800
31 HOME HEALTH AIDE VISITS	0	0	1,783
32 HOME HEALTH AIDE VISIT CHARGES	0	0	131,942
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	11,479
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,668,305
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	799
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	39,557

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET	S-10
I		I	TO 12/31/2008	I		
I		I		I		

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF-YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .320387
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET	S-10
I		I	TO 12/31/2008	I		
I		I		I		

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-0044  
I

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

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2				
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT						
4	0400	NEW CAP REL COSTS-MVBLE EQUIP			5,755,252	5,755,252	215,130	5,970,382
5	0500	EMPLOYEE BENEFITS	613,486		13,252,405	13,252,405		13,252,405
6	0600	ADMINISTRATIVE & GENERAL	7,424,500		1,299,991	1,913,477	16,704,300	18,617,777
7	0700	MAINTENANCE & REPAIRS			14,682,157	22,106,657	-2,029,034	20,077,623
8	0800	OPERATION OF PLANT	1,766,892			6,000,464	-453,775	5,546,689
9	0900	LAUNDRY & LINEN SERVICE	127,169		666,098	793,267	-33,316	759,951
10	1000	HOUSEKEEPING	1,456,256		864,628	2,320,884	-371,998	1,948,886
11	1100	DIETARY	1,719,642		1,584,674	3,304,316	-2,611,739	692,577
12	1200	CAFETERIA					2,176,847	2,176,847
13	1300	MAINTENANCE OF PERSONNEL						
14	1400	NURSING ADMINISTRATION						
15	1500	CENTRAL SERVICES & SUPPLY	346,246		364,989	711,235	-87,376	623,859
16	1600	PHARMACY	1,617,038		10,542,268	12,159,306	-10,242,981	1,916,325
17	1700	MEDICAL RECORDS & LIBRARY	3,205,936		1,640,968	4,846,904	-804,416	4,042,488
18	1800	SOCIAL SERVICE			9,534	9,534	-7,830	1,704
20	2000	NONPHYSICIAN ANESTHETISTS						
21	2100	NURSING SCHOOL						
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD						
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD						
24	2400	PARAMED ED PRGM						
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	17,525,677		5,696,842	23,222,519	-4,465,838	18,756,681
26	2600	INTENSIVE CARE UNIT	2,665,760		764,688	3,430,448	-673,127	2,757,321
27	2700	CORONARY CARE UNIT						
28	2800	BURN INTENSIVE CARE UNIT						
29	2900	SURGICAL INTENSIVE CARE UNIT						
31	3100	SUBPROVIDER						
33	3300	NURSERY						
35	3500	NURSING FACILITY						
35.01	3510	ICF/MR						
36	3600	OTHER LONG TERM CARE						
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	7,525,890		4,183,437	11,709,327	-1,905,570	9,803,757
38	3800	RECOVERY ROOM						
39	3900	DELIVERY ROOM & LABOR ROOM						
40	4000	ANESTHESIOLOGY						
41	4100	RADIOLOGY-DIAGNOSTIC	3,851,969		3,329,045	7,181,014	-986,590	6,194,424
42	4200	RADIOLOGY-THERAPEUTIC	667,304		636,013	1,303,317	-169,159	1,134,158
43	4300	RADIOISOTOPE						
44	4400	LABORATORY	2,903,720		6,387,145	9,290,865	-741,061	8,549,804
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	4700	BLOOD STORING, PROCESSING & TRANS.						
48	4800	INTRAVENOUS THERAPY						
49	4900	RESPIRATORY THERAPY	1,410,296		506,670	1,916,966	-358,862	1,558,104
50	5000	PHYSICAL THERAPY	1,112,707		534,879	1,647,586	-281,949	1,365,637
51	5100	OCCUPATIONAL THERAPY						
52	5200	SPEECH PATHOLOGY						
53	5300	ELECTROCARDIOLOGY	2,449,288		1,067,761	3,517,049	-620,458	2,896,591
54	5400	ELECTROENCEPHALOGRAPHY	39,192		16,109	55,301	-10,219	45,082
54.01	3020	SLEEP DISORDER	387,294		128,827	516,121	-98,292	417,829
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS			20,063,024	20,063,024		20,063,024
56	5600	DRUGS CHARGED TO PATIENTS					9,832,141	9,832,141
57	5700	RENAL DIALYSIS						
58	5800	ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC						
61	6100	EMERGENCY	3,259,648		1,479,479	4,739,127	-838,328	3,900,799
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
64	6400	HOME PROGRAM DIALYSIS						
65	6500	AMBULANCE SERVICES						
66	6600	DURABLE MEDICAL EQUIP-RENTED						
67	6700	DURABLE MEDICAL EQUIP-SOLD						
69	6900	CORF						
70	7000	I&R SERVICES-NOT APPRVD PRGM						
71	7100	HOME HEALTH AGENCY	1,652,438		716,972	2,369,410	-422,013	1,947,397
		SPEC PURPOSE COST CENTERS						
82	8200	LUNG ACQUISITION						
83	8300	KIDNEY ACQUISITION						
84	8400	LIVER ACQUISITION						
85	8500	HEART ACQUISITION						
86	8600	OTHER ORGAN ACQUISITION						
88	8800	INTEREST EXPENSE						
89	8900	UTILIZATION REVIEW-SNF						
90	9000	OTHER CAPITAL RELATED COSTS						
92	9200	AMBULATORY SURGICAL CENTER (D.P.)						
93	9300	HOSPICE						
95		SUBTOTALS	63,728,348		100,407,427	164,135,775	714,487	164,850,262
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN						
97	9700	RESEARCH						

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET A  
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
98	9800 NONREIMBURS COST CENTERS					
99	9900 PHYSICIANS' PRIVATE OFFICES	2,544,971	1,607,237	4,152,208	-638,867	3,513,341
100	9900 NONPAID WORKERS					
101	7950 OTHER NONREIMBURSABLE COST CENTERS	305,833	174,934	480,767	-75,620	405,147
	TOTAL	66,579,152	102,189,598	168,768,750	-0-	168,768,750

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-0044  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 5/28/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,500,717	3,469,665
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		13,252,405
5	0500 EMPLOYEE BENEFITS	-14,275	18,603,502
6	0600 ADMINISTRATIVE & GENERAL	-537,870	19,539,753
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-4,863	5,541,826
9	0900 LAUNDRY & LINEN SERVICE		759,951
10	1000 HOUSEKEEPING	-44,131	1,904,755
11	1100 DIETARY	-251,909	440,668
12	1200 CAFETERIA	-686,041	1,490,806
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY		623,859
16	1600 PHARMACY	-860,982	1,055,343
17	1700 MEDICAL RECORDS & LIBRARY		4,042,488
18	1800 SOCIAL SERVICE		1,704
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-316,305	18,440,376
26	2600 INTENSIVE CARE UNIT		2,757,321
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-552,733	9,251,024
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-30,815	6,163,609
42	4200 RADIOLOGY-THERAPEUTIC	-312	1,133,846
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-132,301	8,417,503
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-2,088	1,556,016
50	5000 PHYSICAL THERAPY	-3,021	1,362,616
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-78,454	2,818,137
54	5400 ELECTROENCEPHALOGRAPHY		45,082
54.01	3020 SLEEP DISORDER		417,829
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		20,063,024
56	5600 DRUGS CHARGED TO PATIENTS		9,832,141
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-425,220	3,475,579
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY	-322	1,947,075
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-6,442,359	158,407,903
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET A  
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,513,341
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		405,147
101	TOTAL	-6,442,359	162,326,391

## COST CENTERS USED IN COST REPORT

I PROVIDER NO:

I PERIOD:

I PREPARED 5/28/2009

I 15-0044

I FROM 1/ 1/2008

I NOT A CMS WORKSHEET

I

I TO 12/31/2008

I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP DISORDER	3020	ACUPUNCTURE
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
99	NONREIMBURS COST CEN	9900	
100	NONPAID WORKERS	7950	
101	OTHER NONREIMBURSABLE COST CENTERS	0000	OTHER NONREIMBURSABLE COST CENTERS
	TOTAL		

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150044	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER
1 BENEFITS RECLASS	A	EMPLOYEE BENEFITS	5	16,704,300
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25 DIETARY RECLASS	B	CAFETERIA	12	1,132,881
26 DRUGS RECLASS	C	DRUGS CHARGED TO PATIENTS	56	9,832,141
27 PROPERTY INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3	215,130
36 TOTAL RECLASSIFICATIONS				1,132,881
				27,795,537

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150044	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 BENEFITS RECLASS	A	ADMINISTRATIVE & GENERAL	6		1,813,904	
2		OPERATION OF PLANT	8		453,775	
3		LAUNDRY & LINEN SERVICE	9		33,316	
4		HOUSEKEEPING	10		371,998	
5		DIETARY	11		434,892	
6		CENTRAL SERVICES & SUPPLY	15		87,376	
7		PHARMACY	16		410,840	
8		MEDICAL RECORDS & LIBRARY	17		804,416	
9		SOCIAL SERVICE	18		7,830	
10		ADULTS & PEDIATRICS	25		4,465,838	
11		INTENSIVE CARE UNIT	26		673,127	
12		OPERATING ROOM	37		1,905,570	
13		RADIOLOGY-DIAGNOSTIC	41		986,590	
14		RADIOLOGY-THERAPEUTIC	42		169,159	
15		LABORATORY	44		741,061	
16		RESPIRATORY THERAPY	49		358,862	
17		PHYSICAL THERAPY	50		281,949	
18		ELECTROCARDIOLOGY	53		620,458	
19		ELECTROENCEPHALOGRAPHY	54		10,219	
20		SLEEP DISORDER	54.01		98,292	
21		EMERGENCY	61		838,328	
22		HOME HEALTH AGENCY	71		422,013	
23		PHYSICIANS' PRIVATE OFFICES	98		638,867	
24		OTHER NONREIMBURSABLE COST CENTERS	100		75,620	
25 DIETARY RECLASS	B	DIETARY	11	1,132,881	1,043,966	
26 DRUGS RECLASS	C	PHARMACY	16		9,832,141	
27 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	6		215,130	12
36 TOTAL RECLASSIFICATIONS				1,132,881	27,795,537	

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

RECLASSIFICATIONS

PROVIDER NO: 150044	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : BENEFITS RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	16,704,300	ADMINISTRATIVE & GENERAL	6	1,813,904	
2.00			0	OPERATION OF PLANT	8	453,775	
3.00			0	LAUNDRY & LINEN SERVICE	9	33,316	
4.00			0	HOUSEKEEPING	10	371,998	
5.00			0	DIETARY	11	434,892	
6.00			0	CENTRAL SERVICES & SUPPLY	15	87,376	
7.00			0	PHARMACY	16	410,840	
8.00			0	MEDICAL RECORDS & LIBRARY	17	804,416	
9.00			0	SOCIAL SERVICE	18	7,830	
10.00			0	ADULTS & PEDIATRICS	25	4,465,838	
11.00			0	INTENSIVE CARE UNIT	26	673,127	
12.00			0	OPERATING ROOM	37	1,905,570	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	986,590	
14.00			0	RADIOLOGY-THERAPEUTIC	42	169,159	
15.00			0	LABORATORY	44	741,061	
16.00			0	RESPIRATORY THERAPY	49	358,862	
17.00			0	PHYSICAL THERAPY	50	281,949	
18.00			0	ELECTROCARDIOLOGY	53	620,458	
19.00			0	ELECTROENCEPHALOGRAPHY	54	10,219	
20.00			0	SLEEP DISORDER	54.01	98,292	
21.00			0	EMERGENCY	61	838,328	
22.00			0	HOME HEALTH AGENCY	71	422,013	
23.00			0	PHYSICIANS' PRIVATE OFFICES	98	638,867	
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	75,620	
TOTAL RECLASSIFICATIONS FOR CODE A			16,704,300	TOTAL RECLASSIFICATIONS FOR CODE A			16,704,300

RECLASS CODE: B  
EXPLANATION : DIETARY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	2,176,847	DIETARY	11	2,176,847	
TOTAL RECLASSIFICATIONS FOR CODE B			2,176,847	TOTAL RECLASSIFICATIONS FOR CODE B			2,176,847

RECLASS CODE: C  
EXPLANATION : DRUGS RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	9,832,141	PHARMACY	16	9,832,141	
TOTAL RECLASSIFICATIONS FOR CODE C			9,832,141	TOTAL RECLASSIFICATIONS FOR CODE C			9,832,141

RECLASS CODE: D  
EXPLANATION : PROPERTY INSURANCE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	215,130	ADMINISTRATIVE & GENERAL	6	215,130	
TOTAL RECLASSIFICATIONS FOR CODE D			215,130	TOTAL RECLASSIFICATIONS FOR CODE D			215,130

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	7,820,099					7,820,099	
2	LAND IMPROVEMENTS	3,424,160	89,654		89,654		3,513,814	
3	BUILDINGS & FIXTURE	116,778,688	11,139,111		11,139,111	171,228	127,746,571	
4	BUILDING IMPROVEMEN	2,497,054	2,021		2,021		2,499,075	
5	FIXED EQUIPMENT	12,972,719	1,161,636		1,161,636		14,134,355	
6	MOVABLE EQUIPMENT	96,169,764	4,558,576		4,558,576	22,574	100,705,766	
7	SUBTOTAL	239,662,484	16,950,998		16,950,998	193,802	256,419,680	
8	RECONCILING ITEMS							
9	TOTAL	239,662,484	16,950,998		16,950,998	193,802	256,419,680	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	103,109	-252,026	3,403,452	215,130			3,469,665
4	NEW CAP REL COSTS-MV	13,252,405						13,252,405
5	TOTAL	13,355,514	-252,026	3,403,452	215,130			16,722,070

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	160,726		5,594,526				5,755,252
4	NEW CAP REL COSTS-MV	13,252,405						13,252,405
5	TOTAL	13,413,131		5,594,526				19,007,657

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,191,074	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-36,289	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	B	-81,918	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-252,026	NEW CAP REL COSTS-BLDG &	3	10
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,275,625			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-686,041	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-860,982	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-16,926	DIETARY	11	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-226,846	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INSTRT EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MARKETING AND ADVERTISING EXPENSE	A	-274,207	ADMINISTRATIVE & GENERAL	6	
38 MISC. EMPLOYEE BENEFITS INCOME	B	-6,574	EMPLOYEE BENEFITS	5	
39 MISC. ADMIN AND GENERAL INCOME	B	-53,527	ADMINISTRATIVE & GENERAL	6	
40 MISC. OPERATION OF PLANT INCOME	B	-3,822	OPERATION OF PLANT	8	
41 MISC. HOUSEKEEPING INCOME	B	-44,131	HOUSEKEEPING	10	
42 MISC. DIETARY INCOME	B	-8,137	DIETARY	11	
43 MISC. ADULTS AND PEDIATRICS INCOME	B	-10,841	ADULTS & PEDIATRICS	25	
44 MISC. OPERATING ROOM INCOME	B	-132,792	OPERATING ROOM	37	
45 MISC. RADIOLOGY-DIAGNOSTIC INCOME	B	-30,815	RADIOLOGY-DIAGNOSTIC	41	
46 MISC. LABORATORY INCOME	B	-7,301	LABORATORY	44	
47 MISC. PHYSICAL THERAPY INCOME	B	-3,021	PHYSICAL THERAPY	50	
48 MISC. ELECTROCARDIOLOGY INCOME	B	-78,454	ELECTROCARDIOLOGY	53	
49 MISC. HOME HEALTH INCOME	B	-322	HOME HEALTH AGENCY	71	
49.01 MISC. RADIOLOGY-THERAPEUTIC INCOME	B	-312	RADIOLOGY-THERAPEUTIC	42	
49.02 MISC. RESPIRATORY THERAPY INCOME	B	-2,088	RESPIRATORY THERAPY	49	
49.03 LOBBYING EXPENSE	A	-10,690	ADMINISTRATIVE & GENERAL	6	
49.04 TELEVISION DEPRECIATION	A	-13,381	NEW CAP REL COSTS-BLDG &	3	9
49.05 TELEVISION EXPENSE	A	-1,041	OPERATION OF PLANT	8	
49.06 TELEPHONE DEPRECIATION	A	-44,236	NEW CAP REL COSTS-BLDG &	3	9
49.07 TELEPHONE BENEFIT EXPENSE	A	-7,701	EMPLOYEE BENEFITS	5	
49.08 TELEPHONE EXPENSE	A	-81,239	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,442,359			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
  - (2) Basis for adjustment (see instructions).
    - A. Costs - if cost, including applicable overhead, can be determined.
    - B. Amount Received - if cost cannot be determined.
  - (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 15-0044  
I

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	305,464	305,464		140,600			
2 37	OPERATING ROOM	419,941	419,941		208,000			
3 44	LABORATORY	125,000	125,000		215,700			
4 61	EMERGENCY	425,220	425,220		177,200			
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,275,625	1,275,625					



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MAN	HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,469,665			3,469,665			
005 NEW CAP REL COSTS-MVBLE E	13,252,405				13,252,405		
006 EMPLOYEE BENEFITS	18,603,502			70,434	25,036	18,698,972	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	19,539,753			447,709	4,424,474	2,059,184	26,471,120
008 OPERATION OF PLANT	5,541,826			49,118	486,572	502,223	6,579,739
009 LAUNDRY & LINEN SERVICE	759,951			33,839	26,130	36,147	856,067
010 HOUSEKEEPING	1,904,755			19,129	7,424	413,928	2,345,236
011 DIETARY	440,668			12,462	129,620	166,782	749,532
012 CAFETERIA	1,490,806			13,289		322,011	1,826,106
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	623,859			46,284	223,115	98,417	991,675
016 PHARMACY	1,055,343			35,415	33,884	459,628	1,584,270
017 MEDICAL RECORDS & LIBRARY	4,042,488			54,070	128,218	911,258	5,136,034
018 SOCIAL SERVICE	1,704				1,620		3,324
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	18,440,376			869,788	1,062,936	4,981,505	25,354,605
027 INTENSIVE CARE UNIT	2,757,321			209,235	169,317	757,718	3,893,591
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
035 NURSERY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	9,251,024			340,370	1,242,271	2,139,166	12,972,831
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	6,163,609			387,516	2,166,903	1,094,888	9,812,916
044 RADIOLOGY-THERAPEUTIC	1,133,846			18,000	384,200	189,675	1,725,721
045 RADIOISOTOPE							
046 LABORATORY	8,417,503			91,009	538,040	825,356	9,871,908
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	1,556,016			18,526	94,770	400,864	2,070,176
052 PHYSICAL THERAPY	1,362,616			123,720	40,886	316,277	1,843,499
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,818,137			144,433	1,682,948	696,188	5,341,706
054 ELECTROENCEPHALOGRAPHY	45,082			3,790	18,009	11,140	78,021
054 01 SLEEP DISORDER	417,829			34,493	39,421	110,085	601,828
055 MEDICAL SUPPLIES CHARGED	20,063,024						20,063,024
056 DRUGS CHARGED TO PATIENTS	9,832,141						9,832,141
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	3,475,579			228,604	245,973	926,526	4,876,682
064 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,947,075			50,969	22,121	469,691	2,489,856
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	158,407,903			3,302,202	13,193,888	17,888,657	157,371,608
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	3,513,341			167,463	55,602	723,385	4,459,791
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	SUBTOTAL
NONREIMBURS COST CENTERS								5a.00
100 OTHER NONREIMBURSABLE COS	405,147					2,915	86,930	494,992
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	162,326,391				3,469,665	13,252,405	18,698,972	162,326,391

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL			LAUNDRY & LIN EN SERVICE	DIETARY	CAFETERIA	
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	26,471,120						
008 OPERATION OF PLANT	1,282,049		7,861,788				
009 LAUNDRY & LINEN SERVICE	166,803		91,660	1,114,530			
010 HOUSEKEEPING	456,965		51,814	71,881	2,925,896		
011 DIETARY	146,045		33,757	53,497	12,797	995,628	
012 CAFETERIA	355,813		35,997		13,646		2,231,562
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	193,226		125,371		47,526		24,464
016 PHARMACY	308,692		95,929	10	36,365		48,482
017 MEDICAL RECORDS & LIBRARY	1,000,746		146,460		55,521		143,738
018 SOCIAL SERVICE	648						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 ADULTS & PEDIATRICS	4,940,286		2,356,004	456,248	893,127	913,799	773,656
026 INTENSIVE CARE UNIT	758,658		566,757	91,122	214,849	52,871	100,653
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,527,730		921,966	170,537	349,503	10,668	296,730
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	1,912,027		1,049,669	79,180	397,914	5	151,486
043 RADIOLOGY-THERAPEUTIC	336,253		48,758		18,483		28,620
044 RADIOISOTOPE							
045 LABORATORY	1,923,522		246,519	116	93,451		148,488
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	403,370		50,181		19,023		61,093
050 PHYSICAL THERAPY	359,202		335,122	8,508	127,040		42,423
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,040,821		391,229	17,609	148,309	11	93,624
054 ELECTROENCEPHALOGRAPHY	15,202		10,265		3,891		1,989
054 01 SLEEP DISORDER	117,265		93,433	6,520	35,419	106	15,855
055 MEDICAL SUPPLIES CHARGED	3,909,240						
056 DRUGS CHARGED TO PATIENTS	1,915,773						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	950,212		619,224	154,142	234,738	18,168	153,178
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	485,143		138,062		52,337		61,380
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	25,505,691		7,408,177	1,109,370	2,753,939	995,628	2,145,859
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	868,981		453,611	5,160	171,957		75,153
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIV	MAINTENANCE	& OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
100 NONREIMBURS COST CENTERS							
101 OTHER NONREIMBURSABLE COS	96,448						10,550
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	26,471,120		7,861,788	1,114,530	2,925,896	995,628	2,231,562

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY			1,382,262				
017 PHARMACY				2,073,748			
018 MEDICAL RECORDS & LIBRARY					6,482,499		
020 SOCIAL SERVICE						3,972	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS					5,628,682		2,573
028 INTENSIVE CARE UNIT							1,090
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER							
033 NURSERY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					558,774		217
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					37,332		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY							
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					22,881		
051 PHYSICAL THERAPY					22,881		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					211,949		
054 01 SLEEP DISORDER							
055 MEDICAL SUPPLIES CHARGED			1,382,262				
056 DRUGS CHARGED TO PATIENTS				2,073,748			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							92
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS			1,382,262	2,073,748	6,482,499		3,972
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0044  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET 8  
 PART I

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
100 NONREIMBURS COST CENTERS							
101 OTHER NONREIMBURSABLE COSTS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL			1,382,262	2,073,748	6,482,499	3,972	



COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
OTHER NONREIMBURSABLE COS					601,990		601,990
CROSS FOOT ADJUSTMENT							
NEGATIVE COST CENTER							
TOTAL					162,326,391		162,326,391

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				70,434	25,036	95,470	95,470
007 ADMINISTRATIVE & GENERAL				447,709	4,424,474	4,872,183	10,512
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				49,118	486,572	535,690	2,564
010 LAUNDRY & LINEN SERVICE				33,839	26,130	59,969	185
011 HOUSEKEEPING				19,129	7,424	26,553	2,113
012 DIETARY				12,462	129,620	142,082	851
013 CAFETERIA				13,289		13,289	1,644
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY				46,284	223,115	269,399	502
017 PHARMACY				35,415	33,884	69,299	2,346
018 MEDICAL RECORDS & LIBRARY				54,070	128,218	182,288	4,652
019 SOCIAL SERVICE					1,620	1,620	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				869,788	1,062,936	1,932,724	25,444
027 INTENSIVE CARE UNIT				209,235	169,317	378,552	3,868
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				340,370	1,242,271	1,582,641	10,920
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				387,516	2,166,903	2,554,419	5,589
042 RADIOLOGY-THERAPEUTIC				18,000	384,200	402,200	968
043 RADIOISOTOPE							
044 LABORATORY				91,009	538,040	629,049	4,213
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				18,526	94,770	113,296	2,046
050 PHYSICAL THERAPY				123,720	40,886	164,606	1,615
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				144,433	1,682,948	1,827,381	3,554
054 ELECTROENCEPHALOGRAPHY				3,790	18,009	21,799	57
055 01 SLEEP DISORDER				34,493	39,421	73,914	562
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS							-
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY				228,604	245,973	474,577	4,730
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				50,969	22,121	73,090	2,398
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 OTHER ORGAN ACQUISITION							
078 AMBULATORY SURGICAL CENTE							
079 HOSPICE							
080 SUBTOTALS				3,302,202	13,193,888	16,496,090	91,333
081 NONREIMBURS COST CENTERS							
082 GIFT, FLOWER, COFFEE SHOP							
083 RESEARCH							
084 PHYSICIANS' PRIVATE OFFIC				167,463	55,602	223,065	3,693
085 NONPAID WORKERS							
086							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
100 NONREIMBURS COST CENTERS							
101 OTHER NONREIMBURSABLE COS					2,915	2,915	444
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				3,469,665	13,252,405	16,722,070	95,470

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	4,882,695						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	236,476		774,730				
010 LAUNDRY & LINEN SERVICE	30,767		9,033	99,954			
011 HOUSEKEEPING	84,288		5,106	6,446	124,506		
012 DIETARY	26,938		3,327	4,798	545	178,541	
013 CAFETERIA	65,630		3,547		581		84,691
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	35,641		12,354		2,022		928
017 PHARMACY	56,939		9,453	1	1,547		1,840
018 MEDICAL RECORDS & LIBRARY	184,589		14,433		2,363		5,455
019 SOCIAL SERVICE	119						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	911,302		232,169	40,918	38,006	163,867	29,364
027 INTENSIVE CARE UNIT	139,936		55,850	8,172	9,142	9,481	3,820
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	466,244		90,854	15,294	14,872	1,913	11,261
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	352,676		103,438	7,101	16,932	1	5,749
042 RADIOLOGY-THERAPEUTIC	62,022		4,805		787		1,086
043 RADIOISOTOPE							
044 LABORATORY	354,796		24,293	10	3,977		5,635
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	74,402		4,945		809		2,319
050 PHYSICAL THERAPY	66,255		33,024	763	5,406		1,610
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	191,981		38,553	1,579	6,311	2	3,553
054 ELECTROENCEPHALOGRAPHY	2,804		1,012		166		75
054 01 SLEEP DISORDER	21,630		9,207	585	1,507	19	602
055 MEDICAL SUPPLIES CHARGED	721,065						
056 DRUGS CHARGED TO PATIENTS	353,367						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	175,268		61,021	13,824	9,989	3,258	5,813
062 OBSERVATION BEDS (NON-DIS							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 CORF							
069 I&R SERVICES-NOT APPRVD P							
070 HOME HEALTH AGENCY	89,485		13,605		2,227		2,329
071 LUNG ACQUISITION							
072 SPEC PURPOSE COST CENTERS							
073 KIDNEY ACQUISITION							
074 LIVER ACQUISITION							
075 HEART ACQUISITION							
076 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS	4,704,620		730,029	99,491	117,189	178,541	81,439
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP							
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC	160,285		44,701	463	7,317		2,852
084 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
100 NONREIMBURS COST CENTERS							
101 OTHER NONREIMBURSABLE COSTS	17,790						400
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	4,882,695		774,730	99,954	124,506	178,541	84,691

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	ES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY			320,846				
017 PHARMACY				141,425			
018 MEDICAL RECORDS & LIBRARY					393,780		
020 SOCIAL SERVICE						1,739	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS					341,914	1,127	
028 INTENSIVE CARE UNIT						477	
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER							
036 NURSERY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					33,943	95	
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					2,268		
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY							
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					1,390		
054 PHYSICAL THERAPY					1,390		
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY					12,875		
058 ELECTROENCEPHALOGRAPHY							
059 01 SLEEP DISORDER							
060 MEDICAL SUPPLIES CHARGED			320,846				
061 DRUGS CHARGED TO PATIENTS				141,425			
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY						40	
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTERS							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS			320,846	141,425	393,780	1,739	
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
100 NONREIMBURS COST CENTERS							
101 OTHER NONREIMBURSABLE COSTS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL			320,846	141,425	393,780	1,739	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	SUBTOTAL	POST	TOTAL
	L	SALARY & FRI	OTHER PRGM C	GM		STEPDOWN ADJUSTMENT	
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS,					3,716,835		3,716,835
027 ADULTS & PEDIATRICS					609,298		609,298
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER							
036 NURSERY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					2,228,037		2,228,037
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					3,048,173		3,048,173
046 RADIOLOGY-THERAPEUTIC					471,868		471,868
047 RADIOISOTOPE							
048 LABORATORY					1,021,973		1,021,973
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					199,207		199,207
054 PHYSICAL THERAPY					274,669		274,669
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY					2,085,789		2,085,789
058 ELECTROENCEPHALOGRAPHY					25,913		25,913
059 01 SLEEP DISORDER					108,026		108,026
060 MEDICAL SUPPLIES CHARGED					1,041,911		1,041,911
061 DRUGS CHARGED TO PATIENTS					494,792		494,792
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY					748,520		748,520
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY					183,134		183,134
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTERS							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS					16,258,145		16,258,145
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC					442,376		442,376
089 NONPAID WORKERS							
090							
091							
092							
093							
094							
095							
096							
097							
098							
099							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B  
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
OTHER NONREIMBURSABLE COS					21,549		21,549
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL					16,722,070		16,722,070

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL- ) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE ) FEET	(DOLLAR )VALUE	(GROSS )ALARIES	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			402,859			
005 NEW CAP REL COSTS-MVB				8,860,691		
006 EMPLOYEE BENEFITS			8,178	16,739	65,785,666	
007 ADMINISTRATIVE & GENE			51,983	2,958,248	7,244,500	-26,471,120
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			5,703	325,327	1,766,892	
010 LAUNDRY & LINEN SERVI			3,929	17,471	127,169	
011 HOUSEKEEPING			2,221	4,964	1,456,256	
012 DIETARY			1,447	86,665	586,761	
013 CAFETERIA			1,543		1,132,881	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO						
016 CENTRAL SERVICES & SU			5,374	149,177	346,246	
017 PHARMACY			4,112	22,655	1,617,038	
018 MEDICAL RECORDS & LIB			6,278	85,728	3,205,936	
019 SOCIAL SERVICE				1,083		
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			100,990	710,690	17,525,677	
027 INTENSIVE CARE UNIT			24,294	113,207	2,665,760	
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
030 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
032 NURSERY						
033 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM			39,520	830,595	7,525,890	
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			44,994	1,448,813	3,851,969	
043 RADIOLOGY-THERAPEUTIC			2,090	256,880	667,304	
044 RADIOISOTOPE						
045 LABORATORY			10,567	359,739	2,903,720	
046 PBP CLINICAL LAB SERV						
047 WHOLE BLOOD & PACKED						
048 BLOOD STORING, PROCES						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY			2,151	63,364	1,410,296	
051 PHYSICAL THERAPY			14,365	27,337	1,112,707	
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY			16,770	1,125,236	2,449,288	
055 ELECTROENCEPHALOGRAPH			440	12,041	39,192	
056 01 SLEEP DISORDER			4,005	26,357	387,294	
057 MEDICAL SUPPLIES CHAR						
058 DRUGS CHARGED TO PATI						
060 RENAL DIALYSIS						
061 ASC (NON-DISTINCT PAR						
062 OUTPAT SERVICE COST C						
064 CLINIC						
065 EMERGENCY			26,543	164,460	3,259,648	
066 OBSERVATION BEDS (NON						
067 OTHER REIMBURS COST C						
068 HOME PROGRAM DIALYSIS						
069 AMBULANCE SERVICES						
070 DURABLE MEDICAL EQUIP						
071 DURABLE MEDICAL EQUIP						
072 CORF						
073 I&R SERVICES-NOT APPR						
074 HOME HEALTH AGENCY			5,918	14,790	1,652,438	
075 LUNG ACQUISITION						
076 SPEC PURPOSE COST CEN						
077 KIDNEY ACQUISITION						
078 LIVER ACQUISITION						
079 HEART ACQUISITION						
080 OTHER ORGAN ACQUISITI						
081 AMBULATORY SURGICAL C						
082 HOSPICE						
083 SUBTOTALS			383,415	8,821,566	62,934,862	-26,471,120
084 NONREIMBURS COST CENT						
085 GIFT, FLOWER, COFFEE						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL- ) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE ) FEET	(DOLLAR )VALUE	(GROSS )ALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			19,444	37,176	2,544,971	
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE				1,949	305,833	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,469,665	13,252,405	18,698,972	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			8.612604		.284241	
(WRKSHT B, PT I)				1.495640		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					95,470	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001451	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	H
		( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( SQUARE FEET )	( MEALS ) SERVED	
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE	135,855,271						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	6,579,739		336,995				
010	LAUNDRY & LINEN SERVI	856,067		3,929	1,434,380			
011	HOUSEKEEPING	2,345,236		2,221	92,510	330,845		
012	DIETARY	749,532		1,447	68,850	1,447	187,690	
013	CAFETERIA	1,826,106		1,543		1,543		1,991,946
014	MAINTENANCE OF PERSON							
015	NURSING ADMINISTRATIO							
016	CENTRAL SERVICES & SU	991,675		5,374		5,374		21,837
017	PHARMACY	1,584,270		4,112	13	4,112		43,276
018	MEDICAL RECORDS & LIB	5,136,034		6,278		6,278		128,304
019	SOCIAL SERVICE	3,324						
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	25,354,605		100,990	587,184	100,990	172,264	690,586
027	INTENSIVE CARE UNIT	3,893,591		24,294	117,272	24,294	9,967	89,845
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE U							
030	SURGICAL INTENSIVE CA							
031	SUBPROVIDER							
032	NURSERY							
033	NURSING FACILITY							
034	01 ICF/MR							
035	OTHER LONG TERM CARE							
036	ANCILLARY SRVC COST C							
037	OPERATING ROOM	12,972,831		39,520	219,478	39,520	2,011	264,868
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	9,812,916		44,994	101,903	44,994	1	135,220
042	RADIOLOGY-THERAPEUTIC	1,725,721		2,090		2,090		25,547
043	RADIOISOTOPE							
044	LABORATORY	9,871,908		10,567	149	10,567		132,544
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	2,070,176		2,151		2,151		54,533
050	PHYSICAL THERAPY	1,843,499		14,365	10,949	14,365		37,868
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	5,341,706		16,770	22,662	16,770	2	83,571
054	ELECTROENCEPHALOGRAPH	78,021		440		440		1,775
055	01 SLEEP DISORDER	601,828		4,005	8,391	4,005	20	14,153
056	MEDICAL SUPPLIES CHAR	20,063,024						
057	DRUGS CHARGED TO PATI	9,832,141						
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PAR							
060	OUTPAT SERVICE COST C							
061	CLINIC							
062	EMERGENCY	4,876,682		26,543	198,378	26,543	3,425	136,730
063	OBSERVATION BEDS (NON							
064	OTHER REIMBURS COST C							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP							
068	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	2,489,856		5,918		5,918		54,789
072	LUNG ACQUISITION							
073	SPEC PURPOSE COST CEN							
074	KIDNEY ACQUISITION							
075	LIVER ACQUISITION							
076	HEART ACQUISITION							
077	OTHER ORGAN ACQUISITI							
078	AMBULATORY SURGICAL C							
079	HOSPICE							
080	SUBTOTALS	130,900,488		317,551	1,427,739	311,401	187,690	1,915,446
081	NONREIMBURS COST CENT							
082	GIFT, FLOWER, COFFEE							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS OF LAUNDRY )	(SQUARE FEET )	(MEALS )ERVED	S(MAN )OURS	H )
	6	7	8	9	10	11	12	
097 NONREIMBURS COST CENT RESEARCH								
098 PHYSICIANS' PRIVATE O	4,459,791		19,444	6,641	19,444		67,083	
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE	494,992						9,417	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	26,471,120		7,861,788	1,114,530	2,925,896	995,628	2,231,562	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.194848		23.329094	.777012	8.843706	5.304641	1.120292	
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)	4,882,695		774,730	99,954	124,506	178,541	84,691	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.035940		2.298936	.069684	.376327	.951255	.042517	

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET 8-1  
 I I TO 12/31/2008 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY	R(COSTED )EQUIS.	DS & LIBRARY	E	ANESTHETISTS
	(NUMBER HOUSED	(DIRECT )SING HRS	NR(COSTED )EQUIS.	R(COSTED )EQUIS.	R(TIME )SPENT	(TIME )SPENT	(ASSIGNED ) TIME
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO		1,183,044		100			
016 CENTRAL SERVICES & SU							
017 PHARMACY					100		
018 MEDICAL RECORDS & LIB						134,575	
020 SOCIAL SERVICE							10,000
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
024 I&R SERVICES-OTHER PR							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS		688,487				116,850	6,477
028 INTENSIVE CARE UNIT		89,845					2,745
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE U							
033 SURGICAL INTENSIVE CA							
035 SUBPROVIDER							
035 NURSERY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST C							
040 OPERATING ROOM		265,340				11,600	547
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR							
043 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC						775	
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY							
048 PBP CLINICAL LAB SERV							
049 WHOLE BLOOD & PACKED							
050 BLOOD STORING, PROCES							
051 INTRAVENOUS THERAPY						475	
052 RESPIRATORY THERAPY						475	
053 PHYSICAL THERAPY							
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY						4,400	
057 ELECTROENCEPHALOGRAPH							
058 01 SLEEP DISORDER							
059 MEDICAL SUPPLIES CHAR				100			
060 DRUGS CHARGED TO PATI					100		
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PAR							
063 OUTPAT SERVICE COST C							
064 CLINIC							
065 EMERGENCY		139,372					231
066 OBSERVATION BEDS (NON							
067 OTHER REIMBURS COST C							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP							
071 DURABLE MEDICAL EQUIP							
072 CORF							
073 I&R SERVICES-NOT APPR							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CEN							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 OTHER ORGAN ACQUISITI							
081 AMBULATORY SURGICAL C							
082 HOSPICE							
083 SUBTOTALS		1,183,044		100	100	134,575	10,000
084 NONREIMBURS COST CENT							
085 GIFT, FLOWER, COFFEE							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED	(DIRECT )SING HRS	NR(COSTED )EQUIS.	R(COSTED )EQUIS.	R(TIME )SPENT	(TIME )SPENT	(ASSIGNED ) TIME )
	13	14	15	16	17	18	20
097 NONREIMBURS COST CENT RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,382,262	2,073,748	6,482,499	3,972	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			13,822.620000	20,737.480000	48.170158	.397200	
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)			320,846	141,425	393,780	1,739	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			3,208.460000	1,414.250000	2.926101	.173900	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	L	SALARY & FRI	OTHER PRGM C	GM
	(ASSIGNED TIME	(ASSIGNED TIME	(ASSIGNED TIME	(ASSIGNED TIME
	21	22	23	24
001	GENERAL SERVICE COST			
002	OLD CAP REL COSTS-BLD			
003	OLD CAP REL COSTS-MVB			
004	NEW CAP REL COSTS-BLD			
005	NEW CAP REL COSTS-MVB			
006	EMPLOYEE BENEFITS			
007	ADMINISTRATIVE & GENE			
008	MAINTENANCE & REPAIRS			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVI			
011	HOUSEKEEPING			
012	DIETARY			
013	CAFETERIA			
014	MAINTENANCE OF PERSON			
015	NURSING ADMINISTRATIO			
016	CENTRAL SERVICES & SU			
017	PHARMACY			
018	MEDICAL RECORDS & LIB			
020	SOCIAL SERVICE			
021	NONPHYSICIAN ANESTHET			
022	NURSING SCHOOL			
023	I&R SERVICES-SALARY &			
024	I&R SERVICES-OTHER PR			
025	PARAMED ED PRGM			
026	INPAT ROUTINE SRVC CN			
027	ADULTS & PEDIATRICS			
028	INTENSIVE CARE UNIT			
029	CORONARY CARE UNIT			
031	BURN INTENSIVE CARE U			
033	SURGICAL INTENSIVE CA			
035	SUBPROVIDER			
036	NURSERY			
037	NURSING FACILITY			
038	01 ICF/MR			
039	OTHER LONG TERM CARE			
040	ANCILLARY SRVC COST C			
041	OPERATING ROOM			
042	RECOVERY ROOM			
043	DELIVERY ROOM & LABOR			
044	ANESTHESIOLOGY			
045	RADIOLOGY-DIAGNOSTIC			
046	RADIOLOGY-THERAPEUTIC			
047	RADIOISOTOPE			
048	LABORATORY			
049	PBP CLINICAL LAB SERV			
050	WHOLE BLOOD & PACKED			
051	BLOOD STORING, PROCES			
052	INTRAVENOUS THERAPY			
053	RESPIRATORY THERAPY			
054	PHYSICAL THERAPY			
055	OCCUPATIONAL THERAPY			
056	SPEECH PATHOLOGY			
057	ELECTROCARDIOLOGY			
058	ELECTROENCEPHALOGRAPH			
059	01 SLEEP DISORDER			
060	MEDICAL SUPPLIES CHAR			
061	DRUGS CHARGED TO PATI			
062	RENAL DIALYSIS			
063	ASC (NON-DISTINCT PAR			
064	OUTPAT SERVICE COST C			
065	CLINIC			
066	EMERGENCY			
067	OBSERVATION BEDS (NON			
068	OTHER REIMBURS COST C			
069	HOME PROGRAM DIALYSIS			
070	AMBULANCE SERVICES			
071	DURABLE MEDICAL EQUIP			
072	DURABLE MEDICAL EQUIP			
073	CORF			
074	I&R SERVICES-NOT APPR			
075	HOME HEALTH AGENCY			
076	LUNG ACQUISITION			
077	SPEC PURPOSE COST CEN			
078	KIDNEY ACQUISITION			
079	LIVER ACQUISITION			
080	HEART ACQUISITION			
081	OTHER ORGAN ACQUISITI			
082	AMBULATORY SURGICAL C			
083	HOSPICE			
084	SUBTOTALS			
085	NONREIMBURS COST CENT			
086	GIFT, FLOWER, COFFEE			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	L	SALARY & FRI	OTHER PRGM C	GM
	(ASSIGNED TIME	) (ASSIGNED TIME	) (ASSIGNED TIME	) (ASSIGNED TIME )
NONREIMBURS COST CENT	21	22	23	24
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET C	
I		I	TO 12/31/2008	I	PART I	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	41,318,980		41,318,980		41,318,980
26	INTENSIVE CARE UNIT	5,679,591		5,679,591		5,679,591
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,808,956		17,808,956		17,808,956
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	13,440,529		13,440,529		13,440,529
42	RADIOLOGY-THERAPEUTIC	2,157,835		2,157,835		2,157,835
43	RADIOISOTOPE					
44	LABORATORY	12,284,004		12,284,004		12,284,004
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,626,724		2,626,724		2,626,724
50	PHYSICAL THERAPY	2,738,675		2,738,675		2,738,675
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	7,245,258		7,245,258		7,245,258
54	ELECTROENCEPHALOGRAPHY	109,368		109,368		109,368
54	01 SLEEP DISORDER	870,426		870,426		870,426
55	MEDICAL SUPPLIES CHARGED	25,354,526		25,354,526		25,354,526
56	DRUGS CHARGED TO PATIENTS	13,821,662		13,821,662		13,821,662
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	7,006,436		7,006,436		7,006,436
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,225,044		3,225,044		3,225,044
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	155,688,014		155,688,014		155,688,014
102	LESS OBSERVATION BEDS	3,225,044		3,225,044		3,225,044
103	TOTAL	152,462,970		152,462,970		152,462,970

## COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,945,963		43,945,963			
26	INTENSIVE CARE UNIT	6,821,088		6,821,088			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,490,530	43,844,350	69,334,880	.256854	.256854	.256854
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	14,378,843	47,888,027	62,266,870	.215854	.215854	.215854
42	RADIOLOGY-THERAPEUTIC	10,019,135	27,065,448	37,084,583	.058187	.058187	.058187
43	RADIOISOTOPE						
44	LABORATORY	32,995,232	35,165,276	68,160,508	.180222	.180222	.180222
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	12,590,088	1,024,862	13,614,950	.192929	.192929	.192929
50	PHYSICAL THERAPY	2,577,901	2,366,931	4,944,832	.553846	.553846	.553846
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	24,119,560	18,752,536	42,872,096	.168997	.168997	.168997
54	ELECTROENCEPHALOGRAPHY	105,625	567,508	673,133	.162476	.162476	.162476
54	01 SLEEP DISORDER	25,455	2,714,249	2,739,704	.317708	.317708	.317708
55	MEDICAL SUPPLIES CHARGED	20,617,045	6,836,397	27,453,442	.923546	.923546	.923546
56	DRUGS CHARGED TO PATIENTS	51,918,768	16,859,939	68,778,707	.200958	.200958	.200958
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	5,224,069	18,463,210	23,687,279	.295789	.295789	.295789
62	OBSERVATION BEDS (NON-DIS	504,016	2,989,853	3,493,869	.923058	.923058	.923058
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	251,333,318	224,538,586	475,871,904			
102	LESS OBSERVATION BEDS						
103	TOTAL	251,333,318	224,538,586	475,871,904			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET C  
I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	41,318,980		41,318,980		41,318,980
26	INTENSIVE CARE UNIT	5,679,591		5,679,591		5,679,591
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,808,956		17,808,956		17,808,956
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	13,440,529		13,440,529		13,440,529
42	RADIOLOGY-THERAPEUTIC	2,157,835		2,157,835		2,157,835
43	RADIOISOTOPE					
44	LABORATORY	12,284,004		12,284,004		12,284,004
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,626,724		2,626,724		2,626,724
50	PHYSICAL THERAPY	2,738,675		2,738,675		2,738,675
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	7,245,258		7,245,258		7,245,258
54	ELECTROENCEPHALOGRAPHY	109,368		109,368		109,368
54	01 SLEEP DISORDER	870,426		870,426		870,426
55	MEDICAL SUPPLIES CHARGED	25,354,526		25,354,526		25,354,526
56	DRUGS CHARGED TO PATIENTS	13,821,662		13,821,662		13,821,662
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	7,006,436		7,006,436		7,006,436
62	OBSERVATION BEDS (NON-DIS	3,225,044		3,225,044		3,225,044
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	155,688,014		155,688,014		155,688,014
102	LESS OBSERVATION BEDS	3,225,044		3,225,044		3,225,044
103	TOTAL	152,462,970		152,462,970		152,462,970

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET C  
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,945,963		43,945,963			
26	INTENSIVE CARE UNIT	6,821,088		6,821,088			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,490,530	43,844,350	69,334,880	.256854	.256854	.256854
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	14,378,843	47,888,027	62,266,870	.215854	.215854	.215854
42	RADIOLOGY-THERAPEUTIC	10,019,135	27,065,448	37,084,583	.058187	.058187	.058187
43	RADIOISOTOPE						
44	LABORATORY	32,995,232	35,165,276	68,160,508	.180222	.180222	.180222
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	12,590,088	1,024,862	13,614,950	.192929	.192929	.192929
50	PHYSICAL THERAPY	2,577,901	2,366,931	4,944,832	.553846	.553846	.553846
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	24,119,560	18,752,536	42,872,096	.168997	.168997	.168997
54	ELECTROENCEPHALOGRAPHY	105,625	567,508	673,133	.162476	.162476	.162476
54	01 SLEEP DISORDER	25,455	2,714,249	2,739,704	.317708	.317708	.317708
55	MEDICAL SUPPLIES CHARGED	20,617,045	6,836,397	27,453,442	.923546	.923546	.923546
56	DRUGS CHARGED TO PATIENTS	51,918,768	16,859,939	68,778,707	.200958	.200958	.200958
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	5,224,069	18,463,210	23,687,279	.295789	.295789	.295789
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	504,016	2,989,853	3,493,869	.923058	.923058	.923058
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	251,333,318	224,538,586	475,871,904			
102	LESS OBSERVATION BEDS						
103	TOTAL	251,333,318	224,538,586	475,871,904			

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						
38	OPERATING ROOM	17,808,956	2,228,037	15,580,919			17,808,956
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	13,440,529	3,048,173	10,392,356			13,440,529
43	RADIOLOGY-THERAPEUTIC	2,157,835	471,868	1,685,967			2,157,835
44	RADIOISOTOPE						
45	LABORATORY	12,284,004	1,021,973	11,262,031			12,284,004
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,626,724	199,207	2,427,517			2,626,724
51	PHYSICAL THERAPY	2,738,675	274,669	2,464,006			2,738,675
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	7,245,258	2,085,789	5,159,469			7,245,258
54	ELECTROENCEPHALOGRAPHY	109,368	25,913	83,455			109,368
55	01 SLEEP DISORDER	870,426	108,026	762,400			870,426
56	MEDICAL SUPPLIES CHARGED	25,354,526	1,041,911	24,312,615			25,354,526
57	DRUGS CHARGED TO PATIENTS	13,821,662	494,792	13,326,870			13,821,662
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	7,006,436	748,520	6,257,916			7,006,436
64	OBSERVATION BEDS (NON-DIS	3,225,044	290,109	2,934,935			3,225,044
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	108,689,443	12,038,987	96,650,456			108,689,443
104	LESS OBSERVATION BEDS	3,225,044	290,109	2,934,935			3,225,044
105	TOTAL	105,464,399	11,748,878	93,715,521			105,464,399

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES 7	OUTPAT COST TO CHRG RATIO 8	I/P PT B COST TO CHRG RATIO 9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	69,334,880	.256854	.256854
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	62,266,870	.215854	.215854
43	RADIOLOGY-THERAPEUTIC	37,084,583	.058187	.058187
44	RADIOISOTOPE			
45	LABORATORY	68,160,508	.180222	.180222
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	13,614,950	.192929	.192929
51	PHYSICAL THERAPY	4,944,832	.553846	.553846
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	42,872,096	.168997	.168997
54	ELECTROENCEPHALOGRAPHY	673,133	.162476	.162476
55	01 SLEEP DISORDER	2,739,704	.317708	.317708
56	MEDICAL SUPPLIES CHARGED	27,453,442	.923546	.923546
57	DRUGS CHARGED TO PATIENTS	68,778,707	.200958	.200958
58	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
61	EMERGENCY	23,687,279	.295789	.295789
62	OBSERVATION BEDS (NON-DIS	3,493,869	.923058	.923058
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	425,104,853		
102	LESS OBSERVATION BEDS	3,493,869		
103	TOTAL	421,610,984		

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						
38	OPERATING ROOM	17,808,956	2,228,037	15,580,919	222,804	903,693	16,682,459
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	13,440,529	3,048,173	10,392,356	304,817	602,757	12,532,955
43	RADIOLOGY-THERAPEUTIC	2,157,835	471,868	1,685,967	47,187	97,786	2,012,862
44	RADIOISOTOPE						
45	LABORATORY	12,284,004	1,021,973	11,262,031	102,197	653,198	11,528,609
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,626,724	199,207	2,427,517	19,921	140,796	2,466,007
51	PHYSICAL THERAPY	2,738,675	274,669	2,464,006	27,467	142,912	2,568,296
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	7,245,258	2,085,789	5,159,469	208,579	299,249	6,737,430
54	ELECTROENCEPHALOGRAPHY	109,368	25,913	83,455	2,591	4,840	101,937
54	01 SLEEP DISORDER	870,426	108,026	762,400	10,803	44,219	815,404
55	MEDICAL SUPPLIES CHARGED	25,354,526	1,041,911	24,312,615	104,191	1,410,132	23,840,203
56	DRUGS CHARGED TO PATIENTS	13,821,662	494,792	13,326,870	49,479	772,958	12,999,225
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	7,006,436	748,520	6,257,916	74,852	362,959	6,568,625
62	OBSERVATION BEDS (NON-DIS	3,225,044	290,109	2,934,935	29,011	170,226	3,025,807
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	108,689,443	12,038,987	96,650,456	1,203,899	5,605,725	101,879,819
102	LESS OBSERVATION BEDS	3,225,044	290,109	2,934,935	29,011	170,226	3,025,807
103	TOTAL	105,464,399	11,748,878	93,715,521	1,174,888	5,435,499	98,854,012

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	69,334,880	.240607	.253641
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	62,266,870	.201278	.210958
42	RADIOLOGY-THERAPEUTIC	37,084,583	.054278	.056914
43	RADIOISOTOPE			
44	LABORATORY	68,160,508	.169139	.178722
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	13,614,950	.181125	.191466
50	PHYSICAL THERAPY	4,944,832	.519390	.548291
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	42,872,096	.157152	.164132
54	ELECTROENCEPHALOGRAPHY	673,133	.151437	.158627
54 01	SLEEP DISORDER	2,739,704	.297625	.313765
55	MEDICAL SUPPLIES CHARGED	27,453,442	.868387	.919751
56	DRUGS CHARGED TO PATIENTS	68,778,707	.189001	.200239
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	23,687,279	.277306	.292629
62	OBSERVATION BEDS (NON-DIS	3,493,869	.866033	.914755
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	425,104,853		
102	LESS OBSERVATION BEDS	3,493,869		
103	TOTAL	421,610,984		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I  
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				3,716,835		3,716,835
27	INTENSIVE CARE UNIT				609,298		609,298
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				4,326,133		4,326,133

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	50,966	24,865			72.93	1,813,404
26	INTENSIVE CARE UNIT	5,118	3,025			119.05	360,126
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	56,084	27,890				2,173,530

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0044 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	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		2,228,037	69,334,880	13,074,083		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		3,048,173	62,266,870	8,595,395		
43	RADIOLOGY-THERAPEUTIC		471,868	37,084,583	6,366,058		
44	RADIOISOTOPE						
45	LABORATORY		1,021,973	68,160,508	19,841,486		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		199,207	13,614,950	7,148,597		
51	PHYSICAL THERAPY		274,669	4,944,832	1,849,729		
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY		2,085,789	42,872,096	14,332,471		
54	ELECTROENCEPHALOGRAPHY		25,913	673,133	64,206		
54	01 SLEEP DISORDER		108,026	2,739,704	20,083		
55	MEDICAL SUPPLIES CHARGED		1,041,911	27,453,442	9,048,744		
56	DRUGS CHARGED TO PATIENTS		494,792	68,778,707	26,166,772		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		748,520	23,687,279	3,855,638		
62	OBSERVATION BEDS (NON-DIS		290,109	3,493,869	411,324		
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		12,038,987	425,104,853	110,774,586		

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 15-0044 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.032134	420,123
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.048953	420,770
42	RADIOLOGY-THERAPEUTIC	.012724	81,002
43	RADIOISOTOPE		
44	LABORATORY	.014994	297,503
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.014631	104,591
50	PHYSICAL THERAPY	.055547	102,747
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.048651	697,289
54	ELECTROENCEPHALOGRAPHY	.038496	2,472
54 01	SLEEP DISORDER	.039430	792
55	MEDICAL SUPPLIES CHARGED	.037952	343,418
56	DRUGS CHARGED TO PATIENTS	.007194	188,244
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.031600	121,838
62	OBSERVATION BEDS (NON-DIS	.083034	34,154
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,814,943

PPS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					50,966	
26	INTENSIVE CARE UNIT					5,118	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					56,084	

Health Financial Systems MCRIF32

FOR FLOYD MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
I I TO 12/31/2008 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	24,865	
26	INTENSIVE CARE UNIT	3,025	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	27,890	

TITLE XVIII, PART A

HOSPITAL

PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			69,334,880			13,074,083	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			62,266,870			8,595,395	
43	RADIOLOGY-THERAPEUTIC			37,084,583			6,366,058	
44	RADIOISOTOPE							
45	LABORATORY			68,160,508			19,841,486	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY			13,614,950			7,148,597	
50	RESPIRATORY THERAPY			4,944,832			1,849,729	
51	PHYSICAL THERAPY							
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY			42,872,096			14,332,471	
55	ELECTROENCEPHALOGRAPHY			673,133			64,206	
56	01 SLEEP DISORDER			2,739,704			20,083	
57	MEDICAL SUPPLIES CHARGED			27,453,442			9,048,744	
58	DRUGS CHARGED TO PATIENTS			68,778,707			26,166,772	
59	RENAL DIALYSIS							
60	ASC (NON-DISTINCT PART)							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
63	EMERGENCY			23,687,279			3,855,638	
64	OBSERVATION BEDS (NON-DIS			3,493,869			411,324	
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
69	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			425,104,853			110,774,586	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,322,246					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	12,090,634					
42	RADIOLOGY-THERAPEUTIC	6,596,365					
43	RADIOISOTOPE						
44	LABORATORY	1,324,740					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	386,464					
50	PHYSICAL THERAPY	4,668					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,437,768					
54	ELECTROENCEPHALOGRAPHY	131,328					
54	01 SLEEP DISORDER	628,032					
55	MEDICAL SUPPLIES CHARGED	2,762,562					
56	DRUGS CHARGED TO PATIENTS	6,618,185					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,524,766					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	936,331					
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	50,764,089					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0044 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	.256854	.256854			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.215854	.215854			
42 RADIOLOGY-THERAPEUTIC	.058187	.058187			
43 RADIOISOTOPE					
44 LABORATORY	.180222	.180222			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.192929	.192929			
50 PHYSICAL THERAPY	.553846	.553846			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.168997	.168997			
54 ELECTROENCEPHALOGRAPHY	.162476	.162476			
54 01 SLEEP DISORDER	.317708	.317708			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.923546	.923546			
56 DRUGS CHARGED TO PATIENTS	.200958	.200958			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.295789	.295789			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.923058	.923058			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
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 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0044 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		10,322,246			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		12,090,634		36	
42 RADIOLOGY-THERAPEUTIC		6,596,365			
43 RADIOISOTOPE					
44 LABORATORY		1,324,740			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		386,464			
50 PHYSICAL THERAPY		4,668			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		6,437,768			
54 ELECTROENCEPHALOGRAPHY		131,328			
54 01 SLEEP DISORDER		628,032			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,762,562			
56 DRUGS CHARGED TO PATIENTS		6,618,185		2,064	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		2,524,766			
62 OBSERVATION BEDS (NON-DISTINCT PART)		936,331			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		50,764,089		2,100	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		50,764,089		2,100	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,651,310	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				2,609,812	8
42 RADIOLOGY-THERAPEUTIC				383,823	
43 RADIOISOTOPE					
44 LABORATORY				238,747	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY				74,560	
49 RESPIRATORY THERAPY				2,585	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,087,963	
54 ELECTROENCEPHALOGRAPHY				21,338	
54 01 SLEEP DISORDER				199,531	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,551,353	
56 DRUGS CHARGED TO PATIENTS				1,329,977	415
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				746,798	
62 EMERGENCY				864,288	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				12,762,085	423
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				12,762,085	423
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
54 01 SLEEP DISORDER			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET	D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	VI
I	15-0044	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
.200958
29,678
5,964

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0044 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	.240607				1,584,752
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.201278				1,399,259
42 RADIOLOGY-THERAPEUTIC	.054278				878,101
43 RADIOISOTOPE					
44 LABORATORY	.169139				1,251,431
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.181125				61,456
50 PHYSICAL THERAPY	.519390				65,122
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.157152				379,894
54 ELECTROENCEPHALOGRAPHY	.151437				29,483
54 OI SLEEP DISORDER	.297625				67,045
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.868387				
56 DRUGS CHARGED TO PATIENTS	.189001				
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.277306				1,543,814
62 OBSERVATION BEDS (NON-DISTINCT PART)	.866033				
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					7,260,357
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					7,260,357

(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 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0044 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 SLEEP DISORDER					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
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 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART V  
 I 15-0044 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		381,302			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		281,640			
42 RADIOLOGY-THERAPEUTIC		47,662			
43 RADIOISOTOPE					
44 LABORATORY		211,666			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		11,131			
50 PHYSICAL THERAPY		33,824			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		59,701			
54 ELECTROENCEPHALOGRAPHY		4,465			
54 01 SLEEP DISORDER		19,954			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		428,109			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		1,479,454			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		1,479,454			

(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	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I	
I	15-0044	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)	50,966
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	50,966
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50,966
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)	24,865
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	41,318,980
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)	41,318,980
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52,265,838
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52,265,838
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.790554
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,025.50
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	41,318,980

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 810.72  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 20,158,553  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 20,158,553

	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	5,679,591	5,118	1,109.73	3,025	3,356,933
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 29,137,854
49 TOTAL PROGRAM INPATIENT COSTS					52,653,340

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,173,530  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,814,943  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,988,473  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 47,664,867

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 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2008 I PART III  
 I 15-0044 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 3,978  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 810.72  
 85 OBSERVATION BED COST 3,225,044

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		41,318,980		3,225,044	
87 NEW CAPITAL-RELATED COST	3,716,835	41,318,980	.089955	3,225,044	290,109
88 NON PHYSICIAN ANESTHETIST		41,318,980		3,225,044	
89 MEDICAL EDUCATION		41,318,980		3,225,044	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I	
I	15-0044	I		I		

TITLE XIX - I/P

HOSPITAL

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	50,966
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	50,966
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50,966
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)	5,751
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	41,318,980
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	41,318,980

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52,265,838
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52,265,838
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.790554
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,025.50
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	41,318,980

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 810.72  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,662,451  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,662,451

	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	5,679,591	5,118	1,109.73		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 2,214,629
49 TOTAL PROGRAM INPATIENT COSTS					6,877,080

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,978
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	810.72
85	OBSERVATION BED COST	3,225,044

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 12/31/2008	I	
I	15-0044	I		I	

TITLE XVIII, PART A		HOSPITAL		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS		19,948,379		
26	INTENSIVE CARE UNIT		3,971,955		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.256854	13,074,083	3,358,131	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.215854	8,595,395	1,855,350	
42	RADIOLOGY-THERAPEUTIC	.058187	6,366,058	370,422	
43	RADIOISOTOPE				
44	LABORATORY	.180222	19,841,486	3,575,872	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY	.192929	7,148,597	1,379,172	
50	PHYSICAL THERAPY	.553846	1,849,729	1,024,465	
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY	.168997	14,332,471	2,422,145	
54	ELECTROENCEPHALOGRAPHY	.162476	64,206	10,432	
54	01 SLEEP DISORDER	.317708	20,083	6,381	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.923546	9,048,744	8,356,931	
56	DRUGS CHARGED TO PATIENTS	.200958	26,166,772	5,258,422	
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY	.295789	3,855,638	1,140,455	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.923058	411,324	379,676	
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		110,774,586	29,137,854	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		110,774,586		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 15-0044 I

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XIX			
	HOSPITAL			
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,495,864	
26	INTENSIVE CARE UNIT		402,855	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.256854	2,472,031	634,951
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.215854	718,944	155,187
42	RADIOLOGY-THERAPEUTIC	.058187	558,842	32,517
43	RADIOISOTOPE			
44	LABORATORY	.180222	1,931,532	348,105
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.192929	700,064	135,063
50	PHYSICAL THERAPY	.553846	86,602	47,964
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.168997	1,186,526	200,519
54	ELECTROENCEPHALOGRAPHY	.162476	7,595	1,234
54	01 SLEEP DISORDER	.317708	1,400	445
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.923546		
56	DRUGS CHARGED TO PATIENTS	.200958	2,660,183	534,585
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.295789	419,418	124,059
62	OBSERVATION BEDS (NON-DISTINCT PART)	.923058		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		10,743,137	2,214,629
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,743,137	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART A  
 I 15-0044 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		28,739,078
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		10,824,628
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		1,990,400
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		207.70
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 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.97
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		10.95
4.02 SUM OF LINES 4 AND 4.01		17.92
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.40
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,740,803
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART A  
 I 15-0044 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	43,294,909	
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)	43,294,909	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,771,173	
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	47,066,082	
17 PRIMARY PAYER PAYMENTS	88,453	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,977,629	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,942,748	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	223,312	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	543,651	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	380,556	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	478,806	
22 SUBTOTAL	43,192,125	
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	43,192,125	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	44,008,602	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-816,477	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	379,812	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART B  
 I 15-0044 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,387
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	12,762,085
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	13,086,641
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)	6,387
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	31,778
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	31,778
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)	31,778
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	25,391
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,387
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,086,641
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	7
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,456,431
19	SUBTOTAL (SEE INSTRUCTIONS)	9,636,590
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	9,636,590
24	PRIMARY PAYER PAYMENTS	8,788
25	SUBTOTAL	9,627,802
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	347,936
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	243,555
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	309,753
28	SUBTOTAL	9,871,357
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)	-60
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,871,417
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,935,210
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-63,793
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET E-1	
I	COMPONENT NO:	I	TO 12/31/2008	I		
I	15-0044	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		44,275,740		9,794,365
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER			8/19/2008	140,845
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM	8/25/2008	140,845		
ADJUSTMENTS TO PROGRAM	8/25/2008	114,145		
ADJUSTMENTS TO PROGRAM	9/ 8/2008	12,148		
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		-267,138		140,845
4 TOTAL INTERIM PAYMENTS		44,008,602		9,935,210
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				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)		816,477		63,793
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		43,192,125		9,871,417

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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		6,877,080	
3	MEDICAL AND OTHER SERVICES		1,479,454	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		8,356,534	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS		8,356,534	
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES			
14	ANCILLARY SERVICE CHARGES		18,003,494	
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES		18,003,494	
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18,003,494	
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		9,646,960	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES		8,356,534	
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38	SUBTOTAL		8,356,534	
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		8,356,534	
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST		8,356,534	
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST, E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)		8,356,534	
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)		-8,356,534	
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III	
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	42,022,181			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	46,808,896			
5	OTHER RECEIVABLES	972,286			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-27,458,969			
7	INVENTORY	2,650,125			
8	PREPAID EXPENSES	2,049,678			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	67,044,197			
FIXED ASSETS					
12	LAND	7,820,099			
12.01	LAND IMPROVEMENTS	3,513,815			
13	LESS ACCUMULATED DEPRECIATION	-2,480,734			
14	BUILDINGS	127,766,953			
14.01	LESS ACCUMULATED DEPRECIATION	-36,034,769			
15	LEASEHOLD IMPROVEMENTS	2,642,236			
15.01	LESS ACCUMULATED DEPRECIATION	-1,133,449			
16	FIXED EQUIPMENT	14,614,202			
16.01	LESS ACCUMULATED DEPRECIATION	-8,621,614			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	99,197,183			
18.01	LESS ACCUMULATED DEPRECIATION	-78,615,538			
19	MINOR EQUIPMENT DEPRECIABLE	2,713,518			
19.01	LESS ACCUMULATED DEPRECIATION	-2,349,046			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	129,032,856			
OTHER ASSETS					
22	INVESTMENTS	6,065,147			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	39,626,774			
26	TOTAL OTHER ASSETS	45,691,921			
27	TOTAL ASSETS	241,768,974			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,280,092			
29 SALARIES, WAGES & FEES PAYABLE	8,269,103			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	14,906,892			
36 TOTAL CURRENT LIABILITIES	29,456,087			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	115,533,936			
42 TOTAL LONG-TERM LIABILITIES	115,533,936			
43 TOTAL LIABILITIES	144,990,023			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	96,778,951			
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	96,778,951			
52 TOTAL LIABILITIES AND FUND BALANCES	241,768,974			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		108,859,676		
2 OF PERIOD				
3 NET INCOME (LOSS)		-12,081,223		
4 TOTAL		96,778,453		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		96,778,453		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		96,778,453		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET G-2  
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	52,265,838		52,265,838
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	52,265,838		52,265,838
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,337,341		7,337,341
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,337,341		7,337,341
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	59,603,179		59,603,179
17 00 ANCILLARY SERVICES	197,204,759	225,947,054	423,151,813
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		6,775,795	6,775,795
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	256,807,938	232,722,849	489,530,787

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		168,768,750	
ADD (SPECIFY)			
27 00 EXPENSES NOT INCLUDED	21,958,896		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		21,958,896	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		190,727,646	

## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2009
I	15-0044	I	FROM 1/ 1/2008	I	WORKSHEET	G-3
I		I	TO 12/31/2008	I		

DESCRIPTION		
1	TOTAL PATIENT REVENUES	489,530,787
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	296,072,074
3	NET PATIENT REVENUES	193,458,713
4	LESS: TOTAL OPERATING EXPENSES	190,727,646
5	NET INCOME FROM SERVICE TO PATIENTS	2,731,067
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-18,188,126
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	36,289
11	REBATES AND REFUNDS OF EXPENSES	527,760
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	686,041
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	2,524
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	5,556
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	226,846
22	RENTAL OF HOSPITAL SPACE	252,026
23	GOVERNMENTAL APPROPRIATIONS	291,548
24	OTHER INCOME	1,347,246
25	TOTAL OTHER INCOME	-14,812,290
26	TOTAL	-12,081,223
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-12,081,223

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2					4,862	4,862
3						
4			131,769			131,769
5	609,111	422,013			158,328	1,189,452
HHA REIMBURSABLE SERVICES						
6	658,774					658,774
7	261,867					261,867
8	61,906					61,906
9	2,906					2,906
10	17,917					17,917
11	39,957					39,957
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,652,438	422,013	131,769		163,190	2,369,410

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2		4,862		4,862
3				
4		131,769		131,769
5		1,189,452	-422,335	767,117
HHA REIMBURSABLE SERVICES				
6		658,774		658,774
7		261,867		261,867
8		61,906		61,906
9		2,906		2,906
10		17,917		17,917
11		39,957		39,957
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		2,369,410	-422,335	1,947,075

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2			4,862				
3							
4	131,769				131,769		
5	767,117		4,862			771,979	771,979
HHA REIMBURSABLE SERVICES							
6	658,774				66,615	725,389	476,542
7	261,867				37,904	299,771	196,935
8	61,906				8,091	69,997	45,985
9	2,906				252	3,158	2,075
10	17,917				1,148	19,065	12,525
11	39,957				17,759	57,716	37,917
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,947,075		4,862		131,769	1,947,075	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	1,201,931						
7	496,706						
8	115,982						
9	5,233						
10	31,590						
11	95,633						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,947,075						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE )	RECONCILIATIO N ( 5A )	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	5,918				
2	CAP-REL COST-MOV EQUIP		5,918			
3	PLANT OPER & MAINT		5,918			
4	TRANSPORTATION			17,785		
5	ADMINISTRATIVE & GENERAL	5,918	5,918	5,918		-771,979
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE			8,991		725,389
7	PHYSICAL THERAPY			5,116		299,771
8	OCCUPATIONAL THERAPY			1,092		69,997
9	SPEECH PATHOLOGY			34		3,158
10	MEDICAL SOCIAL SERVICES			155		19,065
11	HOME HEALTH AIDE			2,397		57,716
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	5,918	5,918	5,918	17,785	-771,979
25	COST TO BE ALLOCATED		4,862		131,769	771,979
26	UNIT COST MULTIPLIER		.821561		7.408996	.656950

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				50,969	22,121	173,134
2 SKILLED NURSING CARE	1,201,931					187,252
3 PHYSICAL THERAPY	496,706					74,433
4 OCCUPATIONAL THERAPY	115,982					17,596
5 SPEECH PATHOLOGY	5,233					826
6 MEDICAL SOCIAL SERVICES	31,590					5,093
7 HOME HEALTH AIDE	95,633					11,357
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,947,075			50,969	22,121	469,691
21 UNIT COST, MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	246,224	47,976		138,062		52,337
2 SKILLED NURSING CARE	1,389,183	270,679				
3 PHYSICAL THERAPY	571,139	111,285				
4 OCCUPATIONAL THERAPY	133,578	26,027				
5 SPEECH PATHOLOGY	6,059	1,181				
6 MEDICAL SOCIAL SERVICES	36,683	7,148				
7 HOME HEALTH AIDE	106,990	20,847				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,489,856	485,143		138,062		52,337
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2008 I PART I  
 I 15-7152 I I

HHA 1

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16
1 ADMIN & GENERAL		25,480				
2 SKILLED NURSING CARE		23,152				
3 PHYSICAL THERAPY		7,450				
4 OCCUPATIONAL THERAPY		1,226				
5 SPEECH PATHOLOGY		19				
6 MEDICAL SOCIAL SERVICES		779				
7 HOME HEALTH AIDE		3,274				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		61,380				
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHO OL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PARAMED RGM	ED P	SUBTOTAL	POST DOWN	STEP ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	24		25		26	27	28	29
1 ADMIN & GENERAL			510,079			510,079		
2 SKILLED NURSING CARE			1,683,014			1,683,014	315,997	1,999,011
3 PHYSICAL THERAPY			689,874			689,874	129,529	819,403
4 OCCUPATIONAL THERAPY			160,831			160,831	30,197	191,028
5 SPEECH PATHOLOGY			7,259			7,259	1,363	8,622
6 MEDICAL SOCIAL SERVICES			44,610			44,610	8,376	52,986
7 HOME HEALTH AIDE			131,111			131,111	24,617	155,728
8 SUPPLIES								
9 DRUGS								
9.20 COST ADMINISTERING DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SVCS								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROM ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DEL MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHER								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF 1-19) (2)			3,226,778			3,226,778	510,079	3,226,778
21 UNIT COST MULTIPLIER							0.187757	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (GROSS ALARIES	RECONCILIATI ON
	1	2	3	4	5	6A
1 ADMIN & GENERAL			5,918	14,790	609,111	
2 SKILLED NURSING CARE					658,774	
3 PHYSICAL THERAPY					261,867	
4 OCCUPATIONAL THERAPY					61,906	
5 SPEECH PATHOLOGY					2,906	
6 MEDICAL SOCIAL SERVICES					17,917	
7 HOME HEALTH AIDE					39,957	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			5,918	14,790	1,652,438	
21 COST TO BE ALLOCATED			50,969	22,121	469,691	
22 UNIT COST MULTIPLIER			8.612538	1.495673	0.284241	

HHA COST CENTER	ADMINISTRATI VE & GENERAL ( ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS ERVED
	6	7	8	9	10	11
1 ADMIN & GENERAL	246,224		5,918		5,918	
2 SKILLED NURSING CARE	1,389,183					
3 PHYSICAL THERAPY	571,139					
4 OCCUPATIONAL THERAPY	133,578					
5 SPEECH PATHOLOGY	6,059					
6 MEDICAL SOCIAL SERVICES	36,683					
7 HOME HEALTH AIDE	106,990					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,489,856		5,918		5,918	
21 COST TO BE ALLOCATED	485,143		138,062		52,337	
22 UNIT COST MULTIPLIER	0.194848		23.329165		8.843697	

HHA 1

HHA COST CENTER	CAFETERIA (MAN OURS	MAINTENANCE OF PERSONNEL H (NUMBER ) HOUSED	NURSING ADMI NISTRATION (DIRECT ) SING HRS	CENTRAL SERV ICES & SUPPL (COSTED ) EQUIS.	PHARMACY R (COSTED ) EQUIS.	MEDICAL RECO RDS & LIBRAR (TIME ) SPENT
	12	13	14	15	16	17
1 ADMIN & GENERAL	22,745					
2 SKILLED NURSING CARE	20,666					
3 PHYSICAL THERAPY	6,650					
4 OCCUPATIONAL THERAPY	1,094					
5 SPEECH PATHOLOGY	17					
6 MEDICAL SOCIAL SERVICES	695					
7 HOME HEALTH AIDE	2,922					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	54,789					
21 COST TO BE ALLOCATED	61,380					
22 UNIT COST MULTIPLIER	1.120298					

HHA COST CENTER	SOCIAL SERVI CE (TIME SPENT	NONPHYSICIAN ANESTHETIST (ASSIGNED ) TIME	NURSING SCHO OL (ASSIGNED ) TIME	I&R SERVICES -SALARY & FR (ASSIGNED ) TIME	I&R SERVICES -OTHER PRGM (ASSIGNED ) TIME	PARAMED ED P RGM (ASSIGNED ) TIME
	18	20	21	22	23	24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS
							PART A 6
PATIENT SERVICES							
1 SKILLED NURSING	2	1,999,011		1,999,011	8,991	222.33	3,966
2 PHYSICAL THERAPY	3	819,403		819,403	5,116	160.16	2,484
3 OCCUPATIONAL THERAPY	4	191,028		191,028	1,092	174.93	688
4 SPEECH PATHOLOGY	5	8,622		8,622	34	253.59	19
5 MEDICAL SOCIAL SERVICES	6	52,986		52,986	155	341.85	94
6 HOME HEALTH AIDE SERVICE	7	155,728		155,728	2,397	64.97	1,081
7 TOTAL		3,226,778		3,226,778	17,785		8,332

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10	
1 SKILLED NURSING	2	1,333		881,761	296,366	1,178,127
2 PHYSICAL THERAPY	3	892		397,837	142,863	540,700
3 OCCUPATIONAL THERAPY	4	183		120,352	32,012	152,364
4 SPEECH PATHOLOGY	5	7		4,818	1,775	6,593
5 MEDICAL SOCIAL SERVICES	6	30		32,134	10,256	42,390
6 HOME HEALTH AIDE SERVICES	7	702		70,233	45,609	115,842
7 TOTAL		3,147		1,507,135	528,881	2,036,016

LIMITATION COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS
							PART A 6
PATIENT SERVICES							
8 SKILLED NURSING							
8.01 SKILLED NURSING							
9 PHYSICAL THERAPY							
9.01 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
10.01 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
11.01 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
12.01 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
13.01 HOME HEALTH AIDE SERVICE							
14 TOTAL							

LIMITATION COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10	
8 SKILLED NURSING						
8.01 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
14 TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7152 I I HHA I

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				39,557		19,887
16 COST OF DRUGS	9.00				650		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	PART B	PART B	PART A	PART B
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		19,670		
16 COST OF DRUGS		650		
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.553846			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.923546			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.200958			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER
			PROGRAM VISITS PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		160.16	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		174.93					
3 SPEECH PATHOLOGY		253.59					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET H-7  
 I HHA NO: I TO 12/31/2008 I PARTS I & II  
 I 15-7152 I I

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,371,968	527,841
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	10,217	5,879
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	11,400	4,414
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		650
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,393,585	538,784
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,393,585	538,784
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,393,585	538,784
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,393,585	538,784
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,393,585	538,784
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,393,585	538,784
25 INTERIM PAYMENTS	1,393,585	538,784
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0044 I FROM 1/ 1/2008 I WORKSHEET H-8
I HHA NO: I TO 12/31/2008 I
I 15-7152 I

TITLE XVIII

HHA 1

Table with columns: DESCRIPTION, P A R T A MM/DD/YYYY AMOUNT, P A R T B MM/DD/YYYY AMOUNT. Rows include: 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER, 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT, 4 TOTAL INTERIM PAYMENTS, 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT, 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE), 7 TOTAL MEDICARE PROGRAM LIABILITY.

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.

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 15-0044 I FROM 1/ 1/2008 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7152 I I HHA 1

[ ] TITLE V [ ] TITLE XVIII [X] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A 6
PATIENT SERVICES							
1 SKILLED NURSING	2	1,999,011	2	1,999,011	4	222.33	545
2 PHYSICAL THERAPY	3	819,403		819,403	5,116	160.16	88
3 OCCUPATIONAL THERAPY	4	191,028		191,028	1,092	174.93	5
4 SPEECH PATHOLOGY	5	8,622		8,622	34	253.59	
5 MEDICAL SOCIAL SERVICES	6	52,986		52,986	155	341.85	7
6 HOME HEALTH AIDE SERVICE	7	155,728		155,728	2,397	64.97	409
7 TOTAL		3,226,778		3,226,778	17,785		1,054

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 10	
1 SKILLED NURSING			121,170		121,170
2 PHYSICAL THERAPY			14,094		14,094
3 OCCUPATIONAL THERAPY			875		875
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES			2,393		2,393
6 HOME HEALTH AIDE SERVICES			26,573		26,573
7 TOTAL			165,105		165,105

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS
							PART A 6
8 SKILLED NURSING							
8.01 SKILLED NURSING							
9 PHYSICAL THERAPY							
9.01 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
10.01 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
11.01 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
12.01 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
13.01 HOME HEALTH AIDE SERVICE							
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 10	
8 SKILLED NURSING					
8.01 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
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 I HHA NO: I TO 12/31/2008 I PARTS I II & III  
 I 15-7152 I I HHA 1

[ ] TITLE V [ ] TITLE XVIII [X] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.553846			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.923546			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.200958			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS -----		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998		
1 PHYSICAL THERAPY	2	160.16	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	174.93					
3 SPEECH PATHOLOGY	4	253.59					
4 TOTAL (SUM OF LINES 1-3)							

I PROVIDER NO:      I PERIOD:      I PREPARED 5/28/2009  
 I 15-0044      I FROM 1/ 1/2008      I WORKSHEET L  
 I COMPONENT NO:      I TO 12/31/2008      I PARTS I-IV  
 I 15-0044      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	3,324,575
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	323,589
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	142.37
	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	6.97
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	10.95
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	17.92
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.70
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	123,009
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,771,173
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)	