

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0109		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 16:11

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: LAFAYETTE HOME HOSPITAL 15-0109 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	251,049	77,334	0	
2	SUBPROVIDER	0	50,070	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	301,119	77,334	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.

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0	
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING		0.00%		Y/N
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
28.07			0.00%		
28.08			0.00%		
28.09			0.00%		
28.10			0.00%		
28.11			0.00%		
28.12			0.00%		
28.13			0.00%		
28.14			0.00%		
28.15			0.00%		
28.16			0.00%		
28.17			0.00%		
28.18			0.00%		
28.19			0.00%		
28.20			0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.01	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.02	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE 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			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE 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			
30.04	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05		N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	1	2	3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N	Y		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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/28/2009

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	57,796,062	9,692,205	67,488,267	2,394,759.34	28.18	
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	21,939,967		21,939,967	494,697.15	44.35	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,004,954		1,004,954	17,084.59	58.82	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	796,444		796,444	4,130.30	192.83	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,224,101		4,224,101	97,926.79	43.14	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	13,193,523		13,193,523			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,644,118		3,644,118			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		595,659	595,659	28,349.24	21.01	
22 ADMINISTRATIVE & GENERAL		4,646,906	4,646,906	221,160.56	21.01	
22.01 A & G UNDER CONTRACT	127,782		127,782	2,184.19	58.50	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	95,251	1,476,814	1,572,065	76,923.13	20.44	
25 LAUNDRY & LINEN SERVICE		106,817	106,817	5,083.75	21.01	
26 HOUSEKEEPING	1,301,389		1,301,389	112,880.36	11.53	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,223,054	-544,212	678,842	46,024.00	14.75	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	285,070	544,212	829,282	62,131.49	13.35	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,432,476		1,432,476	43,883.32	32.64	
31 CENTRAL SERVICE AND SUPPLY	242,095		242,095	19,102.72	12.67	
32 PHARMACY	2,108,520		2,108,520	63,303.03	33.31	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,003,425	1,003,425	47,756.08	21.01	
34 SOCIAL SERVICE		373,623	373,623	17,781.85	21.01	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	57,923,844	9,692,205	67,616,049	2,396,943.53	28.21	
2 EXCLUDED AREA SALARIES	21,939,967		21,939,967	494,697.15	44.35	
3 SUBTOTAL SALARIES	35,983,877	9,692,205	45,676,082	1,902,246.38	24.01	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,025,499		6,025,499	119,141.68	50.57	
5 SUBTOTAL WAGE-RELATED COSTS	13,193,523		13,193,523		28.88	
6 TOTAL	55,202,899	9,692,205	64,895,104	2,021,388.06	32.10	
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	6,815,637	8,203,244	15,018,881	746,563.72	20.12	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	3,675	575	586
2 UNDUPLICATED CENSUS COUNT		484.00	34.00	620.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	4,836
2 UNDUPLICATED CENSUS COUNT	1,138.00

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)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	14.80		14.80
6 DIRECTING NURSING SERVICE	8.84		8.84
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.94		5.94
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.32		1.32
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.33		.33
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.54		.54
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.24		2.24
17 HOME HEALTH AIDE SUPERVISOR			
18 INFUSION	8.76		8.76
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?	1	1	
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).	9915	29140	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	4,949	0	153	82
22 SKILLED NURSING VISIT CHARGES	1,108,341	0	34,376	18,397
23 PHYSICAL THERAPY VISITS	3,780	0	27	48
24 PHYSICAL THERAPY VISIT CHARGES	869,943	0	6,237	11,088
25 OCCUPATIONAL THERAPY VISITS	957	0	3	6
26 OCCUPATIONAL THERAPY VISIT CHARGES	220,261	0	693	1,386
27 SPEECH PATHOLOGY VISITS	210	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	48,328	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	94	0	2	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	25,399	0	542	271
31 HOME HEALTH AIDE VISITS	1,757	0	5	42
32 HOME HEALTH AIDE VISIT CHARGES	188,814	0	540	4,536
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	11,747	0	190	179
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,461,086	0	42,388	35,678
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	721	0	72	14
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	189,604	0	9,518	2,991

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,184
22 SKILLED NURSING VISIT CHARGES	0	0	1,161,114
23 PHYSICAL THERAPY VISITS	0	0	3,855
24 PHYSICAL THERAPY VISIT CHARGES	0	0	887,268
25 OCCUPATIONAL THERAPY VISITS	0	0	966
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	222,340
27 SPEECH PATHOLOGY VISITS	0	0	210
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	48,328
29 MEDICAL SOCIAL SERVICE VISITS	0	0	97
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	26,212
31 HOME HEALTH AIDE VISITS	0	0	1,804
32 HOME HEALTH AIDE VISIT CHARGES	0	0	193,890
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	12,116
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,539,152
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	807
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	202,113

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	549,253
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	16,413,523
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	16,962,776
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	5,113,584
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.306948
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	1,569,604
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	47,768,646

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,662,490
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,142,375
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,796,558
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,232,094

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0109
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				173,795	173,795
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				202,312	202,312
5	0500 EMPLOYEE BENEFITS					
6.01	0610 NONPATIENT TELEPHONES					
6.02	0611 MGMT INFO SYSTEMS					
6.03	0630 PURCHASING, RECEIVING AND STORES					
6.04	0640 ADMINITTING					
6.05	0650 BUSINESS OFFICE					
6.06	0660 OTHER ADMINISTRATION AND GENERAL					
8	0800 OPERATION OF PLANT	95,251	184,564	279,815		279,815
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,301,389	358,939	1,660,328	-11,587	1,648,741
11	1100 DIETARY	1,223,054	773,744	1,996,798	-697,930	1,298,868
12	1200 CAFETERIA	285,070	633,892	918,962	676,921	1,595,883
14	1400 NURSING ADMINISTRATION	1,432,476	104,586	1,537,062	-3,907	1,533,155
15	1500 CENTRAL SERVICES & SUPPLY	242,095	848,121	1,090,216	-825,122	265,094
16	1600 PHARMACY	2,108,520	3,993,531	6,102,051	-3,804,332	2,297,719
17	1700 MEDICAL RECORDS & LIBRARY					
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,169,206	1,268,056	11,437,262	-1,639,656	9,797,606
26	2600 INTENSIVE CARE UNIT	1,628,955	343,442	1,972,397	-101,740	1,870,657
30	2060 NEONATAL INTENSIVE CARE UNIT	1,829,725	403,289	2,233,014	-105,544	2,127,470
31	3100 SUBPROVIDER	1,090,482	153,502	1,243,984	-31,075	1,212,909
33	3300 NURSERY				1,060,140	1,060,140
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,772,639	14,211,413	17,984,052	-13,375,245	4,608,807
38	3800 RECOVERY ROOM	821,173	34,865	856,038	-24,079	831,959
39	3900 DELIVERY ROOM & LABOR ROOM	2,960,618	464,434	3,425,052	-414,193	3,010,859
41	4100 RADIOLOGY-DIAGNOSTIC	3,241,412	2,163,813	5,405,225	-820,559	4,584,666
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	60,133	5,571,659	5,631,792	-129,250	5,502,542
49	4900 RESPIRATORY THERAPY	1,126,030	452,142	1,578,172	-243,247	1,334,925
50	5000 PHYSICAL THERAPY	73,812	3,971	77,783	-969	76,814
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	556,566	272,214	828,780	-133,971	694,809
54	5400 ELECTROENCEPHALOGRAPHY		1,100	1,100		1,100
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				17,135,463	17,135,463
56	5600 DRUGS CHARGED TO PATIENTS				3,612,321	3,612,321
56.01	5601 DIABETES CENTER	312,469	48,920	361,389	-33,702	327,687
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,615,502	925,732	3,541,234	-411,942	3,129,292
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	2,625,308	921,990	3,547,298	-52,902	3,494,396
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	39,571,885	34,137,919	73,709,804	-0-	73,709,804
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		493	493		493
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	18,075,614	12,377,680	30,453,294		30,453,294
99	9900 NONPAID WORKERS					
100	7950 KATHRYN WEIL CENTER					
100.01	7951 MOB	136,656	100,340	236,996		236,996
100.02	7952 PVT DUTY NURSING					
100.03	7953 LI FELINE	11,907	4,632	16,539		16,539
101	TOTAL	57,796,062	46,621,064	104,417,126	-0-	104,417,126

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0109	I FROM 1/ 1/2008	I 5/28/2009
I	I TO 12/31/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	1,688,159	1,688,159
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	9,027,414	9,201,209
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	6,310,068	6,512,380
5	0500 EMPLOYEE BENEFITS	16,512,102	16,512,102
6.01	0610 NONPATIENT TELEPHONES	681,146	681,146
6.02	0611 MGMT INFO SYSTEMS	524,886	524,886
6.03	0630 PURCHASING, RECEIVING AND STORES	531,765	531,765
6.04	0640 ADMINITTING		
6.05	0650 BUSINESS OFFICE	2,590,860	2,590,860
6.06	0660 OTHER ADMINISTRATION AND GENERAL	13,126,123	13,126,123
8	0800 OPERATION OF PLANT	4,605,553	4,885,368
9	0900 LAUNDRY & LINEN SERVICE	713,176	713,176
10	1000 HOUSEKEEPING		1,648,741
11	1100 DIETARY	9,279	1,308,147
12	1200 CAFETERIA	-1,074,355	521,528
14	1400 NURSING ADMINISTRATION		1,533,155
15	1500 CENTRAL SERVICES & SUPPLY		265,094
16	1600 PHARMACY	50,585	2,348,304
17	1700 MEDICAL RECORDS & LIBRARY	1,439,472	1,439,472
18	1800 SOCIAL SERVICE	377,764	377,764
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-16,398	9,781,208
26	2600 INTENSIVE CARE UNIT		1,870,657
30	2060 NEONATAL INTENSIVE CARE UNIT	-252,666	1,874,804
31	3100 SUBPROVIDER	-4,140	1,208,769
33	3300 NURSERY		1,060,140
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	11,083,973	15,692,780
38	3800 RECOVERY ROOM		831,959
39	3900 DELIVERY ROOM & LABOR ROOM	-1,488	3,009,371
41	4100 RADIOLOGY-DIAGNOSTIC	8,985,415	13,570,081
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-14,877	5,487,665
49	4900 RESPIRATORY THERAPY	-16,223	1,318,702
50	5000 PHYSICAL THERAPY	1,491,549	1,568,363
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	1,981,259	2,676,068
54	5400 ELECTROENCEPHALOGRAPHY		1,100
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-482,726	16,652,737
56	5600 DRUGS CHARGED TO PATIENTS		3,612,321
56.01	5601 DIABETES CENTER	-2,655	325,032
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-122,336	3,006,956
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-150	3,494,246
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	79,742,534	153,452,338
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		493
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES	-12,354	30,440,940
99	9900 NONPAID WORKERS		
100	7950 KATHRYN WEIL CENTER		
100.01	7951 MOB		236,996
100.02	7952 PVT DUTY NURSING		
100.03	7953 LI FELINE		16,539
101	TOTAL	79,730,180	184,147,306

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

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	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	MGMT INFO SYSTEMS	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	BUSINESS OFFICE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
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	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	DIABETES CENTER	5601	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	KATHRYN WEIL CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MOB	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PVT DUTY NURSING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	LIFELINE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/28/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 BUILDING RENTAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		173,795
2					
3					
4 MED SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		17,135,463
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 LEASED EQUIPMENT	F	NEW CAP REL COSTS-MVBLE EQUIP	4		202,312
25		DIETARY	11		711
26					
27					
28					
29					
30					
31					
32					
33					
34 CHARGEABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	56		3,612,321
35 NURSERY	I	NURSERY	33	990,545	69,595
1 SERH SALARY ALLOCATIONS	J	EMPLOYEE BENEFITS	5	595,659	
2		NONPATIENT TELEPHONES	6.01	237,583	
3		MGMT INFO SYSTEMS	6.02	110,364	
4		PURCHASING, RECEIVING AND STORES	6.03	317,926	
5		BUSINESS OFFICE	6.05	908,729	
6		OTHER ADMINISTRATIVE AND GENERAL	6.06	3,072,304	
7		OPERATION OF PLANT	8	1,476,814	
8		LAUNDRY & LINEN SERVICE	9	106,817	
9		MEDICAL RECORDS & LIBRARY	17	1,003,425	
10		SOCIAL SERVICE	18	373,623	
11		PHYSICAL THERAPY	50	107,911	
12		ELECTROCARDIOLOGY	53	118,543	
13 CAFETERIA	K	CAFETERIA	12	544,212	140,135
14 SEMC PT/OT ALLOCATION	L	PHYSICAL THERAPY	50	1,262,507	
36 TOTAL RECLASSIFICATIONS				11,226,962	21,334,332

(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:
150109

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 BUILDING RENTAL	A			53		121,997	10
2				56.01		22,548	10
3				71		29,250	10
4 MED SUPPLIES	E			10		11,587	
5				11		14,294	
6				12		5,058	
7				14		3,907	
8				15		789,059	
9				16		112,683	
10				25		574,285	
11				26		101,740	
12				30		104,944	
13				31		30,935	
14				37		13,363,905	
15				38		24,079	
16				39		414,193	
17				41		813,410	
18				44		129,250	
19				49		206,095	
20				50		969	
21				53		11,974	
22				56.01		11,154	
23				61		411,942	
24 LEASED EQUIPMENT	F			12		2,368	10
25				15		36,063	10
26				16		79,328	10
27				25		5,231	10
28				30		600	10
29				31		140	10
30				37		11,340	10
31				41		7,149	10
32				49		37,152	10
33				71		23,652	10
34 CHARGEABLE DRUGS	H			16		3,612,321	
35 NURSERY	I			25	990,545	69,595	
1 SERH SALARY ALLOCATIONS	J			5		595,659	
2				6.01		237,583	
3				6.02		110,364	
4				6.03		317,926	
5				6.05		908,729	
6				6.06		3,072,304	
7				8		1,476,814	
8				9		106,817	
9				17		1,003,425	
10				18		373,623	
11				50		107,911	
12				53		118,543	
13 CAFETERIA	K			11	544,212	140,135	
14 SEMC PT/OT ALLOCATION	L			50		1,262,507	
36 TOTAL RECLASSIFICATIONS					1,534,757	31,026,537	

(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:
150109

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : BUILDING RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	173,795	ELECTROCARDIOLOGY	53	121,997	
2.00			0	DIABETES CENTER	56.01	22,548	
3.00			0	HOME HEALTH AGENCY	71	29,250	
TOTAL RECLASSIFICATIONS FOR CODE A			173,795				173,795

RECLASS CODE: E
EXPLANATION : MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	17,135,463	HOUSEKEEPING	10	11,587	
2.00			0	DIETARY	11	14,294	
3.00			0	CAFETERIA	12	5,058	
4.00			0	NURSING ADMINISTRATION	14	3,907	
5.00			0	CENTRAL SERVICES & SUPPLY	15	789,059	
6.00			0	PHARMACY	16	112,683	
7.00			0	ADULTS & PEDIATRICS	25	574,285	
8.00			0	INTENSIVE CARE UNIT	26	101,740	
9.00			0	NEONATAL INTENSIVE CARE UNIT	30	104,944	
10.00			0	SUBPROVIDER	31	30,935	
11.00			0	OPERATING ROOM	37	13,363,905	
12.00			0	RECOVERY ROOM	38	24,079	
13.00			0	DELIVERY ROOM & LABOR ROOM	39	414,193	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	813,410	
15.00			0	LABORATORY	44	129,250	
16.00			0	RESPIRATORY THERAPY	49	206,095	
17.00			0	PHYSICAL THERAPY	50	969	
18.00			0	ELECTROCARDIOLOGY	53	11,974	
19.00			0	DIABETES CENTER	56.01	11,154	
20.00			0	EMERGENCY	61	411,942	
TOTAL RECLASSIFICATIONS FOR CODE E			17,135,463				17,135,463

RECLASS CODE: F
EXPLANATION : LEASED EQUIPMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	202,312	CAFETERIA	12	2,368	
2.00	DIETARY	11	711	CENTRAL SERVICES & SUPPLY	15	36,063	
3.00			0	PHARMACY	16	79,328	
4.00			0	ADULTS & PEDIATRICS	25	5,231	
5.00			0	NEONATAL INTENSIVE CARE UNIT	30	600	
6.00			0	SUBPROVIDER	31	140	
7.00			0	OPERATING ROOM	37	11,340	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	7,149	
9.00			0	RESPIRATORY THERAPY	49	37,152	
10.00			0	HOME HEALTH AGENCY	71	23,652	
TOTAL RECLASSIFICATIONS FOR CODE F			203,023				203,023

RECLASS CODE: H
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	3,612,321	PHARMACY	16	3,612,321	
TOTAL RECLASSIFICATIONS FOR CODE H			3,612,321				3,612,321

RECLASS CODE: I
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,060,140	ADULTS & PEDIATRICS	25	1,060,140	
TOTAL RECLASSIFICATIONS FOR CODE I			1,060,140				1,060,140

RECLASS CODE: J
EXPLANATION : SERH SALARY ALLOCATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	595,659	EMPLOYEE BENEFITS	5	595,659	

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : SERH SALARY ALLOCATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NONPATIENT TELEPHONES	6.01	237,583	NONPATIENT TELEPHONES	6.01	237,583	
3.00	MGMT INFO SYSTEMS	6.02	110,364	MGMT INFO SYSTEMS	6.02	110,364	
4.00	PURCHASING, RECEIVING AND STOR	6.03	317,926	PURCHASING, RECEIVING AND STOR	6.03	317,926	
5.00	BUSINESS OFFICE	6.05	908,729	BUSINESS OFFICE	6.05	908,729	
6.00	OTHER ADMINISTRATIVE AND GENER	6.06	3,072,304	OTHER ADMINISTRATIVE AND GENER	6.06	3,072,304	
7.00	OPERATION OF PLANT	8	1,476,814	OPERATION OF PLANT	8	1,476,814	
8.00	LAUNDRY & LINEN SERVICE	9	106,817	LAUNDRY & LINEN SERVICE	9	106,817	
9.00	MEDICAL RECORDS & LIBRARY	17	1,003,425	MEDICAL RECORDS & LIBRARY	17	1,003,425	
10.00	SOCIAL SERVICE	18	373,623	SOCIAL SERVICE	18	373,623	
11.00	PHYSICAL THERAPY	50	107,911	PHYSICAL THERAPY	50	107,911	
12.00	ELECTROCARDIOLOGY	53	118,543	ELECTROCARDIOLOGY	53	118,543	
TOTAL RECLASSIFICATIONS FOR CODE J			8,429,698	TOTAL RECLASSIFICATIONS FOR CODE J			8,429,698

RECLASS CODE: K
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	684,347	DIETARY	11	684,347	
TOTAL RECLASSIFICATIONS FOR CODE K			684,347	TOTAL RECLASSIFICATIONS FOR CODE K			684,347

RECLASS CODE: L
EXPLANATION : SEMC PT/OT ALLOCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	1,262,507	PHYSICAL THERAPY	50	1,262,507	
TOTAL RECLASSIFICATIONS FOR CODE L			1,262,507	TOTAL RECLASSIFICATIONS FOR CODE L			1,262,507

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,584,773					1,584,773	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	6,307,636					6,307,636	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	44,638					44,638	
7	SUBTOTAL	7,937,047					7,937,047	
8	RECONCILING ITEMS							
9	TOTAL	7,937,047					7,937,047	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	6,638,530	164,912		164,912	336,267	6,467,175	
2	LAND IMPROVEMENTS	1,555,303					1,555,303	
3	BUILDINGS & FIXTURE	30,585,040	670,353		670,353		31,255,393	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	29,910,739	4,553,045		4,553,045	8,706,345	25,757,439	
7	SUBTOTAL	68,689,612	5,388,310		5,388,310	9,042,612	65,035,310	
8	RECONCILING ITEMS							
9	TOTAL	68,689,612	5,388,310		5,388,310	9,042,612	65,035,310	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	6,307,636		6,307,636	.097160				
2	OLD CAP REL COSTS-MV	44,638		44,638	.000688				
3	NEW CAP REL COSTS-BL	32,810,696		32,810,696	.505398				
4	NEW CAP REL COSTS-MV	25,757,439		25,757,439	.396754				
5	TOTAL	64,920,409		64,920,409	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,395,837		292,322				1,688,159
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	7,464,225	173,795	1,563,189				9,201,209
4	NEW CAP REL COSTS-MV	5,217,415	202,312	1,092,653				6,512,380
5	TOTAL	14,077,477	376,107	2,948,164				17,401,748

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		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							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with Worksheet 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-482,726	MEDICAL SUPPLIES CHARGED	55	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-414,186			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	81,038,291			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-803,102	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-54,673	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENT - MEDICAL OFFICE BLDG	B	-216,580	CAFETERIA	12	
38 RENT - ARNETT CLINIC	B	-77,910	OPERATION OF PLANT	8	
39 NCHS BLDG MGMT REV	B	-145,523	OPERATION OF PLANT	8	
40 PHYSICIAN FOOD SERVICE	B	-14,550	DIETARY	11	
41 EDUCATION	B	-57,702	EMERGENCY	61	
42 TEXT BOOK REVENUE	B	-8,042	EMERGENCY	61	
43 FIRST RESPONDER CLASS	B	-300	EMERGENCY	61	
44 PARAMEDIC CLASS	B	-39,416	EMERGENCY	61	
45 EXP ALLOC -- SCMC PHYSICIANS	B	-314,364	OTHER ADMINISTRATIVE AND	6.06	
46 DISPLAY FEES	B	-12,350	OTHER ADMINISTRATIVE AND	6.06	
47 MISCELLANEOUS - OTHER OPERATING	B	-150	HOME HEALTH AGENCY	71	
48 MISCELLANEOUS - OTHER OPERATING	B	-3,495	EMERGENCY	61	
49 MISCELLANEOUS - OTHER OPERATING	B	-78,926	OTHER ADMINISTRATIVE AND	6.06	
49.01 SILVER RECOVERY	B	-6,307	OTHER ADMINISTRATIVE AND	6.06	
49.02 MEALS ON WHEELS	B	39,320	DIETARY	11	
49.03 SEMC PT/OT ALLOCATION	A	1,382,871	PHYSICAL THERAPY	50	
50 TOTAL (SUM OF LINES 1 THRU 49)		79,730,180			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & SERH DEPRECIATION	1,395,837		1,395,837	9
2	2	OLD CAP REL COSTS-MVBLE E SERH DEPRECIATION				9
3	3	NEW CAP REL COSTS-BLDG & SERH DEPRECIATION	7,464,225		7,464,225	9
4	4	NEW CAP REL COSTS-MVBLE E SERH DEPRECIATION	5,217,415		5,217,415	9
4.01	1	OLD CAP REL COSTS-BLDG & SERH INTEREST	292,322		292,322	11
4.02	2	OLD CAP REL COSTS-MVBLE E SERH INTEREST				11
4.03	3	NEW CAP REL COSTS-BLDG & SERH INTEREST	1,563,189		1,563,189	11
4.04	4	NEW CAP REL COSTS-MVBLE E SERH INTEREST	1,092,653		1,092,653	11
4.05	5	EMPLOYEE BENEFITS	595,659		595,659	
4.06	5	EMPLOYEE BENEFITS	15,916,443		15,916,443	
4.07	6	2 MGMT INFO SYSTEMS	110,364		110,364	
4.08	6	2 MGMT INFO SYSTEMS	414,522		414,522	
4.09	6	3 PURCHASING, RECEIVING AND PURCHASING - SALARIES	317,926		317,926	
4.10	6	3 PURCHASING, RECEIVING AND PURCHASING - OTHER	213,839		213,839	
4.11	6	5 BUSINESS OFFICE	908,729		908,729	
4.12	6	5 BUSINESS OFFICE	1,682,131		1,682,131	
4.14	6	6 OTHER ADMINISTRATIVE AND ADMIN & GENERAL - SALARIE	2,958,327		2,958,327	
4.15	6	6 OTHER ADMINISTRATIVE AND ADMIN & GENERAL - OTHER	10,081,355		10,081,355	
4.16	8	OPERATION OF PLANT	1,476,814		1,476,814	
4.17	8	OPERATION OF PLANT	3,352,172		3,352,172	
4.18	9	LAUNDRY & LINEN SERVICE	106,817		106,817	
4.19	9	LAUNDRY & LINEN SERVICE	606,359		606,359	
4.20	6	6 OTHER ADMINISTRATIVE AND INFECTIO N CONTROL - SALAR	53,250		53,250	
4.21	6	6 OTHER ADMINISTRATIVE AND INFECTIO N CONTROL - OTHER	21,529		21,529	
4.22	17	MEDICAL RECORDS & LIBRARY	1,003,425		1,003,425	
4.23	17	MEDICAL RECORDS & LIBRARY	436,047		436,047	
4.24	6	6 OTHER ADMINISTRATIVE AND MEDICAL STAFF - SALARIES	60,727		60,727	
4.25	6	6 OTHER ADMINISTRATIVE AND MEDICAL STAFF - OTHER	362,882		362,882	
4.26	6	1 NONPATIENT TELEPHONES	237,583		237,583	
4.27	6	1 NONPATIENT TELEPHONES	443,563		443,563	
4.28	53	ELECTROCARDIOLOGY	118,543		118,543	
4.29	53	ELECTROCARDIOLOGY	1,897,120		1,897,120	
4.30	18	SOCIAL SERVICE	373,623		373,623	
4.31	18	SOCIAL SERVICE	4,141		4,141	
4.32	50	PHYSICAL THERAPY	107,911		107,911	
4.33	50	PHYSICAL THERAPY	767		767	
4.34	16	PHARMACY	50,585		50,585	
4.35	41	RADIOLOGY-DIAGNOSTIC	3,730,082		3,730,082	
4.36	41	RADIOLOGY-DIAGNOSTIC	5,262,672		5,262,672	
4.37	37	OPERATING ROOM	11,185,451		11,185,451	
4.38	11	DIETARY		15,491	-15,491	
4.39	37	OPERATING ROOM		468	-468	
4.40	39	DELIVERY ROOM & LABOR ROO		1,488	-1,488	
4.41	44	LABORATORY		10,094	-10,094	
4.42	53	ELECTROCARDIOLOGY		34,404	-34,404	
4.43	61	EMERGENCY		4,409	-4,409	
4.44	98	PHYSICIANS' PRIVATE OFFIC		12,354	-12,354	
4.45						
5		TOTALS	81,116,999	78,708	81,038,291	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G SERH	0.00	SERH	0.00	HOME OFFICE
2	G APHL	0.00	APHL	0.00	LABORATORY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
SERH SHARED SERVICES HO C/R

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	26,400		26,400	154,100	135	10,002	500
2 30	AGGREGATE	264,000		264,000	152,100	155	11,334	567
3 31	AGGREGATE	100,800		100,800	171,400	1,173	96,660	4,833
4 37	AGGREGATE	162,240		162,240	204,100	624	61,230	3,062
5 41	AGGREGATE	50,004		50,004	231,100	384	42,665	2,133
6 44	AGGREGATE	112,000		112,000	219,500	1,016	107,217	5,361
7 49	AGGREGATE	36,000		36,000	171,400	240	19,777	989
8 56	1 AGGREGATE	9,000		9,000	171,400	77	6,345	317
9 61	AGGREGATE	36,000		36,000	171,400	328	27,028	1,351
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	796,444		796,444		4,132	382,258	19,113

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE					10,002	16,398	16,398
2 30	AGGREGATE					11,334	252,666	252,666
3 31	AGGREGATE					96,660	4,140	4,140
4 37	AGGREGATE					61,230	101,010	101,010
5 41	AGGREGATE					42,665	7,339	7,339
6 44	AGGREGATE					107,217	4,783	4,783
7 49	AGGREGATE					19,777	16,223	16,223
8 56 1	AGGREGATE					6,345	2,655	2,655
9 61	AGGREGATE					27,028	8,972	8,972
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					382,258	414,186	414,186

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	PHONE LINES	ENTERED
6.02	MGMT INFO SYSTEMS	5	MANHOURS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	6	COSTED REQUISITIO	ENTERED
6.04	ADMITTING	7	GROSS CHARGES	ENTERED
6.05	BUSINESS OFFICE	7	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	5	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	16	DI RECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 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	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,688,159	1,688,159					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	9,201,209			9,201,209			
005 NEW CAP REL COSTS-MVBLE E	6,512,380				6,512,380		
006 EMPLOYEE BENEFITS	16,512,102					16,512,102	
006 01 NONPATIENT TELEPHONES	681,146	4,207		22,930		16,229	724,512
006 02 MGMT INFO SYSTEMS	524,886	19,925		108,598		76,863	21,502
006 03 PURCHASING, RECEIVING AND	531,765	42,137		229,665		162,551	13,088
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE	2,590,860	9,185		50,062		35,432	13,088
006 06 OTHER ADMINISTRATIVE AND	13,126,123	170,369		928,588		657,231	68,244
008 OPERATION OF PLANT	4,885,368	476,945		2,599,556		1,839,903	51,417
009 LAUNDRY & LINEN SERVICE	713,176					26,631	935
010 HOUSEKEEPING	1,648,741	20,382		111,092		78,628	8,414
011 DIETARY	1,308,147	39,675		216,249		153,055	28,046
012 CAFETERIA	521,528	22,140		120,674		85,410	231,858
014 NURSING ADMINISTRATION	1,533,155	3,885		21,175		14,987	8,414
015 CENTRAL SERVICES & SUPPLY	265,094	13,684		74,584		52,789	3,739
016 PHARMACY	2,348,304	16,849		91,834		64,997	21,502
017 MEDICAL RECORDS & LIBRARY	1,439,472	17,501		95,390		67,514	15,893
018 SOCIAL SERVICE	377,764	3,495		19,050		13,483	8,414
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,781,208	262,862		1,432,715		1,014,039	107,506
026 INTENSIVE CARE UNIT	1,870,657	33,295		181,474		128,442	20,567
030 NEONATAL INTENSIVE CARE U	1,874,804	16,862		91,903		65,046	15,893
031 SUBPROVIDER	1,208,769	42,234		230,196		162,927	22,437
033 NURSERY	1,060,140						276,945
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15,692,780	123,517		673,223		476,490	51,417
038 RECOVERY ROOM	831,959	14,320		78,048		55,240	7,479
039 DELIVERY ROOM & LABOR ROO	3,009,371	55,152		300,601		212,758	24,306
041 RADIOLOGY-DIAGNOSTIC	13,570,081	110,452		602,010		426,087	56,091
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		686		3,741		2,648	
044 LABORATORY	5,487,665	51,593		281,204		199,029	41,134
049 RESPIRATORY THERAPY	1,318,702	10,075		54,911		38,864	31,785
050 PHYSICAL THERAPY	1,568,363	6,812		37,131		26,280	5,609
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,676,068	36,583		199,392		141,125	155,610
054 ELECTROENCEPHALOGRAPHY	1,100	1,216		6,627		4,691	5,609
055 MEDICAL SUPPLIES CHARGED	16,652,737						
056 DRUGS CHARGED TO PATIENTS	3,612,321						
056 01 DIABETES CENTER	325,032	5,804		31,635		22,390	87,363
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,006,956	51,928		283,029		200,320	29,915
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	3,494,246						734,007
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	153,452,338	1,683,770		9,177,287		6,495,448	11,416,848
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	493	4,389		23,922		16,932	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	30,440,940						5,053,717
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER							36,459
100 01 MOB	236,996						38,208
100 02 PVT DUTY NURSING							
100 03 LI FELINE	16,539						3,329
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	184,147,306	1,688,159		9,201,209		6,512,380	16,512,102

COST CENTER DESCRIPTION	MGMT INFO SYS TEMS	PURCHASING, RECEIVING AND	R ADMIN TTING	BUSINESS OFFICE	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT
	6.02	6.03	6.04	6.05	6a.05	6.06	8
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							
006 01 NONPATIENT TELEPHONES							
006 02 MGMT INFO SYSTEMS	751,774						
006 03 PURCHASING, RECEIVING AND		979,206					
006 04 ADMIN TTING							
006 05 BUSINESS OFFICE				2,698,627			
006 06 OTHER ADMINIS TRATIVE AND					14,950,555	14,950,555	
008 OPERATION OF PLANT	2,503				9,882,323	873,222	10,755,545
009 LAUNDRY & LINEN SERVICE					714,111	63,100	
010 HOUSEKEEPING	42,567	609			2,274,287	200,961	227,080
011 DIETARY	17,356	751			1,953,076	172,578	442,029
012 CAFETERIA	23,430	266			1,005,306	88,831	246,668
014 NURSING ADMINIS TRATION	16,549	205			1,998,875	176,625	43,283
015 CENTRAL SERVICES & SUPPLY	7,204	41,475			526,256	46,501	152,456
016 PHARMACY	23,872	5,923			3,162,800	279,471	187,715
017 MEDICAL RECORDS & LIBRARY					1,635,770	144,540	194,984
018 SOCIAL SERVICE					422,206	37,307	38,940
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	141,573	27,577		150,880	15,484,613	1,368,251	2,928,582
026 INTENSIVE CARE UNIT	21,338	5,348		34,955	2,751,514	243,129	370,946
030 NEONATAL INTENSIVE CARE U	23,965	5,516		64,326	2,669,886	235,916	187,857
031 SUBPROVIDER	16,229	1,626		22,693	2,011,998	177,784	470,538
033 NURSERY	13,396	2,608		16,707	1,369,796	121,038	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	54,253	702,430		509,293	19,338,191	1,708,761	1,376,120
038 RECOVERY ROOM	9,371	1,266		48,855	1,276,129	112,761	159,537
039 DELIVERY ROOM & LABOR ROO	37,876	21,771		111,269	4,600,860	406,541	614,452
041 RADIOLOGY-DIAGNOSTIC	42,978	48,943		494,211	16,257,116	1,436,511	1,230,555
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE					7,075	625	7,646
044 LABORATORY	813	45,775		298,580	6,422,606	567,514	574,803
049 RESPIRATORY THERAPY	16,200	18,691		40,015	1,844,069	162,946	112,242
050 PHYSICAL THERAPY	17,577	51		38,926	2,074,369	183,295	75,898
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	8,295	629		49,691	3,267,393	288,713	407,573
054 ELECTROENCEPHALOGRAPHY					19,243	1,700	13,546
055 MEDICAL SUPPLIES CHARGED				482,430	17,135,167	1,514,098	
056 DRUGS CHARGED TO PATIENTS				195,535	3,807,856	336,470	
056 01 DIABETES CENTER	5,278	586		4,661	488,358	43,152	64,664
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	38,831	21,652		135,600	4,499,497	397,585	578,532
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	34,165	4,482			4,266,900	377,032	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	615,619	958,180		2,698,627	148,118,201	11,766,958	10,706,646
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3			45,739	4,042	48,899
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	131,820	20,910			35,647,387	3,149,867	
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER					36,459	3,222	
100 01 MOB	3,934	113			279,251	24,675	
100 02 PVT DUTY NURSING							
100 03 LI FELINE	401				20,269	1,791	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	751,774	979,206		2,698,627	184,147,306	14,950,555	10,755,545

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
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								
006 01 NONPATIENT TELEPHONES								
006 02 MGMT INFO SYSTEMS								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 BUSINESS OFFICE								
006 06 OTHER ADMINISTRATION AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	777,211							
010 HOUSEKEEPING	31,355	2,733,683						
011 DIETARY	32,160	114,772	2,714,615					
012 CAFETERIA		64,047		1,404,852				
014 NURSING ADMINISTRATION		11,238		34,912	2,264,933			
015 CENTRAL SERVICES & SUPPLY	13,947	39,585		15,197	66,495	860,437		
016 PHARMACY		48,740		50,361				3,729,087
017 MEDICAL RECORDS & LIBRARY		50,627						
018 SOCIAL SERVICE		10,111						
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	291,265	760,396	2,172,062	298,670	751,939			
026 INTENSIVE CARE UNIT	20,152	96,315	213,612	45,016	114,973			
030 NEONATAL INTENSIVE CARE U	21,073	48,776		50,558	125,920			
031 SUBPROVIDER	17,847	122,174	328,941	34,238	85,543			
033 NURSERY	34,632			28,261	72,080			
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	110,940	357,305		114,454	292,533			
038 RECOVERY ROOM	30,318	41,423		19,770	49,857			
039 DELIVERY ROOM & LABOR ROO	37,028	159,540		79,905	200,746			
041 RADIOLOGY-DIAGNOSTIC	43,555	319,510		90,668				
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE		1,985						
044 LABORATORY	9,442	149,246		1,715				
049 RESPIRATORY THERAPY	10,995	29,143		34,176	85,567			
050 PHYSICAL THERAPY	16,475	19,707		37,081	4,323			
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY		105,825		17,499				
054 ELECTROENCEPHALOGRAPHY		3,517						
055 MEDICAL SUPPLIES CHARGED						860,437		
056 DRUGS CHARGED TO PATIENTS								3,729,087
056 01 DIABETES CENTER		16,790		11,134	27,802			
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	55,729	150,214		81,920	206,110			
062 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	298			72,076	181,045			
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	777,211	2,720,986	2,714,615	1,117,611	2,264,933	860,437		3,729,087
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		12,697						
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC				278,094				
099 NONPAID WORKERS								
100 KATHRYN WEIL CENTER								
100 01 MOB				8,300				
100 02 PVT DUTY NURSING								
100 03 LIFELINE				847				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	777,211	2,733,683	2,714,615	1,404,852	2,264,933	860,437		3,729,087

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 MGMT INFO SYSTEMS					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 BUSINESS OFFICE					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	2,025,921				
018 SOCIAL SERVICE		508,564			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	113,266	358,264	24,527,308		24,527,308
026 INTENSIVE CARE UNIT	26,241	35,233	3,917,131		3,917,131
030 NEONATAL INTENSIVE CARE U	48,290	46,790	3,435,066		3,435,066
031 SUBPROVIDER	17,036	68,277	3,334,376		3,334,376
033 NURSERY	12,542		1,638,349		1,638,349
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	382,377		23,680,681		23,680,681
038 RECOVERY ROOM	36,676		1,726,471		1,726,471
039 DELIVERY ROOM & LABOR ROO	83,530		6,182,602		6,182,602
041 RADIOLOGY-DIAGNOSTIC	371,006		19,748,921		19,748,921
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE			17,331		17,331
044 LABORATORY	224,146		7,949,472		7,949,472
049 RESPIRATORY THERAPY	30,040		2,309,178		2,309,178
050 PHYSICAL THERAPY	29,222		2,440,370		2,440,370
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	37,303		4,124,306		4,124,306
054 ELECTROENCEPHALOGRAPHY			38,006		38,006
055 MEDICAL SUPPLIES CHARGED	362,162		19,871,864		19,871,864
056 DRUGS CHARGED TO PATIENTS	146,789		8,020,202		8,020,202
056 01 DIABETES CENTER	3,499		655,399		655,399
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	101,796		6,071,383		6,071,383
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			4,897,351		4,897,351
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	2,025,921	508,564	144,585,767		144,585,767
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			111,377		111,377
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC			39,075,348		39,075,348
099 NONPAID WORKERS					
100 KATHRYN WEIL CENTER			39,681		39,681
100 01 MOB			312,226		312,226
100 02 PVT DUTY NURSING					
100 03 LI FELINE			22,907		22,907
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,025,921	508,564	184,147,306		184,147,306

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD 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 BENEFITS 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							
006 01 NONPATIENT TELEPHONES		4,207				4,207	
006 02 MGMT INFO SYSTEMS		19,925				19,925	
006 03 PURCHASING, RECEIVING AND		42,137				42,137	
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE		9,185				9,185	
006 06 OTHER ADMINISTRATIVE AND		170,369				170,369	
008 OPERATION OF PLANT		476,945				476,945	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		20,382				20,382	
011 DIETARY		39,675				39,675	
012 CAFETERIA		22,140				22,140	
014 NURSING ADMINISTRATION		3,885				3,885	
015 CENTRAL SERVICES & SUPPLY		13,684				13,684	
016 PHARMACY		16,849				16,849	
017 MEDICAL RECORDS & LIBRARY		17,501				17,501	
018 SOCIAL SERVICE		3,495				3,495	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		262,862				262,862	
030 INTENSIVE CARE UNIT		33,295				33,295	
031 NEONATAL INTENSIVE CARE U		16,862				16,862	
033 SUBPROVIDER		42,234				42,234	
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		123,517				123,517	
041 RECOVERY ROOM		14,320				14,320	
042 DELIVERY ROOM & LABOR ROO		55,152				55,152	
043 RADIOLOGY-DIAGNOSTIC		110,452				110,452	
044 RADIOLOGY-THERAPEUTIC							
049 RADIOISOTOPE		686				686	
050 LABORATORY		51,593				51,593	
051 RESPIRATORY THERAPY		10,075				10,075	
052 PHYSICAL THERAPY		6,812				6,812	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY		36,583				36,583	
056 ELECTROENCEPHALOGRAPHY		1,216				1,216	
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 01 DIABETES CENTER		5,804				5,804	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		51,928				51,928	
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY							
097 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		1,683,770				1,683,770	
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		4,389				4,389	
101 RESEARCH							
102 PHYSICIANS' PRIVATE OFFIC							
103 NONPAID WORKERS							
100 KATHRYN WEIL CENTER							
100 01 MOB							
100 02 PVT DUTY NURSING							
100 03 LIFELINE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,688,159				1,688,159	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	MGMT INFO SYS	PURCHASING, RECEIVING AND	ADMINISTRATIVE	BUSINESS OFFICE	OTHER ADMINISTRATIVE	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
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							
006 01 NONPATIENT TELEPHONES	4,207						
006 02 MGMT INFO SYSTEMS	125	20,050					
006 03 PURCHASING, RECEIVING AND	76		42,213				
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE	76				9,261		
006 06 OTHER ADMINISTRATIVE AND	396					170,765	
008 OPERATION OF PLANT	299	67				9,971	487,282
009 LAUNDRY & LINEN SERVICE	5					721	
010 HOUSEKEEPING	49	1,135	26			2,295	10,288
011 DIETARY	163	463	32			1,971	20,026
012 CAFETERIA		625	11			1,014	11,175
014 NURSING ADMINISTRATION	49	441	9			2,017	1,961
015 CENTRAL SERVICES & SUPPLY	22	192	1,788			531	6,907
016 PHARMACY	125	637	255			3,191	8,504
017 MEDICAL RECORDS & LIBRARY	92					1,650	8,834
018 SOCIAL SERVICE	49					426	1,764
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	622	3,775	1,189		515	15,624	132,679
030 INTENSIVE CARE UNIT	119	569	231		119	2,776	16,806
031 NEONATAL INTENSIVE CARE U	92	639	238		219	2,694	8,511
033 SUBPROVIDER	130	433	70		77	2,030	21,318
034 NURSERY		357	112		57	1,382	
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	299	1,447	30,283		1,793	19,512	62,345
038 RECOVERY ROOM	43	250	55		167	1,288	7,228
039 DELIVERY ROOM & LABOR ROO	141	1,010	939		380	4,642	27,838
041 RADIOLOGY-DIAGNOSTIC	326	1,146	2,110		1,686	16,403	55,751
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE						7	346
044 LABORATORY	239	22	1,973		1,018	6,480	26,042
049 RESPIRATORY THERAPY	185	432	806		136	1,861	5,085
050 PHYSICAL THERAPY	33	469	2		133	2,093	3,439
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		221	27		169	3,297	18,465
054 ELECTROENCEPHALOGRAPHY	33					19	614
055 MEDICAL SUPPLIES CHARGED					1,646	17,289	
056 DRUGS CHARGED TO PATIENTS					667	3,842	
056 01 DIABETES CENTER	33	141	25		16	493	2,930
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	174	1,036	933		463	4,540	26,211
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		911	193			4,305	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,995	16,418	41,307		9,261	134,364	485,067
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						46	2,215
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		3,516	901			36,016	
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER	212					37	
100 01 MOB		105	5			282	
100 02 PVT DUTY NURSING							
100 03 LI FELINE		11				20	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,207	20,050	42,213		9,261	170,765	487,282

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
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							
006 01 NONPATIENT TELEPHONES							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	726						
010 HOUSEKEEPING	29	34,204					
011 DIETARY	30	1,436	63,796				
012 CAFETERIA				801			
014 NURSING ADMINISTRATION				35,766			
015 CENTRAL SERVICES & SUPPLY	13			889	9,392		
016 PHARMACY				387	276	24,295	
017 MEDICAL RECORDS & LIBRARY				1,282			31,453
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	272	9,514	51,046	7,605	3,117		
030 INTENSIVE CARE UNIT	19	1,205	5,020	1,146	477		
031 NEONATAL INTENSIVE CARE U	20	610		1,287	522		
033 SUBPROVIDER	17	1,529	7,730	872	355		
034 NURSERY	32			719	299		
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	104	4,471		2,914	1,213		
039 RECOVERY ROOM	28	518		503	207		
041 DELIVERY ROOM & LABOR ROO	35	1,996		2,034	832		
042 RADIOLOGY-DIAGNOSTIC	41	3,998		2,308			
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE		25					
044 LABORATORY	9	1,867		44			
049 RESPIRATORY THERAPY	10	365		870	355		
050 PHYSICAL THERAPY	15	247		944	18		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		1,324		445			
054 ELECTROENCEPHALOGRAPHY		44					
055 MEDICAL SUPPLIES CHARGED						24,295	
056 DRUGS CHARGED TO PATIENTS							31,453
056 01 DIABETES CENTER		210		283	115		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	52	1,879		2,086	855		
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY				1,835	751		
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	726	34,045	63,796	28,453	9,392	24,295	31,453
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		159					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				7,080			
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER							
100 01 MOB				211			
100 02 PVT DUTY NURSING							
100 03 LI FELINE				22			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	726	34,204	63,796	35,766	9,392	24,295	31,453

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 MGMT INFO SYSTEMS					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 BUSINESS OFFICE					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	28,710				
018 SOCIAL SERVICE		5,861			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	1,611	4,129	494,560		494,560
026 INTENSIVE CARE UNIT	373	406	62,561		62,561
030 NEONATAL INTENSIVE CARE U	687	539	32,920		32,920
031 SUBPROVIDER	242	787	77,824		77,824
033 NURSERY	178		3,136		3,136
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	5,333		253,231		253,231
038 RECOVERY ROOM	522		25,129		25,129
039 DELIVERY ROOM & LABOR ROO	1,188		96,187		96,187
041 RADIOLOGY-DIAGNOSTIC	5,277		199,498		199,498
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE			1,064		1,064
044 LABORATORY	3,188		92,475		92,475
049 RESPIRATORY THERAPY	427		20,607		20,607
050 PHYSICAL THERAPY	416		14,621		14,621
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	531		61,062		61,062
054 ELECTROENCEPHALOGRAPHY			1,926		1,926
055 MEDICAL SUPPLIES CHARGED	5,151		48,381		48,381
056 DRUGS CHARGED TO PATIENTS	2,088		38,050		38,050
056 01 DIABETES CENTER	50		10,100		10,100
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	1,448		91,605		91,605
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			7,995		7,995
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	28,710	5,861	1,632,932		1,632,932
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			6,809		6,809
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFICE			47,513		47,513
099 NONPAID WORKERS					
100 KATHRYN WEIL CENTER			249		249
100 01 MOB			603		603
100 02 PVT DUTY NURSING					
100 03 LI FELINE			53		53
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	28,710	5,861	1,688,159		1,688,159

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 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 BENEFITS 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							
006 01 NONPATIENT TELEPHONES				22,930	16,229	39,159	
006 02 MGMT INFO SYSTEMS				108,598	76,863	185,461	
006 03 PURCHASING, RECEIVING AND				229,665	162,551	392,216	
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE				50,062	35,432	85,494	
006 06 OTHER ADMINISTRATIVE AND				928,588	657,231	1,585,819	
008 OPERATION OF PLANT				2,599,556	1,839,903	4,439,459	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				111,092	78,628	189,720	
011 DIETARY				216,249	153,055	369,304	
012 CAFETERIA				120,674	85,410	206,084	
014 NURSING ADMINISTRATION				21,175	14,987	36,162	
015 CENTRAL SERVICES & SUPPLY				74,584	52,789	127,373	
016 PHARMACY				91,834	64,997	156,831	
017 MEDICAL RECORDS & LIBRARY				95,390	67,514	162,904	
018 SOCIAL SERVICE				19,050	13,483	32,533	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				1,432,715	1,014,039	2,446,754	
030 INTENSIVE CARE UNIT				181,474	128,442	309,916	
031 NEONATAL INTENSIVE CARE U				91,903	65,046	156,949	
033 SUBPROVIDER				230,196	162,927	393,123	
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM				673,223	476,490	1,149,713	
041 RECOVERY ROOM				78,048	55,240	133,288	
042 DELIVERY ROOM & LABOR ROO				300,601	212,758	513,359	
043 RADIOLOGY-DIAGNOSTIC				602,010	426,087	1,028,097	
044 RADIOLOGY-THERAPEUTIC							
049 RADIOISOTOPE				3,741	2,648	6,389	
050 LABORATORY				281,204	199,029	480,233	
051 RESPIRATORY THERAPY				54,911	38,864	93,775	
052 PHYSICAL THERAPY				37,131	26,280	63,411	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY				199,392	141,125	340,517	
056 ELECTROENCEPHALOGRAPHY				6,627	4,691	11,318	
056 01 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS							
062 DIABETES CENTER				31,635	22,390	54,025	
071 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY				283,029	200,320	483,349	
096 OBSERVATION BEDS (NON-DIS							
097 OTHER REIMBURS COST CNTRS							
098 HOME HEALTH AGENCY							
099 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS				9,177,287	6,495,448	15,672,735	
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				23,922	16,932	40,854	
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFIC							
100 01 NONPAID WORKERS							
100 02 KATHRYN WEIL CENTER							
100 03 MOB							
101 PVT DUTY NURSING							
102 LI FELINE							
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				9,201,209	6,512,380	15,713,589	

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 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	MGMT INFO SYS TEMS	PURCHASING, RECEIVING AND	R ADMITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
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							
006 01 NONPATIENT TELEPHONES	39,159						
006 02 MGMT INFO SYSTEMS	1,162	186,623					
006 03 PURCHASING, RECEIVING AND	707		392,923				
006 04 ADMITTING							
006 05 BUSINESS OFFICE	707				86,201		
006 06 OTHER ADMINISTRATIVE AND	3,689					1,589,508	
008 OPERATION OF PLANT	2,779	621				92,835	4,535,694
009 LAUNDRY & LINEN SERVICE	51					6,708	
010 HOUSEKEEPING	455	10,567	244			21,365	95,761
011 DIETARY	1,516	4,308	301			18,347	186,407
012 CAFETERIA		5,816	107			9,444	104,022
014 NURSING ADMINISTRATION	455	4,108	82			18,777	18,253
015 CENTRAL SERVICES & SUPPLY	202	1,788	16,642			4,944	64,292
016 PHARMACY	1,162	5,926	2,377			29,711	79,161
017 MEDICAL RECORDS & LIBRARY	859					15,366	82,226
018 SOCIAL SERVICE	455					3,966	16,421
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,809	35,148	11,066		4,811	145,462	1,235,003
026 INTENSIVE CARE UNIT	1,112	5,297	2,146		1,115	25,848	156,431
030 NEONATAL INTENSIVE CARE U	859	5,949	2,213		2,051	25,081	79,221
031 SUBPROVIDER	1,213	4,029	652		724	18,901	198,430
033 NURSERY		3,325	1,047		533	12,868	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,779	13,468	281,865		16,392	181,663	580,320
038 RECOVERY ROOM	404	2,326	508		1,558	11,988	67,278
039 DELIVERY ROOM & LABOR ROO	1,314	9,402	8,736		3,548	43,220	259,119
041 RADIOLOGY-DIAGNOSTIC	3,032	10,669	19,639		15,758	152,719	518,934
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE						66	3,225
044 LABORATORY	2,223	202	18,368		9,520	60,334	242,399
049 RESPIRATORY THERAPY	1,718	4,021	7,500		1,276	17,323	47,333
050 PHYSICAL THERAPY	303	4,363	20		1,241	19,487	32,007
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,059	253		1,584	30,694	171,877
054 ELECTROENCEPHALOGRAPHY	303					181	5,713
055 MEDICAL SUPPLIES CHARGED					15,382	160,968	
056 DRUGS CHARGED TO PATIENTS					6,235	35,771	
056 01 DIABETES CENTER	303	1,310	235		149	4,588	27,269
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,617	9,640	8,688		4,324	42,268	243,971
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		8,481	1,798			40,083	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	37,188	152,823	384,487		86,201	1,250,976	4,515,073
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1			430	20,621
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		32,723	8,390			334,947	
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER	1,971					342	
100 01 MOB		977	45			2,623	
100 02 PVT DUTY NURSING							
100 03 LI FELINE		100				190	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	39,159	186,623	392,923		86,201	1,589,508	4,535,694

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
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							
006 01 NONPATIENT TELEPHONES							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	6,759						
010 HOUSEKEEPING	273	318,385					
011 DIETARY	280	13,367	593,830				
012 CAFETERIA		7,459		332,932			
014 NURSING ADMINISTRATION		1,309		8,274	87,420		
015 CENTRAL SERVICES & SUPPLY	121	4,610		3,602	2,567	226,141	
016 PHARMACY		5,677		11,935			292,780
017 MEDICAL RECORDS & LIBRARY		5,896					
018 SOCIAL SERVICE		1,178					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,532	88,564	475,145	70,781	29,022		
026 INTENSIVE CARE UNIT	175	11,218	46,728	10,668	4,438		
030 NEONATAL INTENSIVE CARE U	183	5,681		11,982	4,860		
031 SUBPROVIDER	155	14,229	71,957	8,114	3,302		
033 NURSERY	301			6,697	2,782		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	965	41,614		27,124	11,291		
038 RECOVERY ROOM	264	4,824		4,685	1,924		
039 DELIVERY ROOM & LABOR ROO	322	18,581		18,936	7,748		
041 RADIOLOGY-DIAGNOSTIC	379	37,212		21,487			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		231					
044 LABORATORY	82	17,382		406			
049 RESPIRATORY THERAPY	96	3,394		8,099	3,303		
050 PHYSICAL THERAPY	143	2,295		8,788	167		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		12,325		4,147			
054 ELECTROENCEPHALOGRAPHY		410					
055 MEDICAL SUPPLIES CHARGED						226,141	
056 DRUGS CHARGED TO PATIENTS							292,780
056 01 DIABETES CENTER		1,955		2,639	1,073		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	485	17,495		19,414	7,955		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	3			17,081	6,988		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,759	316,906	593,830	264,859	87,420	226,141	292,780
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,479					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				65,905			
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER							
100 01 MOB				1,967			
100 02 PVT DUTY NURSING							
100 03 LIFELINE				201			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,759	318,385	593,830	332,932	87,420	226,141	292,780

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0109

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

PREPARED 5/28/2009
WORKSHEET B
PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 MGMT INFO SYSTEMS					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 BUSINESS OFFICE					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	267,251				
018 SOCIAL SERVICE		54,553			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	14,947	38,431	4,603,475		4,603,475
026 INTENSIVE CARE UNIT	3,463	3,779	582,334		582,334
030 NEONATAL INTENSIVE CARE U	6,372	5,019	306,420		306,420
031 SUBPROVIDER	2,248	7,324	724,401		724,401
033 NURSERY	1,655		29,208		29,208
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	50,364		2,357,558		2,357,558
038 RECOVERY ROOM	4,840		233,887		233,887
039 DELIVERY ROOM & LABOR ROO	11,023		895,308		895,308
041 RADIOLOGY-DIAGNOSTIC	48,959		1,856,885		1,856,885
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE			9,911		9,911
044 LABORATORY	29,579		860,728		860,728
049 RESPIRATORY THERAPY	3,964		191,802		191,802
050 PHYSICAL THERAPY	3,856		136,081		136,081
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	4,923		568,379		568,379
054 ELECTROENCEPHALOGRAPHY			17,925		17,925
055 MEDICAL SUPPLIES CHARGED	47,792		450,283		450,283
056 DRUGS CHARGED TO PATIENTS	19,371		354,157		354,157
056 01 DIABETES CENTER	462		94,008		94,008
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	13,433		852,639		852,639
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			74,434		74,434
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	267,251	54,553	15,199,823		15,199,823
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			63,385		63,385
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC			441,965		441,965
099 NONPAID WORKERS					
100 KATHRYN WEIL CENTER			2,313		2,313
100 01 MOB			5,612		5,612
100 02 PVT DUTY NURSING					
100 03 LIFELINE			491		491
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	267,251	54,553	15,713,589		15,713,589

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	(PHONE LINES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	398,473					
003 OLD CAP REL COSTS-MVB		398,473				
004 NEW CAP REL COSTS-BLD			398,473			
005 NEW CAP REL COSTS-MVB				398,473		
006 EMPLOYEE BENEFITS					59,058,569	
006 01 NONPATIENT TELEPHONES	993	993	993	993		775
006 02 MGMT INFO SYSTEMS	4,703	4,703	4,703	4,703		23
006 03 PURCHASING, RECEIVING	9,946	9,946	9,946	9,946		14
006 04 ADMITTING						
006 05 BUSINESS OFFICE	2,168	2,168	2,168	2,168		14
006 06 OTHER ADMIN STRATIVE	40,214	40,214	40,214	40,214		73
008 OPERATION OF PLANT	112,578	112,578	112,578	112,578	95,251	55
009 LAUNDRY & LINEN SERVI						1
010 HOUSEKEEPING	4,811	4,811	4,811	4,811	1,301,389	9
011 DIETARY	9,365	9,365	9,365	9,365	678,842	30
012 CAFETERIA	5,226	5,226	5,226	5,226	829,282	
014 NURSING ADMIN STRATIO	917	917	917	917	1,432,476	9
015 CENTRAL SERVICES & SU	3,230	3,230	3,230	3,230	242,095	4
016 PHARMACY	3,977	3,977	3,977	3,977	2,108,520	23
017 MEDICAL RECORDS & LIB	4,131	4,131	4,131	4,131		17
018 SOCIAL SERVICE	825	825	825	825		9
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	62,046	62,046	62,046	62,046	9,178,661	115
026 INTENSIVE CARE UNIT	7,859	7,859	7,859	7,859	1,628,955	22
030 NEONATAL INTENSIVE CA	3,980	3,980	3,980	3,980	1,829,725	17
031 SUBPROVIDER	9,969	9,969	9,969	9,969	1,090,482	24
033 NURSERY					990,545	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	29,155	29,155	29,155	29,155	3,772,639	55
038 RECOVERY ROOM	3,380	3,380	3,380	3,380	821,173	8
039 DELIVERY ROOM & LABOR	13,018	13,018	13,018	13,018	2,960,618	26
041 RADIOLOGY-DIAGNOSTIC	26,071	26,071	26,071	26,071	3,241,412	60
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	162	162	162	162		
044 LABORATORY	12,178	12,178	12,178	12,178	60,133	44
049 RESPIRATORY THERAPY	2,378	2,378	2,378	2,378	1,126,030	34
050 PHYSICAL THERAPY	1,608	1,608	1,608	1,608	1,336,319	6
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	8,635	8,635	8,635	8,635	556,566	
054 ELECTROENCEPHALOGRAPH	287	287	287	287		6
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
056 01 DIABETES CENTER	1,370	1,370	1,370	1,370	312,469	6
061 OUTPAT SERVICE COST C						
062 EMERGENCY	12,257	12,257	12,257	12,257	2,615,502	32
071 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
HOME HEALTH AGENCY					2,625,308	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	397,437	397,437	397,437	397,437	40,834,392	736
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,036	1,036	1,036	1,036		
097 RESEARCH						
098 PHYSICIANS' PRIVATE O					18,075,614	
099 NONPAID WORKERS						
100 KATHRYN WEIL CENTER						39
100 01 MOB					136,656	
100 02 PVT DUTY NURSING						
100 03 LI FELINE					11,907	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,688,159		9,201,209	6,512,380	16,512,102	724,512
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.236571		23.091173	16.343341	.279589	934.854194
(WRKSHT B, PT I)						4,207
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						5.428387
(WRKSHT B, PT II)						39,159
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						50.527742
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	MGMT INFO SYS (MANHOURS)	PURCHASING, RECEIVING (COSTED) (REQUISITION)	R ADMITTING (GROSS) (CHARGES)	BUSINESS OFFICE (GROSS) (CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	8
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 MGMT INFO SYSTEMS	2,003,890						
006 03 PURCHASING, RECEIVING		18,629,643					
006 04 ADMITTING			400,201,363				
006 05 BUSINESS OFFICE				400,201,363			
006 06 OTHER ADMINISTRATIVE					-14,950,555	169,196,751	
008 OPERATION OF PLANT	6,671					9,882,323	227,871
009 LAUNDRY & LINEN SERVICE						714,111	
010 HOUSEKEEPING	113,465	11,587				2,274,287	4,811
011 DIETARY	46,262	14,294				1,953,076	9,365
012 CAFETERIA	62,453	5,058				1,005,306	5,226
014 NURSING ADMINISTRATION	44,111	3,907				1,998,875	917
015 CENTRAL SERVICES & SUPPLY	19,202	789,059				526,256	3,230
016 PHARMACY	63,631	112,683				3,162,800	3,977
017 MEDICAL RECORDS & LIBRARY						1,635,770	4,131
018 SOCIAL SERVICE						422,206	825
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS	377,373	524,658	22,375,804	22,375,804		15,484,613	62,046
026 INTENSIVE CARE UNIT	56,878	101,740	5,183,930	5,183,930		2,751,514	7,859
030 NEONATAL INTENSIVE CARE	63,880	104,944	9,539,662	9,539,662		2,669,886	3,980
031 SUBPROVIDER	43,260	30,935	3,365,416	3,365,416		2,011,998	9,969
033 NURSERY	35,708	49,627	2,477,658	2,477,658		1,369,796	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	144,613	13,363,935	75,518,789	75,518,789		19,338,191	29,155
038 RECOVERY ROOM	24,980	24,079	7,245,349	7,245,349		1,276,129	3,380
039 DELIVERY ROOM & LABOR	100,960	414,193	16,501,423	16,501,423		4,600,860	13,018
041 RADIOLOGY-DIAGNOSTIC	114,560	931,141	73,292,414	73,292,414		16,257,116	26,071
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE						7,075	162
044 LABORATORY	2,167	870,882	44,280,029	44,280,029		6,422,606	12,178
049 RESPIRATORY THERAPY	43,181	355,591	5,934,342	5,934,342		1,844,069	2,378
050 PHYSICAL THERAPY	46,852	969	5,772,786	5,772,786		2,074,369	1,608
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	22,110	11,974	7,369,265	7,369,265		3,267,393	8,635
054 ELECTROENCEPHALOGRAPHY						19,243	287
055 MEDICAL SUPPLIES CHARGED TO PATIENTS			71,545,255	71,545,255		17,135,167	
056 01 DRUGS CHARGED TO PATIENTS			28,998,248	28,998,248		3,807,856	
056 01 DIABETES CENTER	14,068	11,154	691,180	691,180		488,358	1,370
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	103,506	411,942	20,109,813	20,109,813		4,499,497	12,257
071 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 HOME HEALTH AGENCY	91,069	85,264				4,266,900	
095 SPECIFIC PURPOSE COST CENTER							
095 SUBTOTALS	1,640,960	18,229,616	400,201,363	400,201,363	-14,950,555	133,167,646	226,835
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		63				45,739	1,036
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	351,373	397,813				35,647,387	
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER						36,459	
100 01 MOB	10,487	2,151				279,251	
100 02 PVT DUTY NURSING							
100 03 LI FELINE	1,070					20,269	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	751,774	979,206		2,698,627		14,950,555	10,755,545
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.375157	.052562		.006743		.088362	47.200148
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	20,050	42,213		9,261		170,765	487,282
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.010006	.002266		.000023		.001009	2.138412
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	186,623	392,923		86,201		1,589,508	4,535,694
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.093130	.021091		.000215		.009394	19.904657

COST ALLOCATION - STATISTICAL BASIS

15-0109

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MANHOURS)	(DIRECT NRSING HRS)	(COSTED)REQUIS.	(COSTED)REQUIS.
	9	10	11	12	14	15	16
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							
006 01 NONPATIENT TELEPHONES							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,154,063						
010 HOUSEKEEPING	46,558	223,060					
011 DIETARY	47,753	9,365	171,522				
012 CAFETERIA		5,226		1,775,039			
014 NURSING ADMINISTRATION		917		44,111	1,140,632		
015 CENTRAL SERVICES & SUPPLY	20,710	3,230		19,202	33,487	100	
016 PHARMACY		3,977		63,631			100
017 MEDICAL RECORDS & LIBRARY		4,131					
018 SOCIAL SERVICE		825					
025 INPATIENT ROUTINE SERVICE							
026 ADULTS & PEDIATRICS	432,491	62,046	137,241	377,373	378,681		
026 INTENSIVE CARE UNIT	29,924	7,859	13,497	56,878	57,901		
030 NEONATAL INTENSIVE CARE	31,291	3,980		63,880	63,414		
031 SUBPROVIDER	26,500	9,969	20,784	43,260	43,080		
033 NURSERY	51,425			35,708	36,300		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	164,733	29,155		144,613	147,321		
038 RECOVERY ROOM	45,019	3,380		24,980	25,108		
039 DELIVERY ROOM & LABOR	54,982	13,018		100,960	101,097		
041 RADIOLOGY-DIAGNOSTIC	64,674	26,071		114,560			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		162					
044 LABORATORY	14,020	12,178		2,167			
049 RESPIRATORY THERAPY	16,326	2,378		43,181	43,092		
050 PHYSICAL THERAPY	24,464	1,608		46,852	2,177		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		8,635		22,110			
054 ELECTROENCEPHALOGRAPH		287					
055 MEDICAL SUPPLIES CHARACTER						100	
056 DRUGS CHARGED TO PATIENT							100
056 01 DIABETES CENTER		1,370		14,068	14,001		
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	82,751	12,257		103,506	103,798		
071 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 OTHER REIMBURSABLE COST CENTER							
071 HOME HEALTH AGENCY	442			91,069	91,175		
095 SPECIFIC PURPOSE COST CENTER							
095 SUBTOTALS	1,154,063	222,024	171,522	1,412,109	1,140,632	100	100
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		1,036					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				351,373			
099 NONPAID WORKERS							
100 KATHRYN WEIL CENTER							
100 01 MOB				10,487			
100 02 PVT DUTY NURSING							
100 03 LI FELINE				1,070			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	777,211	2,733,683	2,714,615	1,404,852	2,264,933	860,437	3,729,087
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.673456	12.255371	15.826629	.791449	1.985682	8,604.370000	37,290.870000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	726	34,204	63,796	35,766	9,392	24,295	31,453
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000629	.153340	.371941	.020149	.008234	242.950000	314.530000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	6,759	318,385	593,830	332,932	87,420	226,141	292,780
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.005857	1.427351	3.462121	.187563	.076642	2,261.410000	2,927.800000

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(TIME SPENT)
	17	18
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		
006 01 NONPATIENT TELEPHONES		
006 02 MGMT INFO SYSTEMS		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 BUSINESS OFFICE		
006 06 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY	400,201,363	
018 SOCIAL SERVICE		42,509
025 INPATIENT ROUTINE SERVICE CENTER		
026 ADULTS & PEDIATRICS	22,375,804	29,946
026 INTENSIVE CARE UNIT	5,183,930	2,945
030 NEONATAL INTENSIVE CARE	9,539,662	3,911
031 SUBPROVIDER	3,365,416	5,707
033 NURSERY	2,477,658	
034 SKILLED NURSING FACILITY		
035 NURSING FACILITY		
035 01 ICU/MR		
036 OTHER LONG TERM CARE		
037 ANCILLARY SERVICE COST CENTER		
037 OPERATING ROOM	75,518,789	
038 RECOVERY ROOM	7,245,349	
039 DELIVERY ROOM & LABOR	16,501,423	
041 RADIOLOGY-DIAGNOSTIC	73,292,414	
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE		
044 LABORATORY	44,280,029	
049 RESPIRATORY THERAPY	5,934,342	
050 PHYSICAL THERAPY	5,772,786	
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY	7,369,265	
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHARGED TO PATIENT	71,545,255	
056 DRUGS CHARGED TO PATIENT	28,998,248	
056 01 DIABETES CENTER	691,180	
061 OUTPATIENT SERVICE COST CENTER		
062 EMERGENCY	20,109,813	
062 OBSERVATION BEDS (NON-REIMBURSABLE)		
062 OTHER REIMBURSABLE COST CENTER		
071 HOME HEALTH AGENCY		
071 SPECIFIC PURPOSE COST CENTER		
095 SUBTOTALS	400,201,363	42,509
096 NONREIMBURSABLE COST CENTER		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFICE		
099 NONPAID WORKERS		
100 KATHRYN WEIL CENTER		
100 01 MOB		
100 02 PVT DUTY NURSING		
100 03 LIFELINE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	2,025,921	508,564
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	.005062	11.963678
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)	28,710	5,861
106 UNIT COST MULTIPLIER (WORKSHEET B, PT II)	.000072	.137877
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	267,251	54,553
108 UNIT COST MULTIPLIER (WORKSHEET B, PT III)	.000668	1.283328

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0109

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

PREPARED 5/28/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,527,308		24,527,308	16,398	24,543,706
26	INTENSIVE CARE UNIT	3,917,131		3,917,131		3,917,131
30	NEONATAL INTENSIVE CARE U	3,435,066		3,435,066	252,666	3,687,732
31	SUBPROVIDER	3,334,376		3,334,376	4,140	3,338,516
33	NURSERY	1,638,349		1,638,349		1,638,349
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,680,681		23,680,681	101,010	23,781,691
38	RECOVERY ROOM	1,726,471		1,726,471		1,726,471
39	DELIVERY ROOM & LABOR ROO	6,182,602		6,182,602		6,182,602
41	RADIOLOGY-DIAGNOSTIC	19,748,921		19,748,921	7,339	19,756,260
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	17,331		17,331		17,331
44	LABORATORY	7,949,472		7,949,472	4,783	7,954,255
49	RESPIRATORY THERAPY	2,309,178		2,309,178	16,223	2,325,401
50	PHYSICAL THERAPY	2,440,370		2,440,370		2,440,370
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,124,306		4,124,306		4,124,306
54	ELECTROENCEPHALOGRAPHY	38,006		38,006		38,006
55	MEDICAL SUPPLIES CHARGED	19,871,864		19,871,864		19,871,864
56	DRUGS CHARGED TO PATIENTS	8,020,202		8,020,202		8,020,202
56	01 DIABETES CENTER	655,399		655,399	2,655	658,054
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,071,383		6,071,383	8,972	6,080,355
62	OBSERVATION BEDS (NON-DIS	2,268,712		2,268,712		2,268,712
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	141,957,128		141,957,128	414,186	142,371,314
102	LESS OBSERVATION BEDS	2,268,712		2,268,712		2,268,712
103	TOTAL	139,688,416		139,688,416	414,186	140,102,602

COMPUTATION OF RATIO OF COSTS TO CHARGES

15-0109

FROM 1/ 1/2008

WORKSHEET C

TO 12/31/2008

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	22,375,804		22,375,804			
26	INTENSIVE CARE UNIT	5,183,930		5,183,930			
30	NEONATAL INTENSIVE CARE U	9,539,662		9,539,662			
31	SUBPROVIDER	3,365,416		3,365,416			
33	NURSERY	2,477,658		2,477,658			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,955,633	80,350,646	101,306,279	.233753	.233753	.234750
38	RECOVERY ROOM	2,867,453	4,377,896	7,245,349	.238287	.238287	.238287
39	DELIVERY ROOM & LABOR ROO	15,708,038	793,385	16,501,423	.374671	.374671	.374671
41	RADIOLOGY-DIAGNOSTIC	18,483,838	79,971,650	98,455,488	.200587	.200587	.200662
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	25,128,258	19,151,771	44,280,029	.179527	.179527	.179635
49	RESPIRATORY THERAPY	5,050,472	883,870	5,934,342	.389121	.389121	.391855
50	PHYSICAL THERAPY	5,769,254	3,532	5,772,786	.422737	.422737	.422737
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,286,367	4,082,898	7,369,265	.559663	.559663	.559663
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	45,135,668	26,409,587	71,545,255	.277752	.277752	.277752
56	DRUGS CHARGED TO PATIENTS	20,756,689	8,241,559	28,998,248	.276575	.276575	.276575
56	01 DIABETES CENTER	11,292	679,888	691,180	.948232	.948232	.952073
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,419,758	16,690,055	20,109,813	.301911	.301911	.302358
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		3,935,587	3,935,587	.576461	.576461	.576461
101	SUBTOTAL	209,515,190	245,572,324	455,087,514			
102	LESS OBSERVATION BEDS						
103	TOTAL	209,515,190	245,572,324	455,087,514			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,527,308		24,527,308	16,398	24,543,706
26	INTENSIVE CARE UNIT	3,917,131		3,917,131		3,917,131
30	NEONATAL INTENSIVE CARE U	3,435,066		3,435,066	252,666	3,687,732
31	SUBPROVIDER	3,334,376		3,334,376	4,140	3,338,516
33	NURSERY	1,638,349		1,638,349		1,638,349
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,680,681		23,680,681	101,010	23,781,691
38	RECOVERY ROOM	1,726,471		1,726,471		1,726,471
39	DELIVERY ROOM & LABOR ROO	6,182,602		6,182,602		6,182,602
41	RADIOLOGY-DIAGNOSTIC	19,748,921		19,748,921	7,339	19,756,260
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	17,331		17,331		17,331
44	LABORATORY	7,949,472		7,949,472	4,783	7,954,255
49	RESPIRATORY THERAPY	2,309,178		2,309,178	16,223	2,325,401
50	PHYSICAL THERAPY	2,440,370		2,440,370		2,440,370
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	4,124,306		4,124,306		4,124,306
54	ELECTROENCEPHALOGRAPHY	38,006		38,006		38,006
55	MEDICAL SUPPLIES CHARGED	19,871,864		19,871,864		19,871,864
56	DRUGS CHARGED TO PATIENTS	8,020,202		8,020,202		8,020,202
56	01 DIABETES CENTER	655,399		655,399	2,655	658,054
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,071,383		6,071,383	8,972	6,080,355
62	OBSERVATION BEDS (NON-DIS	2,268,712		2,268,712		2,268,712
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	141,957,128		141,957,128	414,186	142,371,314
102	LESS OBSERVATION BEDS	2,268,712		2,268,712		2,268,712
103	TOTAL	139,688,416		139,688,416	414,186	140,102,602

PROVIDER NO:
15-0109

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

PREPARED 5/28/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	22,375,804		22,375,804			
26	INTENSIVE CARE UNIT	5,183,930		5,183,930			
30	NEONATAL INTENSIVE CARE U	9,539,662		9,539,662			
31	SUBPROVIDER	3,365,416		3,365,416			
33	NURSERY	2,477,658		2,477,658			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,955,633	80,350,646	101,306,279	.233753	.233753	.234750
38	RECOVERY ROOM	2,867,453	4,377,896	7,245,349	.238287	.238287	.238287
39	DELIVERY ROOM & LABOR ROO	15,708,038	793,385	16,501,423	.374671	.374671	.374671
41	RADIOLOGY-DIAGNOSTIC	18,483,838	79,971,650	98,455,488	.200587	.200587	.200662
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	25,128,258	19,151,771	44,280,029	.179527	.179527	.179635
49	RESPIRATORY THERAPY	5,050,472	883,870	5,934,342	.389121	.389121	.391855
50	PHYSICAL THERAPY	5,769,254	3,532	5,772,786	.422737	.422737	.422737
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,286,367	4,082,898	7,369,265	.559663	.559663	.559663
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	45,135,668	26,409,587	71,545,255	.277752	.277752	.277752
56	DRUGS CHARGED TO PATIENTS	20,756,689	8,241,559	28,998,248	.276575	.276575	.276575
56	01 DIABETES CENTER	11,292	679,888	691,180	.948232	.948232	.952073
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,419,758	16,690,055	20,109,813	.301911	.301911	.302358
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		3,935,587	3,935,587	.576461	.576461	.576461
101	SUBTOTAL	209,515,190	245,572,324	455,087,514			
102	LESS OBSERVATION BEDS						
103	TOTAL	209,515,190	245,572,324	455,087,514			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,680,681	2,610,789	21,069,892			23,680,681
38	RECOVERY ROOM	1,726,471	259,016	1,467,455			1,726,471
39	DELIVERY ROOM & LABOR ROO	6,182,602	991,495	5,191,107			6,182,602
41	RADIOLOGY-DIAGNOSTIC	19,748,921	2,056,383	17,692,538			19,748,921
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	17,331	10,975	6,356			17,331
44	LABORATORY	7,949,472	953,203	6,996,269			7,949,472
49	RESPIRATORY THERAPY	2,309,178	212,409	2,096,769			2,309,178
50	PHYSICAL THERAPY	2,440,370	150,702	2,289,668			2,440,370
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,124,306	629,441	3,494,865			4,124,306
54	ELECTROENCEPHALOGRAPHY	38,006	19,851	18,155			38,006
55	MEDICAL SUPPLIES CHARGED	19,871,864	498,664	19,373,200			19,871,864
56	DRUGS CHARGED TO PATIENTS	8,020,202	392,207	7,627,995			8,020,202
56	01 DIABETES CENTER	655,399	104,108	551,291			655,399
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,071,383	944,244	5,127,139			6,071,383
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,268,712	471,239	1,797,473			2,268,712
101	SUBTOTAL	105,104,898	10,304,726	94,800,172			105,104,898
102	LESS OBSERVATION BEDS	2,268,712	471,239	1,797,473			2,268,712
103	TOTAL	102,836,186	9,833,487	93,002,699			102,836,186

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	101,306,279	.233753	.233753
38	RECOVERY ROOM	7,245,349	.238287	.238287
39	DELIVERY ROOM & LABOR ROO	16,501,423	.374671	.374671
41	RADIOLOGY-DIAGNOSTIC	98,455,488	.200587	.200587
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	44,280,029	.179527	.179527
49	RESPIRATORY THERAPY	5,934,342	.389121	.389121
50	PHYSICAL THERAPY	5,772,786	.422737	.422737
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	7,369,265	.559663	.559663
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	71,545,255	.277752	.277752
56	DRUGS CHARGED TO PATIENTS	28,998,248	.276575	.276575
56	01 DIABETES CENTER	691,180	.948232	.948232
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	20,109,813	.301911	.301911
62	OBSERVATION BEDS (NON-DIS	3,935,587	.576461	.576461
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	412,145,044		
102	LESS OBSERVATION BEDS	3,935,587		
103	TOTAL	408,209,457		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,680,681	2,610,789	21,069,892	261,079	1,222,054	22,197,548
38	RECOVERY ROOM	1,726,471	259,016	1,467,455	25,902	85,112	1,615,457
39	DELIVERY ROOM & LABOR ROO	6,182,602	991,495	5,191,107	99,150	301,084	5,782,368
41	RADIOLOGY-DIAGNOSTIC	19,748,921	2,056,383	17,692,538	205,638	1,026,167	18,517,116
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	17,331	10,975	6,356	1,098	369	15,864
44	LABORATORY	7,949,472	953,203	6,996,269	95,320	405,784	7,448,368
49	RESPIRATORY THERAPY	2,309,178	212,409	2,096,769	21,241	121,613	2,166,324
50	PHYSICAL THERAPY	2,440,370	150,702	2,289,668	15,070	132,801	2,292,499
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,124,306	629,441	3,494,865	62,944	202,702	3,858,660
54	ELECTROENCEPHALOGRAPHY	38,006	19,851	18,155	1,985	1,053	34,968
55	MEDICAL SUPPLIES CHARGED	19,871,864	498,664	19,373,200	49,866	1,123,646	18,698,352
56	DRUGS CHARGED TO PATIENTS	8,020,202	392,207	7,627,995	39,221	442,424	7,538,557
56	01 DIABETES CENTER	655,399	104,108	551,291	10,411	31,975	613,013
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,071,383	944,244	5,127,139	94,424	297,374	5,679,585
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,268,712	471,239	1,797,473	47,124	104,253	2,117,335
101	SUBTOTAL	105,104,898	10,304,726	94,800,172	1,030,473	5,498,411	98,576,014
102	LESS OBSERVATION BEDS	2,268,712	471,239	1,797,473	47,124	104,253	2,117,335
103	TOTAL	102,836,186	9,833,487	93,002,699	983,349	5,394,158	96,458,679

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	101,306,279	.219113	.231176
38	RECOVERY ROOM	7,245,349	.222965	.234712
39	DELIVERY ROOM & LABOR ROO	16,501,423	.350416	.368662
41	RADIOLOGY-DIAGNOSTIC	98,455,488	.188076	.198499
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	44,280,029	.168211	.177375
49	RESPIRATORY THERAPY	5,934,342	.365049	.385542
50	PHYSICAL THERAPY	5,772,786	.397122	.420126
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	7,369,265	.523615	.551122
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	71,545,255	.261350	.277055
56	DRUGS CHARGED TO PATIENTS	28,998,248	.259966	.275223
56	01 DIABETES CENTER	691,180	.886908	.933169
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	20,109,813	.282429	.297216
62	OBSERVATION BEDS (NON-DIS	3,935,587	.537997	.564487
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	412,145,044		
102	LESS OBSERVATION BEDS	3,935,587		
103	TOTAL	408,209,457		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	494,560		494,560	4,603,475		4,603,475
26	INTENSIVE CARE UNIT	62,561		62,561	582,334		582,334
30	NEONATAL INTENSIVE CARE U	32,920		32,920	306,420		306,420
31	SUBPROVIDER	77,824		77,824	724,401		724,401
33	NURSERY	3,136		3,136	29,208		29,208
101	TOTAL	671,001		671,001	6,245,838		6,245,838

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	32,996	12,944	14.99	194,031	139.52	1,805,947
26	INTENSIVE CARE UNIT	2,945	1,619	21.24	34,388	197.74	320,141
30	NEONATAL INTENSIVE CARE U	3,911		8.42		78.35	
31	SUBPROVIDER	4,535	3,199	17.16	54,895	159.74	511,008
33	NURSERY	5,707		.55		5.12	
101	TOTAL	50,094	17,762		283,314		2,637,096

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-0109
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023272	221,687
38	RECOVERY ROOM	.032281	39,567
39	DELIVERY ROOM & LABOR ROO	.054256	18,240
41	RADIOLOGY-DIAGNOSTIC	.018860	173,032
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.019438	218,541
49	RESPIRATORY THERAPY	.032321	54,798
50	PHYSICAL THERAPY	.023573	40,443
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.077128	222,203
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.006294	131,207
56	DRUGS CHARGED TO PATIENTS	.012213	101,915
56	01 DIABETES CENTER	.136011	400
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.042399	80,426
62	OBSERVATION BEDS (NON-DIS	.108122	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,302,459

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

PROVIDER NO: 15-0109
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					32,996	
26	INTENSIVE CARE UNIT					2,945	
30	NEONATAL INTENSIVE CARE U					3,911	
31	SUBPROVIDER					4,535	
33	NURSERY					5,707	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					50,094	

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

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,944	
26	INTENSIVE CARE UNIT	1,619	
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	3,199	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	17,762	

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
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56	01 DIABETES CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			101,306,279			9,525,924	
38	RECOVERY ROOM			7,245,349			1,225,707	
39	DELIVERY ROOM & LABOR ROO			16,501,423			336,185	
41	RADIOLOGY-DIAGNOSTIC			98,455,488			9,174,570	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			44,280,029			11,242,995	
49	RESPIRATORY THERAPY			5,934,342			1,695,443	
50	PHYSICAL THERAPY			5,772,786			1,715,660	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			7,369,265			2,880,970	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			71,545,255			20,846,308	
56	DRUGS CHARGED TO PATIENTS			28,998,248			8,344,831	
56	01 DIABETES CENTER			691,180			2,940	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			20,109,813			1,896,878	
62	OBSERVATION BEDS (NON-DIS			3,935,587				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			412,145,044			68,888,411	

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	18,420,418					
38	RECOVERY ROOM	1,098,124					
39	DELIVERY ROOM & LABOR ROO	238					
41	RADIOLOGY-DIAGNOSTIC	26,153,940					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	572,683					
49	RESPIRATORY THERAPY	74,181					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,112,215					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	7,077,566					
56	DRUGS CHARGED TO PATIENTS	1,890,316					
56	01 DIABETES CENTER	918					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,181,576					
62	OBSERVATION BEDS (NON-DIS	296,585					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	58,878,760					

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	253,231	2,357,558	101,306,279	11,580	.002500	29
39	RECOVERY ROOM	25,129	233,887	7,245,349	4,578	.003468	16
41	DELIVERY ROOM & LABOR ROO	96,187	895,308	16,501,423	6,702	.005829	39
42	RADIOLOGY-DIAGNOSTIC	199,498	1,856,885	98,455,488	202,332	.002026	410
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE	1,064	9,911				
44	LABORATORY	92,475	860,728	44,280,029	583,355	.002088	1,218
49	RESPIRATORY THERAPY	20,607	191,802	5,934,342	54,887	.003472	191
50	PHYSICAL THERAPY	14,621	136,081	5,772,786	2,273,509	.002533	5,759
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	61,062	568,379	7,369,265	33,592	.008286	278
54	ELECTROENCEPHALOGRAPHY	1,926	17,925				
55	MEDICAL SUPPLIES CHARGED	48,381	450,283	71,545,255	168,584	.000676	114
56	DRUGS CHARGED TO PATIENTS	38,050	354,157	28,998,248	454,338	.001312	596
56	01 DIABETES CENTER	10,100	94,008	691,180	335	.014613	5
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	91,605	852,639	20,109,813	986	.004555	4
62	OBSERVATION BEDS (NON-DIS	45,715	425,524	3,935,587		.011616	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	999,651	9,305,075	412,145,044	3,794,778		8,659

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-T109
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023272	269
38	RECOVERY ROOM	.032281	148
39	DELIVERY ROOM & LABOR ROO	.054256	364
41	RADIOLOGY-DIAGNOSTIC	.018860	3,816
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.019438	11,339
49	RESPIRATORY THERAPY	.032321	1,774
50	PHYSICAL THERAPY	.023573	53,593
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.077128	2,591
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.006294	1,061
56	DRUGS CHARGED TO PATIENTS	.012213	5,549
56	01 DIABETES CENTER	.136011	46
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.042399	42
62	OBSERVATION BEDS (NON-DIS	.108122	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		80,592

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			101,306,279			11,580	
38	RECOVERY ROOM			7,245,349			4,578	
39	DELIVERY ROOM & LABOR ROO			16,501,423			6,702	
41	RADIOLOGY-DIAGNOSTIC			98,455,488			202,332	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			44,280,029			583,355	
49	RESPIRATORY THERAPY			5,934,342			54,887	
50	PHYSICAL THERAPY			5,772,786			2,273,509	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			7,369,265			33,592	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			71,545,255			168,584	
56	DRUGS CHARGED TO PATIENTS			28,998,248			454,338	
56	01 DIABETES CENTER			691,180			335	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			20,109,813			986	
62	OBSERVATION BEDS (NON-DIS			3,935,587				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			412,145,044			3,794,778	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
56	01 DIABETES CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,050
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	743.84
85	OBSERVATION BED COST	2,268,712

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	494,560	.020150	2,268,712	45,715
87	NEW CAPITAL-RELATED COST	4,603,475	.187562	2,268,712	425,524
88	NON PHYSICIAN ANESTHETIST			2,268,712	
89	MEDICAL EDUCATION			2,268,712	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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 743.34
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,075,405
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,075,405

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,638,349	5,707	287.08	2,720	780,858
43 INTENSIVE CARE UNIT	3,917,131	2,945	1,330.10		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	3,435,066	3,911	878.31	2,207	1,938,430
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					5,388,195
49 TOTAL PROGRAM INPATIENT COSTS					10,182,888

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 SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	735.25
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,731,513	
26	INTENSIVE CARE UNIT		2,827,358	
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.234750	9,525,924	2,236,211
38	RECOVERY ROOM	.238287	1,225,707	292,070
39	DELIVERY ROOM & LABOR ROOM	.374671	336,185	125,959
41	RADIOLOGY-DIAGNOSTIC	.200662	9,174,570	1,840,988
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.179635	11,242,995	2,019,635
49	RESPIRATORY THERAPY	.391855	1,695,443	664,368
50	PHYSICAL THERAPY	.422737	1,715,660	725,273
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.559663	2,880,970	1,612,372
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.277752	20,846,308	5,790,104
56	DRUGS CHARGED TO PATIENTS	.276575	8,344,831	2,307,972
56	01 DIABETES CENTER	.952073	2,940	2,799
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.302358	1,896,878	573,536
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.576461		
101	TOTAL		68,888,411	18,191,287
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		68,888,411	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,435,641	
26	INTENSIVE CARE UNIT		491,340	
30	NEONATAL INTENSIVE CARE UNIT		4,241,894	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.233753	1,183,352	276,612
38	RECOVERY ROOM	.238287	120,034	28,603
39	DELIVERY ROOM & LABOR ROOM	.374671	5,695,806	2,134,053
41	RADIOLOGY-DIAGNOSTIC	.200587	1,221,335	244,984
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.179527	2,445,420	439,019
49	RESPIRATORY THERAPY	.389121	586,365	228,167
50	PHYSICAL THERAPY	.422737	393,796	166,472
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.559663	351,499	196,721
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.277752	2,934,784	815,142
56	DRUGS CHARGED TO PATIENTS	.276575	2,758,164	762,839
56	01 DIABETES CENTER	.948232	5,360	5,083
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.301911	299,756	90,500
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.576461		
101	TOTAL		17,995,671	5,388,195
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		17,995,671	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		65,915	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.233753		
38	RECOVERY ROOM	.238287		
39	DELIVERY ROOM & LABOR ROOM	.374671		
41	RADIOLOGY-DIAGNOSTIC	.200587		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.179527		
49	RESPIRATORY THERAPY	.389121		
50	PHYSICAL THERAPY	.422737		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.559663		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.277752		
56	DRUGS CHARGED TO PATIENTS	.276575		
56	01 DIABETES CENTER	.948232		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.301911		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.576461		
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-0109		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	15,248,371	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,082,790	
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)	337,959	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	222.27	
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 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	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)		3.06
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		23.98
4.02 SUM OF LINES 4 AND 4.01		27.04
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		11.76
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,390,945
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	23,060,065	
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)	23,060,065	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,878,992	
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	24,939,057	
17 PRIMARY PAYER PAYMENTS	32,953	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	24,906,104	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,358,401	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	37,584	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	396,282	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	277,397	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	318,297	
22 SUBTOTAL	22,787,516	
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	22,787,516	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	22,536,467	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	251,049	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	107,139	
----- 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

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
15-0109		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,886,973
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,072,842
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	923
1.04	LINE 1.01 TIMES LINE 1.03.	12,817,676
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	94.19
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,072,842

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,242,051
19	SUBTOTAL (SEE INSTRUCTIONS)	8,830,791
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	8,830,791
24	PRIMARY PAYER PAYMENTS	1,108
25	SUBTOTAL	8,829,683

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	344,824
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	241,377
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	282,629
28	SUBTOTAL	9,071,060
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,071,060
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,993,726
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	77,334
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		22,528,502		8,972,741
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/24/2008	7,965	7/24/2008	20,985
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		7,965		20,985
4 TOTAL INTERIM PAYMENTS		22,536,467		8,993,726
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		251,049		77,334
7 TOTAL MEDICARE PROGRAM LIABILITY		22,787,516		9,071,060

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.

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,706,858		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,706,858		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		50,070		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,756,928		

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		3,599,857
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0108
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		97,589
1.05	OUTLIER PAYMENTS		93,530
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3,790,976
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		12.390710
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		3,790,976
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3,790,976
7	DEDUCTIBLES		25,600
8	SUBTOTAL		3,765,376
9	COINSURANCE		8,448
10	SUBTOTAL		3,756,928
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		3,756,928
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-T109		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,756,928
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,706,858
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	50,070
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		10,182,888	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		10,182,888	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		10,182,888	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		8,234,790	
11	ANCILLARY SERVICE CHARGES		17,995,671	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		26,230,461	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		26,230,461	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		16,047,573	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		10,182,888	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		10,182,888	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		10,182,888	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		10,182,888	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		10,182,888	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		10,182,888	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		10,182,888	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		10,182,888	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-T109		PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		110,288	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		110,288	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		110,288	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		65,915	
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		65,915	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		65,915	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		44,373	
23	COST OF COVERED SERVICES		110,288	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		110,288	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		110,288	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		44,373	
35	SUBTOTAL		65,915	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		65,915	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		65,915	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		65,915	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		65,915	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-T109		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,825			
2	TEMPORARY INVESTMENTS	5,290,883			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	35,037,089			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11,747,000			
7	INVENTORY	1,490,066			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	1,177,944			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	31,251,807			
FIXED ASSETS					
12	LAND	8,051,949			
12.01	LAND IMPROVEMENTS	1,555,303			
13.01	LESS ACCUMULATED DEPRECIATION	-805,332			
14	BUILDINGS	46,675,658			
14.01	LESS ACCUMULATED DEPRECIATION	-24,168,530			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	25,802,077			
18.01	LESS ACCUMULATED DEPRECIATION	-13,360,246			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	43,750,879			
OTHER ASSETS					
22	INVESTMENTS	17,367,840			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	4,694,857			
26	TOTAL OTHER ASSETS	22,062,697			
27	TOTAL ASSETS	97,065,383			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	829,885			
29 SALARIES, WAGES & FEES PAYABLE	9,230			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	368,476			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,541,319			
36 TOTAL CURRENT LIABILITIES	2,748,910			
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	9,095,170			
42 TOTAL LONG-TERM LIABILITIES	9,095,170			
43 TOTAL LIABILITIES	11,844,080			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	85,221,303			
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	85,221,303			
52 TOTAL LIABILITIES AND FUND BALANCES	97,065,383			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		53,120,327		
2	NET INCOME (LOSS)		31,644,049		
3	TOTAL		84,764,376		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	NET ASSETS RELEASED FROM	5,114,229			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		5,114,229		
11	SUBTOTAL		89,878,605		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	OTHER EXTRAORDINARY ITEMS	4,657,302			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		4,657,302		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		85,221,303		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	22,375,804		22,375,804
2 00 SUBPROVIDER	3,365,416		3,365,416
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	25,741,220		25,741,220
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,183,930		5,183,930
14 00 NEONATAL INTENSIVE CARE UNIT	9,539,662		9,539,662
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,723,592		14,723,592
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	40,464,812		40,464,812
17 00 ANCILLARY SERVICES	163,152,962	224,946,680	388,099,642
18 00 OUTPATIENT SERVICES	3,419,758	20,625,642	24,045,400
19 00 HOME HEALTH AGENCY		6,583,686	6,583,686
24 00 NURSERY	2,477,658		2,477,658
24 01 NON-REIMB	67,819	37,405,910	37,473,729
25 00 TOTAL PATIENT REVENUES	209,583,009	289,561,918	499,144,927

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		104,417,126	
ADD (SPECIFY)			
27 00 BAD DEBTS	2,771,839		
28 00 BAD DEBTS-PHYSICIANS	682,751		
29 00 AFFILIATES	48,981,283		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		52,435,873	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		156,852,999	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	499,144,927
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	336,177,176
3	NET PATIENT REVENUES	162,967,751
4	LESS: TOTAL OPERATING EXPENSES	156,852,999
5	NET INCOME FROM SERVICE TO PATIENTS	6,114,752
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	EQUITY IN EARNINGS	10,500,887
24.01	DSH	14,657,217
24.02	CONTRIBUTIONS	31,483
24.03	PREMIUM REVENUE-PHYSICIANS	87,376
24.04	OTHER OPERATING REVENUE-PHYSICIANS	628,331
24.05	INVESTMENT INCOME	428
24.06	NET ASSETS RELEASED FOR OPS	120,841
25	TOTAL OTHER INCOME	26,026,563
26	TOTAL	32,141,315
	OTHER EXPENSES	
27	LOSS ON SALE OF ASSET	12,653
28	INVESTMENT INCOME	484,613
29		
29.01		
29.02		
29.03		
29.04		
29.05		
29.06		
29.07		
29.08		
29.09		
30	TOTAL OTHER EXPENSES	497,266
31	NET INCOME (OR LOSS) FOR THE PERIOD	31,644,049

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	829,960		9,994	56,820	102,170	998,944
HHA REIMBURSABLE SERVICES						
6	553,079		58,493		3	611,575
7	397,476		48,476			445,952
8	95,320		14,980			110,300
9	18,390		3,921			22,311
10	24,438		1,880		298	26,616
11	61,643		15,896			77,539
12				13,124	51,681	64,805
13	1,129		210	190,825	22,477	214,641
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	643,874		15,485	288,183	27,074	974,616
23. 50						
24	2,625,309		169,335	548,952	203,703	3,547,299

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-52,903	946,041	-150	945,891
HHA REIMBURSABLE SERVICES				
6		611,575		611,575
7		445,952		445,952
8		110,300		110,300
9		22,311		22,311
10		26,616		26,616
11		77,539		77,539
12		64,805		64,805
13		214,641		214,641
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		974,616		974,616
23. 50				
24	-52,903	3,494,396	-150	3,494,246

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-945,891	2,548,355
6	SKILLED NURSING CARE					611,575	
7	PHYSICAL THERAPY					445,952	
8	OCCUPATIONAL THERAPY					110,300	
9	SPEECH PATHOLOGY					22,311	
10	MEDICAL SOCIAL SERVICES					26,616	
11	HOME HEALTH AIDE					77,539	
12	SUPPLIES					64,805	
13	DRUGS					214,641	
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					974,616	
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-945,891 2,548,355	
25	COST TO BE ALLOCATED					945,891	
26	UNIT COST MULTIPLIER					.371177	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL						734,007
2 SKILLED NURSING CARE	838,578					
3 PHYSICAL THERAPY	611,479					
4 OCCUPATIONAL THERAPY	151,241					
5 SPEECH PATHOLOGY	30,592					
6 MEDICAL SOCIAL SERVICES	36,495					
7 HOME HEALTH AIDE	106,320					
8 SUPPLIES	88,859					
9 DRUGS	294,311					
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	1,336,371					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,494,246					734,007
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	NONPATIENT TELEPHONES	MGMT INFO SYS STEMS	PURCHASING, RECEIVING AN	ADMITTING	BUSINESS OFFICE	SUBTOTAL
	6.01	6.02	6.03	6.04	6.05	6A.05
1 ADMIN & GENERAL		34,165	4,482			772,654
2 SKILLED NURSING CARE						838,578
3 PHYSICAL THERAPY						611,479
4 OCCUPATIONAL THERAPY						151,241
5 SPEECH PATHOLOGY						30,592
6 MEDICAL SOCIAL SERVICES						36,495
7 HOME HEALTH AIDE						106,320
8 SUPPLIES						88,859
9 DRUGS						294,311
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						1,336,371
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		34,165	4,482			4,266,900
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	OTHER ADMINI STRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	68,273		298			72,076
2 SKILLED NURSING CARE	74,098					
3 PHYSICAL THERAPY	54,032					
4 OCCUPATIONAL THERAPY	13,364					
5 SPEECH PATHOLOGY	2,703					
6 MEDICAL SOCIAL SERVICES	3,225					
7 HOME HEALTH AIDE	9,395					
8 SUPPLIES	7,852					
9 DRUGS	26,006					
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	118,084					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	377,032		298			72,076
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	NURSING ADMINI STRATION 14	CENTRAL SERV I CES & SUPPL 15	PHARMACY 16	MEDI CAL RECO RDS & LI BRAR 17	SOCI AL SERVI CE 18	SUBTOTAL 25
1 ADMIN & GENERAL	181,045					1,094,346
2 SKILLED NURSING CARE						912,676
3 PHYSICAL THERAPY						665,511
4 OCCUPATIONAL THERAPY						164,605
5 SPEECH PATHOLOGY						33,295
6 MEDICAL SOCIAL SERVICES						39,720
7 HOME HEALTH AIDE						115,715
8 SUPPLIES						96,711
9 DRUGS						320,317
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						1,454,455
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	181,045					4,897,351
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,094,346		
2 SKILLED NURSING CARE		912,676	262,630	1,175,306
3 PHYSICAL THERAPY		665,511	191,506	857,017
4 OCCUPATIONAL THERAPY		164,605	47,366	211,971
5 SPEECH PATHOLOGY		33,295	9,581	42,876
6 MEDICAL SOCIAL SERVICES		39,720	11,430	51,150
7 HOME HEALTH AIDE		115,715	33,298	149,013
8 SUPPLIES		96,711	27,829	124,540
9 DRUGS		320,317	92,174	412,491
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		1,454,455	418,532	1,872,987
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		4,897,351	1,094,346	4,897,351
21 UNIT COST MULTIPLIER			0.287758	

(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) 1	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	NONPATIENT TELEPHONES (PHONE LINES) 6.01
1 ADMIN & GENERAL					2,625,308	
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)					2,625,308	
21 COST TO BE ALLOCATED					734,007	
22 UNIT COST MULTIPLIER					0.279589	

HHA COST CENTER	MGMT INFO SYSTEMS (MANHOURS) 6.02	PURCHASING, RECEIVING AND (COSTED) REQUISITION 6.03	ADMINISTRATIVE (GROSS) CHARGES 6.04	BUSINESS OFFICE (GROSS) CHARGES 6.05	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE AND STRATEGIC (ACCUM. COST) 6.06
1 ADMIN & GENERAL	91,069	85,264				772,654
2 SKILLED NURSING CARE						838,578
3 PHYSICAL THERAPY						611,479
4 OCCUPATIONAL THERAPY						151,241
5 SPEECH PATHOLOGY						30,592
6 MEDICAL SOCIAL SERVICES						36,495
7 HOME HEALTH AIDE						106,320
8 SUPPLIES						88,859
9 DRUGS						294,311
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						1,336,371
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	91,069	85,264				4,266,900
21 COST TO BE ALLOCATED	34,165	4,482				377,032
22 UNIT COST MULTIPLIER	0.375155	0.052566				0.088362

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL		442			91,069	91,175
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)		442			91,069	91,175
21 COST TO BE ALLOCATED		298			72,076	181,045
22 UNIT COST MULTIPLIER		0.674208			0.791444	1.985687

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
	15	16	17	18
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 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,175,306	2	1,175,306	7,998	146.95	3,937
2 PHYSICAL THERAPY	3	857,017		857,017	5,169	165.80	2,874
3 OCCUPATIONAL THERAPY	4	211,971		211,971	1,155	183.52	723
4 SPEECH PATHOLOGY	5	42,876		42,876	230	186.42	130
5 MEDICAL SOCIAL SERVICES	6	51,150		51,150	124	412.50	70
6 HOME HEALTH AIDE SERVICE	7	149,013		149,013	2,395	62.22	1,071
7 TOTAL		2,487,333		2,487,333	17,071		8,805

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	1,247		578,542	183,247		761,789
2 PHYSICAL THERAPY	981		476,509	162,650		639,159
3 OCCUPATIONAL THERAPY	243		132,685	44,595		177,280
4 SPEECH PATHOLOGY	80		24,235	14,914		39,149
5 MEDICAL SOCIAL SERVICES	27		28,875	11,138		40,013
6 HOME HEALTH AIDE SERVICES	733		66,638	45,607		112,245
7 TOTAL	3,311		1,307,484	462,151		1,769,635

LIMITATION COST COMPUTATION	PATIENT SERVICES	PROGRAM COST LIMITS				PROGRAM VISITS	
		1	2	3	4	5	6
8 SKILLED NURSING		9915					
9 PHYSICAL THERAPY		9915					
10 OCCUPATIONAL THERAPY		9915					
11 SPEECH PATHOLOGY		9915					
12 MEDICAL SOCIAL SERVICES		9915					
13 HOME HEALTH AIDE SERVICE		9915					
14 TOTAL							

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

PROVIDER NO: 15-0109
 HHA NO: 15-7124
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

[] 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) 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	124,540		124,540	319,488	.389811	134,232
16 COST OF DRUGS	9.00	412,491		412,491			
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	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	67,881		52,325	26,461
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	9915	
17 PER BENE COST LIMITATION (FRM F1)	9915	
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	.422737			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	.277752			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.276575			COL 2, LN 16
5.01 DIABETES CENTER	56.01	.948232			

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----			
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998
1 PHYSICAL THERAPY	1	165.80	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	2	183.52				5
3 SPEECH PATHOLOGY	3	186.42				
4 TOTAL (SUM OF LINES 1-3)	4					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
HHA NO:	TO 12/31/2008	WORKSHEET H-7
15-7124		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

- 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
- 10 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 EPIISODES WITHOUT OUTLIERS	1,439,976	2,012,347
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	8,701	18,880
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	9,458	10,747
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
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	1,458,135	2,041,974
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,458,135	2,041,974
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,458,135	2,041,974
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,458,135	2,041,974
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	1,458,135	2,041,974
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,458,135	2,041,974
25	INTERIM PAYMENTS	1,458,135	2,041,974
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. 15-11 SECTION 115.2		

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

PROVIDER NO: 15-0109
 HHA NO: 15-7124

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

PREPARED 5/28/2009
 WORKSHEET H-8

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,458,135		2,041,974
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,458,135		2,041,974
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,458,135		2,041,974

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 CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0109		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,705,946
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	77,001
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	100.55
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.06
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	23.98
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	27.04
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.63
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	96,045
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,878,992
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)	