

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1334	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 13:14

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:  
 SCOTT MEMORIAL HOSPITAL 15-1334  
 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.

*Cleopatra D. Nany*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
*Pres / CEO*  
 TITLE  
 5-29-09  
 DATE

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/28/2009 TIME 13:14  
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PART II - SETTLEMENT SUMMARY

		TITLE V		TITLE XVIII		TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	275,970	112,581	0		
100	TOTAL	0	275,970	112,581	0		

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

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







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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1334  
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					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	73,899	2,008,717	2,082,616		2,082,616
6	0600 ADMINISTRATIVE & GENERAL	1,466,297	1,728,952	3,195,249	-173,999	3,021,250
8	0800 OPERATION OF PLANT	287,852	531,882	819,734		819,734
10	1000 HOUSEKEEPING	189,655	230,682	420,337		420,337
11	1100 DIETARY	202,093	287,051	489,144	-310,045	179,099
12	1200 CAFETERIA				310,045	310,045
14	1400 NURSING ADMINISTRATION	428,746	612	429,358		429,358
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	326,466	105,373	431,839		431,839
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,887,429	199,453	2,086,882	-148,336	1,938,546
26	2600 INTENSIVE CARE UNIT	277,511	13,797	291,308		291,308
33	3300 NURSERY				123,699	123,699
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	875,429	528,073	1,403,502	-99,548	1,303,954
39	3900 DELIVERY ROOM & LABOR ROOM				24,637	24,637
41	4100 RADIOLOGY-DIAGNOSTIC	752,524	1,561,628	2,314,152		2,314,152
44	4400 LABORATORY	597,995	911,324	1,509,319		1,509,319
47	4700 BLOOD STORING, PROCESSING & TRANS.		145,155	145,155		145,155
49	4900 RESPIRATORY THERAPY	418,530	88,194	506,724	-398,719	108,005
50	5000 PHYSICAL THERAPY	448,507	74,449	522,956		522,956
53	5300 ELECTROCARDIOLOGY	82,505	27,989	110,494	398,719	509,213
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	82,539	411,264	493,803	99,548	593,351
56	5600 DRUGS CHARGED TO PATIENTS	161,346	811,128	972,474		972,474
59	3140 CARDIAC REHAB	59,659	8,956	68,615		68,615
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	992,992	143,191	1,136,183		1,136,183
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	9,611,974	11,542,877	21,154,851	-173,999	20,980,852
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,374,015	196,163	1,570,178		1,570,178
98.01	9801 PUBLIC RELATIONS				173,999	173,999
101	TOTAL	10,985,989	11,739,040	22,725,029	-0-	22,725,029

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1334  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/28/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS		
6	0600 ADMINISTRATIVE & GENERAL	-292,117	1,432,890
8	0800 OPERATION OF PLANT		2,082,616
10	1000 HOUSEKEEPING		2,815,837
11	1100 DIETARY	-205,413	819,734
12	1200 CAFETERIA		420,337
14	1400 NURSING ADMINISTRATION	-101,421	77,678
16	1600 PHARMACY		310,045
17	1700 MEDICAL RECORDS & LIBRARY		429,358
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-13,387	418,452
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY	-470	1,938,076
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM	-415,442	888,512
41	4100 RADIOLOGY-DIAGNOSTIC		24,637
44	4400 LABORATORY	-1,012,335	1,301,817
47	4700 BLOOD STORING, PROCESSING & TRANS.	-27,850	1,481,469
49	4900 RESPIRATORY THERAPY		145,155
50	5000 PHYSICAL THERAPY		108,005
53	5300 ELECTROCARDIOLOGY		522,956
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,438	509,213
56	5600 DRUGS CHARGED TO PATIENTS	-1,393	618,789
59	3140 CARDIAC REHAB		971,081
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,136,183
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-2,044,390	18,936,462
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,570,178
98.01	9801 PUBLIC RELATIONS		173,999
101	TOTAL	-2,044,390	20,680,639

## COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2009
I 15-1334	I FROM 1/ 1/2008	I NOT A CMS WORKSHEET
I	I TO 12/31/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC REHAB	3140	CARDIOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PUBLIC RELATIONS	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
151334

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

PREPARED 5/28/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA		12	128,097	181,948
2 NURSERY AND L&D RECLASS	B	NURSERY		33	110,741	12,958
3		DELIVERY ROOM & LABOR ROOM		39	22,056	2,581
4 EKG/EEG	C	ELECTROCARDIOLOGY		53	329,323	69,396
5 PUBLIC RELATIONS	D	PUBLIC RELATIONS		98.01	47,882	126,117
6 MED SUPPLY CHG TO PATIENT	E	MEDICAL SUPPLIES CHARGED TO PATIENTS		55		99,548
36 TOTAL RECLASSIFICATIONS					638,099	492,548

(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:  
151334

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

PREPARED 5/28/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 CAFETERIA RECLASS	A	DIETARY	11	128,097	181,948	
2 NURSERY AND L&D RECLASS	B	ADULTS & PEDIATRICS	25	132,797	15,539	
3						
4 EKG/EEG	C	RESPIRATORY THERAPY	49	329,323	69,396	
5 PUBLIC RELATIONS	D	ADMINISTRATIVE & GENERAL	6	47,882	126,117	10
6 MED SUPPLY CHG TO PATIENT	E	OPERATING ROOM	37		99,548	
36 TOTAL RECLASSIFICATIONS				638,099	492,548	

(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:  
151334

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

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

RECLASS CODE: A  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	310,045	DIETARY	11	310,045	
TOTAL RECLASSIFICATIONS FOR CODE A			310,045				310,045

RECLASS CODE: B  
EXPLANATION : NURSERY AND L&D RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	123,699	ADULTS & PEDIATRICS	25	148,336	
2.00	DELIVERY ROOM & LABOR ROOM	39	24,637			0	
TOTAL RECLASSIFICATIONS FOR CODE B			148,336				148,336

RECLASS CODE: C  
EXPLANATION : EKG/EEG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	398,719	RESPIRATORY THERAPY	49	398,719	
TOTAL RECLASSIFICATIONS FOR CODE C			398,719				398,719

RECLASS CODE: D  
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PUBLIC RELATIONS	98.01	173,999	ADMINISTRATIVE & GENERAL	6	173,999	
TOTAL RECLASSIFICATIONS FOR CODE D			173,999				173,999

RECLASS CODE: E  
EXPLANATION : MED SUPPLY CHG TO PATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	99,548	OPERATING ROOM	37	99,548	
TOTAL RECLASSIFICATIONS FOR CODE E			99,548				99,548

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	276,233				35,000	241,233	
2 LAND IMPROVEMENTS	502,562	3,636		3,636		506,198	
3 BUILDINGS & FIXTURE	12,530,263	7,483,799		7,483,799		20,014,062	
4 BUILDING IMPROVEMEN		47,059		47,059		47,059	
5 FIXED EQUIPMENT	1,971,236	186,586		186,586		2,157,822	
6 MOVABLE EQUIPMENT	9,212,489	1,539,381		1,539,381		10,751,870	
7 SUBTOTAL	24,492,783	9,260,461		9,260,461	35,000	33,718,244	
8 RECONCILING ITEMS							
9 TOTAL	24,492,783	9,260,461		9,260,461	35,000	33,718,244	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	22,966,374		22,966,374	.681126				
4	NEW CAP REL COSTS-MV	10,751,870		10,751,870	.318874				
5	TOTAL	33,718,244		33,718,244	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	1,725,007	-292,117					1,432,890
5	TOTAL	1,725,007	-292,117					1,432,890

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	1,725,007						1,725,007
5	TOTAL	1,725,007						1,725,007

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 15-1334

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

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,455,627				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	26,069				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-101,421	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,393	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-13,387	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		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		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 MISC INCOME - ADMIN & GENERAL	B	-32,420	ADMINISTRATIVE & GENERAL		6	
38 MISC INCOME - INTEREST EXPENSE	B	-23,237	ADMINISTRATIVE & GENERAL		6	
39 MISC INCOME - MOB RENTAL	B	-292,117	NEW CAP REL COSTS-MVBLE E		4	10
40 AHA & IHA DUES	A	-3,001	ADMINISTRATIVE & GENERAL		6	
41 PHYSICIAN RECRUITMENT	A	-147,856	ADMINISTRATIVE & GENERAL		6	
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,044,390				

(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	55	MEDICAL SUPPLIES CHARGED	SUPPLIES	832,678	807,240	25,438	
2	6	ADMINISTRATIVE & GENERAL	SUPPLIES	29,434	28,534	900	
3	6	ADMINISTRATIVE & GENERAL	SUPPLIES	6,577	6,376	201	
4	25	ADULTS & PEDIATRICS	CONTRACT NURSING SERVICES	7,379	7,849	-470	
5		TOTALS		876,068	849,999	26,069	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	REGIONAL SVC	0.00	SUPPLIES
2	C	0.00	REGIONAL SVC	0.00	SUPPLIES
3	C	0.00	REGIONAL SVC	0.00	SUPPLIES
4	C	0.00	HEALTHSTAFF SOLUTIONS	0.00	NURSING AGENCY
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

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 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 37	OPERATING ROOM	455,091	415,442	39,649				
2 41	RADIOLOGY-DIAGNOSTIC	1,012,335	1,012,335					
3 44	LABORATORY	27,850	27,850					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,495,276	1,455,627	39,649				



REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52  
 (SEE INSTRUCTIONS)  
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780  
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)  
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)  
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)  
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)  
 7 STANDARD TRAVEL EXPENSE RATE  
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED	1846.80	4661.30		1268.00	
10 AHSEA (SEE INSTRUCTIONS)	76.85	66.82			
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.41	33.41			

12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)  
 12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)  
 13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)  
 13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10) 141,927  
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 311,468  
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)  
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 453,395  
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)  
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)  
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 453,395

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)  
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)  
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 453,395

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE  
 STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)  
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)  
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)  
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)  
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE  
 29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)  
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)  
 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)  
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1334

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

PREPARED 5/28/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
  - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
  - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
  - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
  - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
  - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
  - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
  - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
  - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
  - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	453,395
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	453,395
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	415,175

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

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

PREPARED 5/28/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 415,175

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 415,175

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION-

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

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 WORKSHEET A-8-4  
 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52  
 (SEE INSTRUCTIONS)  
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780  
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)  
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)  
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)  
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)  
 7 STANDARD TRAVEL EXPENSE RATE  
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9 TOTAL HOURS WORKED 680.25  
 10 AHSEA (SEE INSTRUCTIONS) 60.83  
 11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) 30.42 30.42  
 12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)  
 12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)  
 13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)  
 13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)  
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 41,380  
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)  
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 41,380  
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)  
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)  
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 41,380

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES 60.83  
 (SEE INSTRUCTIONS)  
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES 47,447  
 (SEE INSTRUCTIONS)  
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 47,447

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE  
 STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)  
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)  
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)  
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)  
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE  
 29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)  
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)  
 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)  
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1334

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 PREPARED 5/28/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
  - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
  - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
  - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
  - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
  - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
  - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
  - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
  - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
  - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	47,447
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	47,447
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	33,332

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1334

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

PREPARED 5/28/2009 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 33,332 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 33,332

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1334  
 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				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MAN HOURS		ENTERED
14	NURSING ADMINISTRATION	13	HOURS SUPERVISED		ENTERED
16	PHARMACY	15	COSTED	REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE			1,432,890				
005 EMPLOYEE BENEFITS	2,082,616			2,082,616			
006 ADMINISTRATIVE & GENERAL	2,815,837		231,198	270,710	3,317,745	3,317,745	
008 OPERATION OF PLANT	819,734		35,110	54,938	909,782	173,843	1,083,625
010 HOUSEKEEPING	420,337		16,538	36,196	473,071	90,395	15,362
011 DIETARY	77,678		36,398	14,122	128,198	24,496	33,810
012 CAFETERIA	310,045		38,906	24,448	373,399	71,350	36,139
014 NURSING ADMINISTRATION	429,358		2,440	81,828	513,626	98,145	2,267
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	418,452		22,605	62,307	503,364	96,184	20,997
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,938,076		288,743	334,881	2,561,700	489,502	268,211
026 INTENSIVE CARE UNIT	291,308		13,759	52,964	358,031	68,413	12,781
033 NURSERY	123,699		3,813	21,135	148,647	28,404	3,542
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	888,512		84,895	167,079	1,140,486	217,926	78,858
039 DELIVERY ROOM & LABOR ROOM	24,637		12,505	4,209	41,351	7,901	11,616
041 RADIOLOGY-DIAGNOSTIC	1,301,817		124,614	143,622	1,570,053	300,009	115,752
044 LABORATORY	1,481,469		64,408	114,130	1,660,007	317,197	59,828
047 BLOOD STORING, PROCESSING	145,155				145,155	27,737	
049 RESPIRATORY THERAPY	108,005		33,721	17,026	158,752	30,335	31,323
050 PHYSICAL THERAPY	522,956		59,308	85,599	667,863	127,617	55,090
053 ELECTROCARDIOLOGY	509,213		38,414	78,599	626,226	119,661	35,683
055 MEDICAL SUPPLIES CHARGED	618,789		30,501	15,753	665,043	127,078	28,332
056 DRUGS CHARGED TO PATIENTS	971,081		8,134	30,794	1,010,009	192,995	7,555
059 CARDIAC REHAB	68,615		13,014	11,386	93,015	17,773	12,088
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,136,183		126,885	189,516	1,452,584	277,563	117,862
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	18,936,462		1,285,909	1,811,242	18,518,107	2,904,524	947,096
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			11,252		11,252	2,150	10,451
098 PHYSICIANS' PRIVATE OFFICE	1,570,178		133,696	262,236	1,966,110	375,688	124,189
098 01 PUBLIC RELATIONS	173,999		2,033	9,138	185,170	35,383	1,889
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	20,680,639		1,432,890	2,082,616	20,680,639	3,317,745	1,083,625

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	16	17	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
010 OPERATION OF PLANT							
011 HOUSEKEEPING	578,828						
012 DIETARY		186,504					
014 CAFETERIA	20,032		500,920				
016 NURSING ADMINISTRATION			19,374	633,412			
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY	13,772		33,770			668,087	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	126,866	162,886	165,274	186,297		35,236	3,995,972
026 INTENSIVE CARE UNIT	23,787	23,618	12,363	37,260		4,503	540,756
033 NURSERY	20,449			37,260		3,170	241,472
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	82,630		39,184	149,038		47,304	1,755,426
041 DELIVERY ROOM & LABOR ROO	19,614			74,519		6,112	161,113
044 RADIOLOGY-DIAGNOSTIC	38,394		50,143			202,866	2,277,217
047 LABORATORY	27,543		47,886			120,270	2,232,731
049 BLOOD STORING, PROCESSING						4,815	177,707
050 RESPIRATORY THERAPY			6,404			9,983	236,797
053 PHYSICAL THERAPY	33,803					23,679	908,052
055 ELECTROCARDIOLOGY	22,953		30,109			36,854	871,486
056 MEDICAL SUPPLIES CHARGED			11,200			33,366	865,019
059 DRUGS CHARGED TO PATIENTS	8,346		7,629			62,083	1,288,617
061 CARDIAC REHAB	6,677		6,832			1,690	138,075
062 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY	133,962		67,133	149,038		76,156	2,274,298
096 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	578,828	186,504	497,301	633,412		668,087	17,964,738
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							23,853
098 PHYSICIANS' PRIVATE OFFIC							2,465,987
098 01 PUBLIC RELATIONS			3,619				226,061
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	578,828	186,504	500,920	633,412		668,087	20,680,639

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
010 OPERATION OF PLANT		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
016 NURSING ADMINISTRATION		
017 PHARMACY		
025 MEDICAL RECORDS & LIBRARY		
026 INPAT ROUTINE SRVC CNTRS		3,995,972
033 ADULTS & PEDIATRICS		540,756
ANCILLARY SRVC COST CNTRS		241,472
037 OPERATING ROOM		1,755,426
039 DELIVERY ROOM & LABOR ROO		161,113
041 RADIOLOGY-DIAGNOSTIC		2,277,217
044 LABORATORY		2,232,731
047 BLOOD STORING, PROCESSING		177,707
049 RESPIRATORY THERAPY		236,797
050 PHYSICAL THERAPY		908,052
053 ELECTROCARDIOLOGY		871,486
055 MEDICAL SUPPLIES CHARGED		865,019
056 DRUGS CHARGED TO PATIENTS		1,288,617
059 CARDIAC REHAB		138,075
061 OUTPAT SERVICE COST CNTRS		2,274,298
062 EMERGENCY		
SUBTOTALS		17,964,738
095 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		23,853
098 PHYSICIANS' PRIVATE OFFIC		2,465,987
098 01 PUBLIC RELATIONS		226,061
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		20,680,639

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL			231,198	231,198		231,198	
008 OPERATION OF PLANT			35,110	35,110		12,115	47,225
010 HOUSEKEEPING			16,538	16,538		6,299	669
011 DIETARY			36,398	36,398		1,707	1,473
012 CAFETERIA			38,906	38,906		4,972	1,575
014 NURSING ADMINISTRATION			2,440	2,440		6,839	99
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			22,605	22,605		6,703	915
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			288,743	288,743		34,103	11,691
026 INTENSIVE CARE UNIT			13,759	13,759		4,768	557
033 NURSERY			3,813	3,813		1,979	154
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			84,895	84,895		15,187	3,437
039 DELIVERY ROOM & LABOR ROOM			12,505	12,505		551	506
041 RADIOLOGY-DIAGNOSTIC			124,614	124,614		20,907	5,045
044 LABORATORY			64,408	64,408		22,105	2,607
047 BLOOD STORING, PROCESSING						1,933	
049 RESPIRATORY THERAPY			33,721	33,721		2,114	1,365
050 PHYSICAL THERAPY			59,308	59,308		8,893	2,401
053 ELECTROCARDIOLOGY			38,414	38,414		8,339	1,555
055 MEDICAL SUPPLIES CHARGED			30,501	30,501		8,856	1,235
056 DRUGS CHARGED TO PATIENTS			8,134	8,134		13,449	329
059 CARDIAC REHAB			13,014	13,014		1,239	527
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			126,885	126,885		19,343	5,136
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			1,285,909	1,285,909		202,401	41,276
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			11,252	11,252		150	455
098 PHYSICIANS' PRIVATE OFFICE			133,696	133,696		26,181	5,412
098 01 PUBLIC RELATIONS			2,033	2,033		2,466	82
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			1,432,890	1,432,890		231,198	47,225

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
010 OPERATION OF PLANT							
011 HOUSEKEEPING	23,506						
012 DIETARY		39,578					
014 CAFETERIA	813		46,266				
016 NURSING ADMINISTRATION			1,789	11,167			
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY	559		3,119			33,901	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,152	34,566	15,265	3,283		1,787	394,590
026 INTENSIVE CARE UNIT	966	5,012	1,142	657		228	27,089
033 NURSERY	830			657		161	7,594
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	3,356		3,619	2,628		2,399	115,521
041 DELIVERY ROOM & LABOR ROO	797			1,314		310	15,983
044 RADIOLOGY-DIAGNOSTIC	1,559		4,631			10,307	167,063
047 LABORATORY	1,119		4,423			6,100	100,762
049 BLOOD STORING, PROCESSING						244	2,177
050 RESPIRATORY THERAPY			592			506	38,298
053 PHYSICAL THERAPY	1,373					1,201	73,176
055 ELECTROCARDIOLOGY	932		2,781			1,869	53,890
056 MEDICAL SUPPLIES CHARGED			1,034			1,692	43,318
059 DRUGS CHARGED TO PATIENTS	339		705			3,149	26,105
061 CARDIAC REHAB	271		631			86	15,768
062 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY	5,440		6,201	2,628		3,862	169,495
096 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,506	39,578	45,932	11,167		33,901	1,250,829
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							11,857
098 PHYSICIANS' PRIVATE OFFIC							165,289
098 01 PUBLIC RELATIONS			334				4,915
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,506	39,578	46,266	11,167		33,901	1,432,890

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
010 OPERATION OF PLANT		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
016 NURSING ADMINISTRATION		
017 PHARMACY		
025 MEDICAL RECORDS & LIBRARY		
026 INPAT ROUTINE SRVC CNTRS		394,590
033 ADULTS & PEDIATRICS		27,089
ANCILLARY SRVC COST CNTRS		7,594
037 OPERATING ROOM		115,521
039 DELIVERY ROOM & LABOR ROO		15,983
041 RADIOLOGY-DIAGNOSTIC		167,063
044 LABORATORY		100,762
047 BLOOD STORING, PROCESSING		2,177
049 RESPIRATORY THERAPY		38,298
050 PHYSICAL THERAPY		73,176
053 ELECTROCARDIOLOGY		53,890
055 MEDICAL SUPPLIES CHARGED		43,318
056 DRUGS CHARGED TO PATIENTS		26,105
059 CARDIAC REHAB		15,768
061 OUTPAT SERVICE COST CNTRS		169,495
062 EMERGENCY		
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS SUBTOTALS		1,250,829
096 NONREIMBURS COST CENTERS		
098 GIFT, FLOWER, COFFEE SHOP		11,857
098 PHYSICIANS' PRIVATE OFFIC		165,289
098 01 PUBLIC RELATIONS		4,915
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,432,890

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	( )	( ACCUM. COST )	(SQUARE FEET )
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	84,561					
005 NEW CAP REL COSTS-MVB		84,561				
006 EMPLOYEE BENEFITS			10,912,090			
008 ADMINISTRATIVE & GENE	13,644	13,644	1,418,415	-3,317,745	17,362,894	
010 OPERATION OF PLANT	2,072	2,072	287,852		909,782	68,845
011 HOUSEKEEPING	976	976	189,655		473,071	976
012 DIETARY	2,148	2,148	73,996		128,198	2,148
014 CAFETERIA	2,296	2,296	128,097		373,399	2,296
016 NURSING ADMINISTRATIO	144	144	428,746		513,626	144
017 PHARMACY						
025 MEDICAL RECORDS & LIB	1,334	1,334	326,466		503,364	1,334
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	17,040	17,040	1,754,632		2,561,700	17,040
033 INTENSIVE CARE UNIT	812	812	277,511		358,031	812
037 NURSERY	225	225	110,741		148,647	225
039 ANCILLARY SRVC COST C						
041 OPERATING ROOM	5,010	5,010	875,429		1,140,486	5,010
044 DELIVERY ROOM & LABOR	738	738	22,056		41,351	738
047 RADIOLOGY-DIAGNOSTIC	7,354	7,354	752,524		1,570,053	7,354
049 LABORATORY	3,801	3,801	597,995		1,660,007	3,801
050 BLOOD STORING, PROCES					145,155	
053 RESPIRATORY THERAPY	1,990	1,990	89,207		158,752	1,990
055 PHYSICAL THERAPY	3,500	3,500	448,507		667,863	3,500
056 ELECTROCARDIOLOGY	2,267	2,267	411,828		626,226	2,267
059 MEDICAL SUPPLIES CHAR	1,800	1,800	82,539		665,043	1,800
061 DRUGS CHARGED TO PATI	480	480	161,346		1,010,009	480
062 CARDIAC REHAB	768	768	59,659		93,015	768
095 OUTPAT SERVICE COST C						
095 EMERGENCY	7,488	7,488	992,992		1,452,584	7,488
095 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	75,887	75,887	9,490,193	-3,317,745	15,200,362	60,171
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	664	664			11,252	664
098 PHYSICIANS' PRIVATE O	7,890	7,890	1,374,015		1,966,110	7,890
098 01 PUBLIC RELATIONS	120	120	47,882		185,170	120
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		1,432,890	2,082,616		3,317,745	1,083,625
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			.190854		.191082	
105 (WRKSHT B, PT I)		16.945046				15.740068
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					231,198	47,225
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.013316	
108 (WRKSHT B, PT III)						.685961

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(MAN HOURS)	(HOURS SERVED)	(COSTED SUPERVISOR EQUI S.)	(GROSS CHARGES)
GENERAL SERVICE COST	10	11	12	14	16	17
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
010 HOUSEKEEPING	1,387					
011 DIETARY		20,468				
012 CAFETERIA	48		298,936			
014 NURSING ADMINISTRATION			11,562	1,836		
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	33		20,153			55,366,035
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	304	17,876	98,631	540		2,920,034
026 INTENSIVE CARE UNIT	57	2,592	7,378	108		373,153
033 NURSERY	49			108		262,672
037 ANCILLARY SRVC COST C						
OPERATING ROOM	198		23,384	432		3,920,079
039 DELIVERY ROOM & LABOR	47			216		506,478
041 RADIOLOGY-DIAGNOSTIC	92		29,924			16,812,942
044 LABORATORY	66		28,577			9,966,845
047 BLOOD STORAGE, PROCES						398,996
RESPIRATORY THERAPY			3,822			827,300
050 PHYSICAL THERAPY	81					1,962,325
053 ELECTROCARDIOLOGY	55		17,968			3,054,119
055 MEDICAL SUPPLIES CHAR			6,684			2,765,046
056 DRUGS CHARGED TO PATI	20		4,553			5,144,842
059 CARDIAC REHAB	16		4,077			140,070
061 OUTPAT SERVICE COST C						
EMERGENCY	321		40,063	432		6,311,134
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	1,387	20,468	296,776	1,836		55,366,035
096 NONREIMBURS COST CENT						
GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 PUBLIC RELATIONS			2,160			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	578,828	186,504	500,920	633,412		668,087
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		9.111980		344.995643		.012067
(WRKSHT B, PT I)	417.323720		1.675676			
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	23,506	39,578	46,266	11,167		33,901
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		1.933653		6.082244		.000612
(WRKSHT B, PT III)	16.947368		.154769			

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-1334  
 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 DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,995,972		3,995,972		
26	INTENSIVE CARE UNIT	540,756		540,756		
33	NURSERY	241,472		241,472		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,755,426		1,755,426		
39	DELIVERY ROOM & LABOR ROOM	161,113		161,113		
41	RADIOLOGY-DIAGNOSTIC	2,277,217		2,277,217		
44	LABORATORY	2,232,731		2,232,731		
47	BLOOD STORAGE, PROCESSING	177,707		177,707		
49	RESPIRATORY THERAPY	236,797		236,797		
50	PHYSICAL THERAPY	908,052		908,052		
53	ELECTROCARDIOLOGY	871,486		871,486		
55	MEDICAL SUPPLIES CHARGED	865,019		865,019		
56	DRUGS CHARGED TO PATIENTS	1,288,617		1,288,617		
59	CARDIAC REHAB	138,075		138,075		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,274,298		2,274,298		
62	OBSERVATION BEDS (NON-DIS)	425,055		425,055		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,389,793		18,389,793		
102	LESS OBSERVATION BEDS	425,055		425,055		
103	TOTAL	17,964,738		17,964,738		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,509,029		2,509,029			
26	INTENSIVE CARE UNIT	373,153		373,153			
33	NURSERY	262,672		262,672			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,115,880	2,804,199	3,920,079	.447804	.447804	
39	DELIVERY ROOM & LABOR ROO	221,394	285,084	506,478	.318105	.318105	
41	RADIOLOGY-DIAGNOSTIC	2,193,076	14,619,866	16,812,942	.135444	.135444	
44	LABORATORY	2,834,574	7,132,271	9,966,845	.224016	.224016	
47	BLOOD STORING, PROCESSING	169,234	229,762	398,996	.445385	.445385	
49	RESPIRATORY THERAPY	514,598	312,702	827,300	.286229	.286229	
50	PHYSICAL THERAPY	119,754	1,842,571	1,962,325	.462743	.462743	
53	ELECTROCARDIOLOGY	797,878	2,256,241	3,054,119	.285348	.285348	
55	MEDICAL SUPPLIES CHARGED	1,287,163	1,477,883	2,765,046	.312841	.312841	
56	DRUGS CHARGED TO PATIENTS	2,954,241	2,190,601	5,144,842	.250468	.250468	
59	CARDIAC REHAB		140,070	140,070	.985757	.985757	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	578,493	5,732,641	6,311,134	.360363	.360363	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	16,204	394,801	411,005	1.034184	1.034184	
101	SUBTOTAL	15,947,343	39,418,692	55,366,035			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,947,343	39,418,692	55,366,035			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
15-1334

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	3,995,972		3,995,972		
26	INTENSIVE CARE UNIT	540,756		540,756		
33	NURSERY	241,472		241,472		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,755,426		1,755,426		
39	DELIVERY ROOM & LABOR ROO	161,113		161,113		
41	RADIOLOGY-DIAGNOSTIC	2,277,217		2,277,217		
44	LABORATORY	2,232,731		2,232,731		
47	BLOOD STORING, PROCESSING	177,707		177,707		
49	RESPIRATORY THERAPY	236,797		236,797		
50	PHYSICAL THERAPY	908,052		908,052		
53	ELECTROCARDIOLOGY	871,486		871,486		
55	MEDICAL SUPPLIES CHARGED	865,019		865,019		
56	DRUGS CHARGED TO PATIENTS	1,288,617		1,288,617		
59	CARDIAC REHAB	138,075		138,075		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,274,298		2,274,298		
62	OBSERVATION BEDS (NON-DIS	425,055		425,055		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,389,793		18,389,793		
102	LESS OBSERVATION BEDS	425,055		425,055		
103	TOTAL	17,964,738		17,964,738		

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	2,509,029		2,509,029			
26	INTENSIVE CARE UNIT	373,153		373,153			
33	NURSERY	262,672		262,672			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,115,880	2,804,199	3,920,079	.447804	.447804	
39	DELIVERY ROOM & LABOR ROO	221,394	285,084	506,478	.318105	.318105	
41	RADIOLOGY-DIAGNOSTIC	2,193,076	14,619,866	16,812,942	.135444	.135444	
44	LABORATORY	2,834,574	7,132,271	9,966,845	.224016	.224016	
47	BLOOD STORING, PROCESSING	169,234	229,762	398,996	.445385	.445385	
49	RESPIRATORY THERAPY	514,598	312,702	827,300	.286229	.286229	
50	PHYSICAL THERAPY	119,754	1,842,571	1,962,325	.462743	.462743	
53	ELECTROCARDIOLOGY	797,878	2,256,241	3,054,119	.285348	.285348	
55	MEDICAL SUPPLIES CHARGED	1,287,163	1,477,883	2,765,046	.312841	.312841	
56	DRUGS CHARGED TO PATIENTS	2,954,241	2,190,601	5,144,842	.250468	.250468	
59	CARDIAC REHAB		140,070	140,070	.985757	.985757	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	578,493	5,732,641	6,311,134	.360363	.360363	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	16,204	394,801	411,005	1.034184	1.034184	
101	SUBTOTAL	15,947,343	39,418,692	55,366,035			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,947,343	39,418,692	55,366,035			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST		REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,755,426	115,521	1,639,905			1,755,426
39	DELIVERY ROOM & LABOR ROO	161,113	15,983	145,130			161,113
41	RADIOLOGY-DIAGNOSTIC	2,277,217	167,063	2,110,154			2,277,217
44	LABORATORY	2,232,731	100,762	2,131,969			2,232,731
47	BLOOD STORING, PROCESSING	177,707	2,177	175,530			177,707
49	RESPIRATORY THERAPY	236,797	38,298	198,499			236,797
50	PHYSICAL THERAPY	908,052	73,176	834,876			908,052
53	ELECTROCARDIOLOGY	871,486	53,890	817,596			871,486
55	MEDICAL SUPPLIES CHARGED	865,019	43,318	821,701			865,019
56	DRUGS CHARGED TO PATIENTS	1,288,617	26,105	1,262,512			1,288,617
59	CARDIAC REHAB	138,075	15,768	122,307			138,075
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,274,298	169,495	2,104,803			2,274,298
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	425,055		425,055			425,055
101	SUBTOTAL	13,611,593	821,556	12,790,037			13,611,593
102	LESS OBSERVATION BEDS	425,055		425,055			425,055
103	TOTAL	13,186,538	821,556	12,364,982			13,186,538



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	1,755,426	115,521	1,639,905			1,755,426
39	DELIVERY ROOM & LABOR ROO	161,113	15,983	145,130			161,113
41	RADIOLOGY-DIAGNOSTIC	2,277,217	167,063	2,110,154			2,277,217
44	LABORATORY	2,232,731	100,762	2,131,969			2,232,731
47	BLOOD STORING, PROCESSING	177,707	2,177	175,530			177,707
49	RESPIRATORY THERAPY	236,797	38,298	198,499			236,797
50	PHYSICAL THERAPY	908,052	73,176	834,876			908,052
53	ELECTROCARDIOLOGY	871,486	53,890	817,596			871,486
55	MEDICAL SUPPLIES CHARGED	865,019	43,318	821,701			865,019
56	DRUGS CHARGED TO PATIENTS	1,288,617	26,105	1,262,512			1,288,617
59	CARDIAC REHAB	138,075	15,768	122,307			138,075
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,274,298	169,495	2,104,803			2,274,298
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	425,055		425,055			425,055
101	SUBTOTAL	13,611,593	821,556	12,790,037			13,611,593
102	LESS OBSERVATION BEDS	425,055		425,055			425,055
103	TOTAL	13,186,538	821,556	12,364,982			13,186,538

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	3,920,079	.447804	.447804
39	DELIVERY ROOM & LABOR ROO	506,478	.318105	.318105
41	RADIOLOGY-DIAGNOSTIC	16,812,942	.135444	.135444
44	LABORATORY	9,966,845	.224016	.224016
47	BLOOD STORING, PROCESSING	398,996	.445385	.445385
49	RESPIRATORY THERAPY	827,300	.286229	.286229
50	PHYSICAL THERAPY	1,962,325	.462743	.462743
53	ELECTROCARDIOLOGY	3,054,119	.285348	.285348
55	MEDICAL SUPPLIES CHARGED	2,765,046	.312841	.312841
56	DRUGS CHARGED TO PATIENTS	5,144,842	.250468	.250468
59	CARDIAC REHAB	140,070	.985757	.985757
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,311,134	.360363	.360363
62	OBSERVATION BEDS (NON-DIS	411,005	1.034184	1.034184
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	52,221,181		
102	LESS OBSERVATION BEDS	411,005		
103	TOTAL	51,810,176		



TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		674,085			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		3,739,609			
44 LABORATORY		1,979,909			
47 BLOOD STORING, PROCESSING & TRANS.		37,095			
49 RESPIRATORY THERAPY		80,386			
50 PHYSICAL THERAPY		542,479			
53 ELECTROCARDIOLOGY		753,482			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		438,608			
56 DRUGS CHARGED TO PATIENTS		629,580			
59 CARDIAC REHAB		60,340			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,058,095			
62 OBSERVATION BEDS (NON-DISTINCT PART)		187,105			
101 SUBTOTAL		10,180,773			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		10,180,773			



TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.250468
2	PROGRAM VACCINE CHARGES		1,045
3	PROGRAM COSTS		262

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				394,590		394,590
26	INTENSIVE CARE UNIT				27,089		27,089
33	NURSERY				7,594		7,594
101	TOTAL				429,273		429,273

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,509	773			71.63	55,370
26	INTENSIVE CARE UNIT	404	33			67.05	2,213
33	NURSERY	425	295			17.87	5,272
101	TOTAL	6,338	1,101				62,855

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		115,521	3,920,079	195,936		
39	DELIVERY ROOM & LABOR ROO		15,983	506,478	38,874		
41	RADIOLOGY-DIAGNOSTIC		167,063	16,812,942	351,234		
44	LABORATORY		100,762	9,966,845	497,720		
47	BLOOD STORING, PROCESSING		2,177	398,996	29,716		
49	RESPIRATORY THERAPY		38,298	827,300	132,621		
50	PHYSICAL THERAPY		73,176	1,962,325	19,272		
53	ELECTROCARDIOLOGY		53,890	3,054,119	104,859		
55	MEDICAL SUPPLIES CHARGED		43,318	2,765,046	226,012		
56	DRUGS CHARGED TO PATIENTS		26,105	5,144,842	552,578		
59	CARDIAC REHAB		15,768	140,070			
61	OUTPAT SERVICE COST CNTRS EMERGENCY		169,495	6,311,134	101,577		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			411,005	2,845		
101	TOTAL		821,556	52,221,181	2,253,244		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 COMPONENT NO: 15-1334  
 PREPARED 5/28/2009  
 WORKSHEET D  
 PART II  
 TEFRA

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029469	5,774
39	DELIVERY ROOM & LABOR ROO	.031557	1,227
41	RADIOLOGY-DIAGNOSTIC	.009937	3,490
44	LABORATORY	.010110	5,032
47	BLOOD STORING, PROCESSING	.005456	162
49	RESPIRATORY THERAPY	.046293	6,139
50	PHYSICAL THERAPY	.037290	719
53	ELECTROCARDIOLOGY	.017645	1,850
55	MEDICAL SUPPLIES CHARGED	.015666	3,541
56	DRUGS CHARGED TO PATIENTS	.005074	2,804
59	CARDIAC REHAB	.112572	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.026857	2,728
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		33,466

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-1334  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/28/2009  
WORKSHEET D  
PART III  
TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,509	
26	INTENSIVE CARE UNIT					404	
33	NURSERY					425	
101	TOTAL					6,338	





TITLE XIX

HOSPITAL

TEFRA

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			3,920,079			195,936	
39	DELIVERY ROOM & LABOR ROO			506,478			38,874	
41	RADIOLOGY-DIAGNOSTIC			16,812,942			351,234	
44	LABORATORY			9,966,845			497,720	
47	BLOOD STORING, PROCESSING			398,996			29,716	
49	RESPIRATORY THERAPY			827,300			132,621	
50	PHYSICAL THERAPY			1,962,325			19,272	
53	ELECTROCARDIOLOGY			3,054,119			104,859	
55	MEDICAL SUPPLIES CHARGED			2,765,046			226,012	
56	DRUGS CHARGED TO PATIENTS			5,144,842			552,578	
59	CARDIAC REHAB			140,070				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			6,311,134			101,577	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			411,005			2,845	
101	TOTAL			52,221,181			2,253,244	

TITLE XIX

HOSPITAL

TEFRA

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	521,735					
39	DELIVERY ROOM & LABOR ROO	52,760					
41	RADIOLOGY-DIAGNOSTIC	2,548,589					
44	LABORATORY	1,327,054					
47	BLOOD STORING, PROCESSING	42,501					
49	RESPIRATORY THERAPY	178,797					
50	PHYSICAL THERAPY	344,404					
53	ELECTROCARDIOLOGY	291,644					
55	MEDICAL SUPPLIES CHARGED	274,790					
56	DRUGS CHARGED TO PATIENTS	578,159					
59	CARDIAC REHAB	26,380					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,066,187					
62	OBSERVATION BEDS (NON-DIS	73,277					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	7,326,277					

















TITLE XIX - I/P HOSPITAL TEFRA

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	586
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	725.35
85	OBSERVATION BED COST	425,055

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	3,995,972		425,055	
87	NEW CAPITAL-RELATED COST	394,590	.098747	425,055	41,973
88	NON PHYSICIAN ANESTHETIST	3,995,972		425,055	
89	MEDICAL EDUCATION	3,995,972		425,055	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,354,121	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		218,320	
37	OPERATING ROOM	.447804	292,555	131,007
39	DELIVERY ROOM & LABOR ROOM	.318105	7,198	2,290
41	RADIOLOGY-DIAGNOSTIC	.135444	1,351,160	183,007
44	LABORATORY	.224016	1,625,427	364,122
47	BLOOD STORING, PROCESSING & TRANS.	.445385	92,448	41,175
49	RESPIRATORY THERAPY	.286229	361,581	103,495
50	PHYSICAL THERAPY	.462743	93,117	43,089
53	ELECTROCARDIOLOGY	.285348	558,902	159,482
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.312841	625,922	195,814
56	DRUGS CHARGED TO PATIENTS	.250468	1,614,285	404,327
59	CARDIAC REHAB	.985757		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.360363	305,600	110,127
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.034184	8,591	8,885
101	TOTAL		6,936,786	1,746,820
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,936,786	

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		440,558	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		65,522	
37	OPERATING ROOM	.447804	195,936	87,741
39	DELIVERY ROOM & LABOR ROOM	.318105	38,874	12,366
41	RADIOLOGY-DIAGNOSTIC	.135444	351,234	47,573
44	LABORATORY	.224016	497,720	111,497
47	BLOOD STORING, PROCESSING & TRANS.	.445385	29,716	13,235
49	RESPIRATORY THERAPY	.286229	132,621	37,960
50	PHYSICAL THERAPY	.462743	19,272	8,918
53	ELECTROCARDIOLOGY	.285348	104,859	29,921
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.312841	226,012	70,706
56	DRUGS CHARGED TO PATIENTS	.250468	552,578	138,403
59	CARDIAC REHAB	.985757		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.360363	101,577	36,605
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.034184	2,845	2,942
101	TOTAL		2,253,244	597,867
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,253,244	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,686,908
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,686,908

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)	2,713,777
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	41,956
18.01	CAH ACTUAL BILLED COINSURANCE	1,632,526
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,039,295
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	1,039,295
24	PRIMARY PAYER PAYMENTS	569
25	SUBTOTAL	1,038,726

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	409,464
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	409,464
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	373,411
28	SUBTOTAL	1,448,190
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	1,448,190
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,335,609
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	112,581
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1334	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-1334		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,135,360
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,135,360
5	PRIMARY PAYER PAYMENTS	7,120
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,169,522

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,169,522
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	475,104
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,694,418
23	COI NSURANCE	8,448
24	SUBTOTAL	3,685,970
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	111,617
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	111,617
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	91,998
26	SUBTOTAL	3,797,587
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	3,797,587
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,521,617
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	275,970
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	63,271			
2	TEMPORARY INVESTMENTS	3,556,424			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	28,634,277			
5	OTHER RECEIVABLES	982,098			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,922,042			
7	INVENTORY	478,715			
8	PREPAID EXPENSES	325,854			
9	OTHER CURRENT ASSETS	-5,381			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	12,113,216			
FIXED ASSETS					
12	LAND	241,233			
12.01	LAND IMPROVEMENTS	506,198			
13	LESS ACCUMULATED DEPRECIATION	-375,727			
13.01	BUILDINGS	20,014,062			
14	LESS ACCUMULATED DEPRECIATION	-4,940,671			
14.01	LEASEHOLD IMPROVEMENTS	47,059			
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	2,157,822			
16	LESS ACCUMULATED DEPRECIATION	-1,663,968			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	10,751,870			
18	LESS ACCUMULATED DEPRECIATION	-6,303,450			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	20,434,428			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	32,547,644			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,958,886			
29 SALARIES, WAGES & FEES PAYABLE	389,317			
30 PAYROLL TAXES PAYABLE	146,699			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-672,140			
36 TOTAL CURRENT LIABILITIES	1,822,762			
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				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	1,822,762			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	30,724,882			
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	30,724,882			
52 TOTAL LIABILITIES AND FUND BALANCES	32,547,644			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		29,548,292		
2	NET INCOME (LOSS)		1,176,590		
3	TOTAL		30,724,882		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		30,724,882		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		30,724,882		

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



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-1334  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	62,167,693
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	31,289,021
3	NET PATIENT REVENUES	30,878,672
4	LESS: TOTAL OPERATING EXPENSES	28,909,611
5	NET INCOME FROM SERVICE TO PATIENTS	1,969,061
	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	19,274
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	101,421
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	1,393
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	13,387
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	292,117
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TRIAL BALANCE	306,445
25	TOTAL OTHER INCOME	734,037
26	TOTAL	2,703,098
	OTHER EXPENSES	
27	INCOME FROM INVESTMENTS	1,526,508
28		
29		
30	TOTAL OTHER EXPENSES	1,526,508
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,176,590