

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 AND SETTLEMENT SUMMARY	I	15-0022	I	FROM 1/1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2009 TIME 9:13

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:
 ST. CLARE MEDICAL CENTER 15-0022

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	164,444	-88,595		0
2	SUBPROVIDER	0	0	0		0
5	HOSPITAL-BASED SNF	0	0	0		0
100	TOTAL	0	164,444	-88,595		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.

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
20 AMBULATORY SURGICAL CENTER (9	10	11	12	13	14	15
21 HOSPICE							
25 TOTAL		304.07					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 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	14,111,714		14,111,714	632,474.65	22.31	
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	800,802		800,802	39,869.50	20.09	
8.01 EXCLUDED AREA SALARIES	3,427,247		3,427,247	88,096.46	38.90	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,247,473		2,247,473	79,646.15	28.22	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,337,134		1,337,134	32,799.00	40.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,666,515		2,666,515			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,154,551		1,154,551			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						
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	1,266,007		1,266,007	85,648.05	14.78	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	159,274		159,274	7,975.88	19.97	
25 LAUNDRY & LINEN SERVICE	117,020		117,020	10,999.27	10.64	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	407,311	-207,709	199,602	17,174.11	11.62	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		207,709	207,709	17,871.50	11.62	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	510,590		510,590	15,411.32	33.13	
31 CENTRAL SERVICE AND SUPPLY	204,508		204,508	14,318.96	14.28	
32 PHARMACY	579,817		579,817	17,276.36	33.56	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	293,321		293,321	18,336.19	16.00	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	14,111,714		14,111,714	632,474.65	22.31	
2 EXCLUDED AREA SALARIES	4,228,049		4,228,049	127,965.96	33.04	
3 SUBTOTAL SALARIES	9,883,665		9,883,665	504,508.69	19.59	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,584,607		3,584,607	112,445.15	31.88	
5 SUBTOTAL WAGE-RELATED COSTS	2,666,515		2,666,515		26.98	
6 TOTAL	16,134,787		16,134,787	616,953.84	26.15	
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	3,537,848		3,537,848	205,011.64	17.26	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0022
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB		62				
6	RVA						
6 .01	RVX						
6 .02	RVL		29				
7	RHC		233				
8	RHB		886				
9	RHA		16				
9 .01	RHX						
9 .02	RHL						
10	RMC		73				
11	RMB		237				
12	RMA						
12 .01	RMX		309				
12 .02	RML		1,535				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		21				
16	SE2		58				
17	SE1						
18	SSC						
19	SSB		5				
20	SSA		4				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		3				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA		2				
46	TOTAL		3,473				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8813
 Wage Index Factor (after 10/01) : 0.8813
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : 15

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0022
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8813
 Wage Index Factor (after 10/01) : 0.8813
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : 15

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 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	524,835
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	524,835
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.349609
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	9,344,887

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:
15-0022

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

PREPARED 5/26/2009
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,267,057
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,889,604
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,408,668
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,267,057

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0022

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

PREPARED 5/26/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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		5,658,359	5,658,359	1,409,310	7,067,669
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		705,883	705,883		705,883
5	0500 EMPLOYEE BENEFITS		3,797,169	3,797,169		3,797,169
6	0600 ADMINISTRATIVE & GENERAL	1,266,007	8,276,321	9,542,328	-1,320,737	8,221,591
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	159,274	942,379	1,101,653	-208	1,101,445
9	0900 LAUNDRY & LINEN SERVICE	117,020	52,165	169,185		169,185
10	1000 HOUSEKEEPING		500,051	500,051	-43	500,008
11	1100 DIETARY	407,311	348,103	755,414	-386,607	368,807
12	1200 CAFETERIA				385,213	385,213
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	510,590	45,140	555,730	-8,446	547,284
15	1500 CENTRAL SERVICES & SUPPLY	204,508	1,682,084	1,886,592	-9,628	1,876,964
16	1600 PHARMACY	579,817	1,540,667	2,120,484	-1,427,975	692,509
17	1700 MEDICAL RECORDS & LIBRARY	293,321	40,582	333,903	-591	333,312
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,085,781	285,407	2,371,188	-7,733	2,363,455
26	2600 INTENSIVE CARE UNIT	358,506	11,783	370,289	-367	369,922
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	574,784	221,528	796,312	-442	795,870
33	3300 NURSERY	3,125	118	3,243		3,243
34	3400 SKILLED NURSING FACILITY	800,802	29,266	830,068	-2,889	827,179
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	691,020	2,229,499	2,920,519	-116,974	2,803,545
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	935,701	1,572,825	2,508,526	-25,204	2,483,322
41.01	4101 ULTRASOUND	71,279	25,425	96,704		96,704
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	114,565	130,360	244,925	-84,697	160,228
44	4400 LABORATORY		2,335,187	2,335,187	-60,963	2,274,224
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	347,502	61,811	409,313	-5,713	403,600
50	5000 PHYSICAL THERAPY	525,721	34,699	560,420	-11,165	549,255
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	119,766	51,680	171,446	-4,622	166,824
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				154,485	154,485
56	5600 DRUGS CHARGED TO PATIENTS	1,677	72	1,749	1,632,297	1,634,046
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3020 ONCOLOGY	75,643	70,292	145,935	-2,602	143,333
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		583,123	583,123	-2,786	580,337
61	6100 EMERGENCY	1,015,531	159,484	1,175,015	-20,151	1,154,864
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	11,259,251	31,391,462	42,650,713	80,762	42,731,475
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,717,221	797,996	3,515,217	-80,739	3,434,478
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 SPORTS MEDICINE	135,242	6,978	142,220	-23	142,197
100.02	7952 COMMUNITY IND HEALTH					
101	TOTAL	14,111,714	32,196,436	46,308,150	-0-	46,308,150

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0022
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-3,688,778	3,378,891
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	420,410	1,126,293
5	0500 EMPLOYEE BENEFITS		3,797,169
6	0600 ADMINISTRATIVE & GENERAL	-1,373,343	6,848,248
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,101,445
9	0900 LAUNDRY & LINEN SERVICE		169,185
10	1000 HOUSEKEEPING		500,008
11	1100 DIETARY	-122,280	246,527
12	1200 CAFETERIA	-37,029	348,184
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-13,230	534,054
15	1500 CENTRAL SERVICES & SUPPLY	-25,544	1,851,420
16	1600 PHARMACY	-24,400	668,109
17	1700 MEDICAL RECORDS & LIBRARY	-23,521	309,791
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-234,395	2,129,060
26	2600 INTENSIVE CARE UNIT		369,922
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-224,125	571,745
33	3300 NURSERY		3,243
34	3400 SKILLED NURSING FACILITY	-6,283	820,896
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-502,795	2,300,750
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-21,564	2,461,758
41.01	4101 ULTRASOUND		96,704
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		160,228
44	4400 LABORATORY		2,274,224
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-197	403,403
50	5000 PHYSICAL THERAPY	-51,412	497,843
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		166,824
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		154,485
56	5600 DRUGS CHARGED TO PATIENTS		1,634,046
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3020 ONCOLOGY	-43,298	100,035
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		580,337
61	6100 EMERGENCY	-36,000	1,118,864
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-6,007,784	36,723,691
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,434,478
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 SPORTS MEDICINE		142,197
100.02	7952 COMMUNITY IND HEALTH		
101	TOTAL	-6,007,784	40,300,366

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 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	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
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	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	ONCOLOGY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		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	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SPORTS MEDICINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY IND HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150022

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

PREPARED 5/26/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NEW CAPITAL REL COSTS - BLDG - FIXT	A	NEW CAP REL COSTS-BLDG & FIXT	3		107,223
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		1,302,087
16					
17					
18 CAFETERIA	D	CAFETERIA	12	207,709	177,504
19 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		154,485
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	E				
2					
3					
4 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		1,632,297
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
36 TOTAL RECLASSIFICATIONS				207,709	3,373,596

(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:
150022

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

PREPARED 5/26/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 NEW CAPITAL REL COSTS - BLDG - FIXT	A	ADMINISTRATIVE & GENERAL	6			18,079	9
2		DIETARY	11			1,371	9
3		NURSING ADMINISTRATION	14			7,431	9
4		CENTRAL SERVICES & SUPPLY	15			762	9
5		MEDICAL RECORDS & LIBRARY	17			591	9
6		ADULTS & PEDIATRICS	25			2,799	9
7		SKILLED NURSING FACILITY	34			52	9
8		OPERATING ROOM	37			9,141	9
9		RADIOLOGY-DIAGNOSTIC	41			1,079	
10		LABORATORY	44			60,963	
11		RESPIRATORY THERAPY	49			365	
12		PHYSICAL THERAPY	50			2,299	
13		CLINIC	60			864	
14		EMERGENCY	61			1,427	
15 INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6			1,299,943	11
16		OPERATING ROOM	37			2,123	11
17		CLINIC	60			21	11
18 CAFETERIA	D	DIETARY	11		207,709	177,504	
19 MEDICAL SUPPLIES	E	ADMINISTRATIVE & GENERAL	6			307	
20		OPERATION OF PLANT	8			9	
21		HOUSEKEEPING	10			43	
22		DIETARY	11			23	
23		NURSING ADMINISTRATION	14			296	
24		CENTRAL SERVICES & SUPPLY	15			8,834	
25		PHARMACY	16			384	
26		ADULTS & PEDIATRICS	25			3,639	
27		SUBPROVIDER	31			438	
28		SKILLED NURSING FACILITY	34			1,682	
29		OPERATING ROOM	37			42,117	
30		RADIOLOGY-DIAGNOSTIC	41			19,635	
31		RESPIRATORY THERAPY	49			5,348	
32		PHYSICAL THERAPY	50			8,316	
33		ELECTROCARDIOLOGY	53			4,149	
34		ONCOLOGY	59			161	
35		CLINIC	60			1,672	
1 MEDICAL SUPPLIES	E	EMERGENCY	61			17,191	
2		PHYSICIANS' PRIVATE OFFICES	98			40,218	
3		SPORTS MEDICINE	100.01			23	
4 DRUGS	F	ADMINISTRATIVE & GENERAL	6			2,408	
5		OPERATION OF PLANT	8			199	
6		NURSING ADMINISTRATION	14			719	
7		CENTRAL SERVICES & SUPPLY	15			32	
8		PHARMACY	16			1,427,591	
9		ADULTS & PEDIATRICS	25			1,295	
10		INTENSIVE CARE UNIT	26			367	
11		SUBPROVIDER	31			4	
12		SKILLED NURSING FACILITY	34			1,155	
13		OPERATING ROOM	37			63,593	
14		RADIOLOGY-DIAGNOSTIC	41			4,490	
15		RADIOISOTOPE	43			84,697	
16		PHYSICAL THERAPY	50			550	
17		ELECTROCARDIOLOGY	53			473	
18		ONCOLOGY	59			2,441	
19		CLINIC	60			229	
20		EMERGENCY	61			1,533	
21		PHYSICIANS' PRIVATE OFFICES	98			40,521	
22							
36 TOTAL RECLASSIFICATIONS					207,709	3,373,596	

(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:
150022

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

PREPARED 5/26/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NEW CAPITAL REL COSTS - BLDG - FIXT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	107,223	ADMINISTRATIVE & GENERAL	6	18,079	
2.00			0	DIETARY	11	1,371	
3.00			0	NURSING ADMINISTRATION	14	7,431	
4.00			0	CENTRAL SERVICES & SUPPLY	15	762	
5.00			0	MEDICAL RECORDS & LIBRARY	17	591	
6.00			0	ADULTS & PEDIATRICS	25	2,799	
7.00			0	SKILLED NURSING FACILITY	34	52	
8.00			0	OPERATING ROOM	37	9,141	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	1,079	
10.00			0	LABORATORY	44	60,963	
11.00			0	RESPIRATORY THERAPY	49	365	
12.00			0	PHYSICAL THERAPY	50	2,299	
13.00			0	CLINIC	60	864	
14.00			0	EMERGENCY	61	1,427	
TOTAL RECLASSIFICATIONS FOR CODE A			107,223	107,223			

RECLASS CODE: C
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,302,087	ADMINISTRATIVE & GENERAL	6	1,299,943	
2.00			0	OPERATING ROOM	37	2,123	
3.00			0	CLINIC	60	21	
TOTAL RECLASSIFICATIONS FOR CODE C			1,302,087	1,302,087			

RECLASS CODE: D
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	385,213	DIETARY	11	385,213	
TOTAL RECLASSIFICATIONS FOR CODE D			385,213	385,213			

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	154,485	ADMINISTRATIVE & GENERAL	6	307	
2.00			0	OPERATION OF PLANT	8	9	
3.00			0	HOUSEKEEPING	10	43	
4.00			0	DIETARY	11	23	
5.00			0	NURSING ADMINISTRATION	14	296	
6.00			0	CENTRAL SERVICES & SUPPLY	15	8,834	
7.00			0	PHARMACY	16	384	
8.00			0	ADULTS & PEDIATRICS	25	3,639	
9.00			0	SUBPROVIDER	31	438	
10.00			0	SKILLED NURSING FACILITY	34	1,682	
11.00			0	OPERATING ROOM	37	42,117	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	19,635	
13.00			0	RESPIRATORY THERAPY	49	5,348	
14.00			0	PHYSICAL THERAPY	50	8,316	
15.00			0	ELECTROCARDIOLOGY	53	4,149	
16.00			0	ONCOLOGY	59	161	
17.00			0	CLINIC	60	1,672	
18.00			0	EMERGENCY	61	17,191	
19.00			0	PHYSICIANS' PRIVATE OFFICES	98	40,218	
20.00			0	SPORTS MEDICINE	100.01	23	
TOTAL RECLASSIFICATIONS FOR CODE E			154,485	154,485			

RECLASS CODE: F
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,632,297	ADMINISTRATIVE & GENERAL	6	2,408	
2.00			0	OPERATION OF PLANT	8	199	
3.00			0	NURSING ADMINISTRATION	14	719	
4.00			0	CENTRAL SERVICES & SUPPLY	15	32	
5.00			0				

RECLASSIFICATIONS

PROVIDER NO:
150022

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

PREPARED 5/26/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : DRUGS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			1,632,297

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
PHARMACY	16	1,427,591	
ADULTS & PEDIATRICS	25	1,295	
INTENSIVE CARE UNIT	26	367	
SUBPROVIDER	31	4	
SKILLED NURSING FACILITY	34	1,155	
OPERATING ROOM	37	63,593	
RADIOLOGY-DIAGNOSTIC	41	4,490	
RADIOISOTOPE	43	84,697	
PHYSICAL THERAPY	50	550	
ELECTROCARDIOLOGY	53	473	
ONCOLOGY	59	2,441	
CLINIC	60	229	
EMERGENCY	61	1,533	
PHYSICIANS' PRIVATE OFFICES	98	40,521	
		1,632,297	

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	870,120	100,000		100,000		970,120	
2 LAND IMPROVEMENTS	1,771,622				516,877	1,254,745	
3 BUILDINGS & FIXTURE	23,268,297	5,357,125		5,357,125		28,625,422	
4 BUILDING IMPROVEMEN	423,263	9,592		9,592		432,855	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	16,069,902	714,564		714,564		16,784,466	
7 SUBTOTAL	42,403,204	6,181,281		6,181,281	516,877	48,067,608	
8 RECONCILING ITEMS							
9 TOTAL	42,403,204	6,181,281		6,181,281	516,877	48,067,608	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	748,388	-1,312,962	1,302,087			2,641,378	3,378,891
4	NEW CAP REL COSTS-MV	420,410	705,883					1,126,293
5	TOTAL	1,168,798	-607,079	1,302,087			2,641,378	4,505,184

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,928,517	1,088,464				2,641,378	5,658,359
4	NEW CAP REL COSTS-MV		705,883					705,883
5	TOTAL	1,928,517	1,794,347				2,641,378	6,364,242

* 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

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			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	B	-108,170	ADMINISTRATIVE & GENERAL		6	
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	-1,062,163				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,071,871				
15 LAUNDRY AND LINEN SERVICE	B	-25,529	CENTRAL SERVICES & SUPPLY		15	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-108,790	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-134,397	NEW CAP REL COSTS-BLDG &		3	9
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-15	CENTRAL SERVICES & SUPPLY		15	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-23,521	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-13,490	DIETARY		11	
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			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**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 MISC OTHER OPERATING	B	-127,416	ADMINISTRATIVE & GENERAL		6	
38 SPORTS CONDITIONING	B	-50,715	PHYSICAL THERAPY		50	
39 APPLICATION PROCESSING FEES	B	-6,500	ADMINISTRATIVE & GENERAL		6	
40 HOME DELIVERED MEALS	B	-37,029	CAFETERIA		12	
41 ADVERTISING EXPENSE	A	-97,339	ADMINISTRATIVE & GENERAL		6	
42 PROPERTY TAX	A	-20,224	RADIOLOGY-DIAGNOSTIC		41	
43 PROPERTY TAX	A	-197	RESPIRATORY THERAPY		49	
44 AMORT EXP - GOODWILL	A	-2,641,379	NEW CAP REL COSTS-BLDG &		3	9
45 INTEREST OFFSET	A	-4,622,781	NEW CAP REL COSTS-BLDG &		3	10
46						
47						
48						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,007,784				

(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	3	NEW CAP REL COSTS-BLDG & SSFHS - INT	3,521,232	1,299,877	2,221,355	10
2	3	NEW CAP REL COSTS-BLDG & SSFHS LOSS ON DEFEASANCE	1,487,109		1,487,109	9
3	3	NEW CAP REL COSTS-BLDG & SSFHS - OLD CAP	1,315		1,315	9
4	4	NEW CAP REL COSTS-MVBLE E SSFHS - NEW CAP	420,410		420,410	9
4.01	6	ADMINISTRATIVE & GENERAL SSFHS - A&G	2,071,524	3,105,442	-1,033,918	
4.02	16	PHARMACY SSFHS - ONCOLOGY	50,331	74,731	-24,400	
5		TOTALS	7,551,921	4,480,050	3,071,871	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	SISTERS OF ST FRANCIS	0.00	MANAGEMENT
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/26/2009
 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 14	NURSING ADMIN	19,875		19,875	142,500	97	6,645	332
2 25	ROUTINE	258,947		258,947	150,200	340	24,552	1,228
3 31	PSYCH	224,125	224,125		138,700			
4 34	SNF	9,618		9,618	130,900	53	3,335	167
5 37	SURGERY	508,892		508,892	142,500	89	6,097	305
6 41	RADIOLOGY	1,340	1,340		182,900			
7 50	PT	1,325		1,325	217,600	6	628	31
8 59	CLINIC	65,084		65,084	142,500	318	21,786	1,089
9 61	EMERGENCY	36,000	36,000		150,200			
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,125,206	261,465	863,741		903	63,043	3,152

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/26/2009
 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 14	NURSING ADMIN					6,645	13,230	13,230
2 25	ROUTINE					24,552	234,395	234,395
3 31	PSYCH							224,125
4 34	SNF					3,335	6,283	6,283
5 37	SURGERY					6,097	502,795	502,795
6 41	RADIOLOGY							1,340
7 50	PT					628	697	697
8 59	CLINIC					21,786	43,298	43,298
9 61	EMERGENCY							36,000
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					63,043	800,698	1,062,163

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 15-0022 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	11	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	GROSS	CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	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	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E				3,378,891			
004 NEW CAP REL COSTS-BLDG &	3,378,891						
005 NEW CAP REL COSTS-MVBLE E	1,126,293				1,126,293		
006 EMPLOYEE BENEFITS	3,797,169			23,003	7,668	3,827,840	
007 ADMINISTRATIVE & GENERAL	6,848,248			338,497	112,832	343,408	7,642,985
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,101,445			252,751	84,250	43,204	1,481,650
010 LAUNDRY & LINEN SERVICE	169,185			98,441	32,813	31,742	332,181
011 HOUSEKEEPING	500,008			7,859	2,620		510,487
012 DIETARY	246,527			98,027	32,676	54,143	431,373
013 CAFETERIA	348,184			53,770	17,923	56,342	476,219
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	534,054			32,230	10,743	138,499	715,526
016 CENTRAL SERVICES & SUPPLY	1,851,420			180,114	60,038	55,473	2,147,045
017 PHARMACY	668,109			9,545	3,182	157,277	838,113
025 MEDICAL RECORDS & LIBRARY	309,791			61,565	20,522	79,564	471,442
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,129,060			500,410	166,801	565,774	3,362,045
028 INTENSIVE CARE UNIT	369,922			59,783	19,928	97,246	546,879
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 SUBPROVIDER	571,745			137,130	45,710	155,912	910,497
033 NURSERY	3,243			19,122	6,374	848	29,587
034 SKILLED NURSING FACILITY	820,896			172,382	57,461	217,220	1,267,959
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,300,750			199,586	66,528	187,441	2,754,305
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	2,461,758			492,457	164,152	253,812	3,372,179
043 01 ULTRASOUND	96,704			8,940	2,980	19,335	127,959
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE	160,228			8,495	2,832	31,076	202,631
046 LABORATORY	2,274,224			171,364	57,121		2,502,709
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	403,403			12,918	4,306	94,261	514,888
052 PHYSICAL THERAPY	497,843			74,101	24,700	142,603	739,247
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	166,824			10,277	3,426	32,487	213,014
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	154,485			44,925	14,975		214,385
058 DRUGS CHARGED TO PATIENTS	1,634,046			135,889	45,296	455	1,815,686
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 ONCOLOGY	100,035			27,076	9,025	20,518	156,654
062 OUTPAT SERVICE COST CNTRS							
092 CLINIC	580,337						580,337
093 EMERGENCY	1,118,864			85,396	28,465	275,466	1,508,191
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
097 AMBULATORY SURGICAL CENTE							
098 HOSPICE							
099 SUBTOTALS	36,723,691			3,316,053	1,105,347	3,054,106	35,866,173
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				11,168	3,723		14,891
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	3,434,478					737,049	4,171,527
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 SPORTS MEDICINE	142,197					36,685	178,882
100 02 COMMUNITY IND HEALTH				51,670	17,223		68,893
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	40,300,366			3,378,891	1,126,293	3,827,840	40,300,366

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	7,642,985						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	346,758		1,828,408				
010 LAUNDRY & LINEN SERVICE	77,742		65,104	475,027			
011 HOUSEKEEPING	119,472		5,197	46,986	682,142		
012 DIETARY	100,956		64,831	2,847	25,154	625,161	
013 CAFETERIA	111,452		35,561		13,798		637,030
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	167,458		21,316		8,270		21,647
016 CENTRAL SERVICES & SUPPLY	502,484		119,119	1,565	46,218		21,647
017 PHARMACY	196,148		6,313		2,449		24,739
025 MEDICAL RECORDS & LIBRARY	110,334		40,716		15,798		27,831
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	786,836		330,949	128,522	128,405	276,310	123,695
028 INTENSIVE CARE UNIT	127,989		39,538	12,056	15,341	23,960	15,462
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER	213,088		90,691	39,534	35,188	117,102	37,109
035 NURSERY	6,924		12,646	3,654	4,907		
036 SKILLED NURSING FACILITY	296,747		114,006	47,556	44,234	207,789	58,755
037 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	644,604		131,997	56,620	51,215		74,217
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	789,208		325,689	15,756	126,367		77,309
046 01 ULTRASOUND	29,947		5,913		2,294		3,092
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE	47,423		5,618		2,180		6,185
049 LABORATORY	585,722		113,333		43,973		
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY	120,502		8,543	2,183	3,315		21,647
055 PHYSICAL THERAPY	173,010		49,007	11,010	19,015		30,924
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY	49,853		6,797		2,637		9,277
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	50,174		29,711		11,528		
061 DRUGS CHARGED TO PATIENTS	424,934		89,871		34,870		
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY	36,663		17,907		6,948		3,092
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	135,819						21,647
097 EMERGENCY	352,969		56,477	106,738	21,913		58,755
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 AMBULATORY SURGICAL CENTE							
101 HOSPICE							
102 SUBTOTALS	6,605,216		1,786,850	475,027	666,017	625,161	637,030
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP	3,485		7,386		2,866		
105 RESEARCH							
106 PHYSICIANS' PRIVATE OFFIC	976,296						
107 NONPAID WORKERS							
108 OTHER NONREIMBURSABLE COS							
109 01 SPORTS MEDICINE	41,865						
110 02 COMMUNITY IND HEALTH	16,123		34,172		13,259		
111 CROSS FOOT ADJUSTMENT							
112 NEGATIVE COST CENTER							
113 TOTAL	7,642,985		1,828,408	475,027	682,142	625,161	637,030

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	13	14	15	16	17	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		934,217					
016 CENTRAL SERVICES & SUPPLY		32,268	2,870,346				
017 PHARMACY		38,932		1,106,694			
025 MEDICAL RECORDS & LIBRARY		41,321			707,442		
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		185,222			27,653	5,349,637	
028 INTENSIVE CARE UNIT		25,100			4,903	811,228	
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER		57,021			17,856	1,518,086	
035 NURSERY		374			2,674	60,766	
036 SKILLED NURSING FACILITY		89,848			8,979	2,135,873	
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		112,240			62,512	3,887,710	
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC		115,683			143,591	4,965,782	
046 01 ULTRASOUND		5,512			16,276	190,993	
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE		8,340			13,172	285,549	
049 LABORATORY					93,562	3,339,299	
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY		31,527			11,287	713,892	
055 PHYSICAL THERAPY		48,737			17,518	1,088,468	
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY		12,171			17,776	311,525	
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED			2,870,346		118,290	3,294,434	
061 DRUGS CHARGED TO PATIENTS		122		1,106,694	74,720	3,546,897	
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY		5,422			1,456	228,142	
094 OUTPAT SERVICE COST CNTRS							
095 CLINIC		34,150			10,748	782,701	
096 EMERGENCY		90,227			64,469	2,259,739	
097 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
099 AMBULATORY SURGICAL CENTE							
100 HOSPICE							
101 SUBTOTALS		934,217	2,870,346	1,106,694	707,442	34,770,721	
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP						28,628	
104 RESEARCH							
105 PHYSICIANS' PRIVATE OFFIC						5,147,823	
106 NONPAID WORKERS							
107 OTHER NONREIMBURSABLE COS							
108 01 SPORTS MEDICINE						220,747	
109 02 COMMUNITY IND HEALTH						132,447	
110 CROSS FOOT ADJUSTMENT							
111 NEGATIVE COST CENTER							
112 TOTAL		934,217	2,870,346	1,106,694	707,442	40,300,366	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINSTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
013 CAFETERIA	
014 MAINTENANCE OF PERSONNEL	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
025 MEDICAL RECORDS & LIBRARY	
026 INPAT ROUTINE SRVC CNTRS	
027 ADULTS & PEDIATRICS	5,349,637
028 INTENSIVE CARE UNIT	811,228
029 CORONARY CARE UNIT	
031 BURN INTENSIVE CARE UNIT	
033 SURGICAL INTENSIVE CARE U	
034 SUBPROVIDER	1,518,086
035 NURSERY	60,766
036 SKILLED NURSING FACILITY	2,135,873
037 NURSING FACILITY	
038 01 ICF/MR	
039 OTHER LONG TERM CARE	
040 ANCILLARY SRVC COST CNTRS	
041 OPERATING ROOM	3,887,710
042 RECOVERY ROOM	
043 DELIVERY ROOM & LABOR ROO	
044 ANESTHESIOLOGY	
045 RADIOLOGY-DIAGNOSTIC	4,965,782
046 01 ULTRASOUND	190,993
047 RADIOLOGY-THERAPEUTIC	
048 RADIOISOTOPE	285,549
049 LABORATORY	3,339,299
050 PBP CLINICAL LAB SERVICES	
051 WHOLE BLOOD & PACKED RED	
052 BLOOD STORING, PROCESSING	
053 INTRAVENOUS THERAPY	
054 RESPIRATORY THERAPY	713,892
055 PHYSICAL THERAPY	1,088,468
056 OCCUPATIONAL THERAPY	
057 SPEECH PATHOLOGY	
058 ELECTROCARDIOLOGY	311,525
059 ELECTROENCEPHALOGRAPHY	
060 MEDICAL SUPPLIES CHARGED	3,294,434
061 DRUGS CHARGED TO PATIENTS	3,546,897
062 RENAL DIALYSIS	
092 ASC (NON-DISTINCT PART)	
093 ONCOLOGY	228,142
094 OUTPAT SERVICE COST CNTRS	
095 CLINIC	782,701
096 EMERGENCY	2,259,739
097 OBSERVATION BEDS (NON-DIS	
098 SPEC PURPOSE COST CENTERS	
099 AMBULATORY SURGICAL CENTE	
100 HOSPICE	
101 SUBTOTALS	34,770,721
102 NONREIMBURS COST CENTERS	
103 GIFT, FLOWER, COFFEE SHOP	28,628
104 RESEARCH	
105 PHYSICIANS' PRIVATE OFFIC	5,147,823
106 NONPAID WORKERS	
107 OTHER NONREIMBURSABLE COS	
108 01 SPORTS MEDICINE	220,747
109 02 COMMUNITY IND HEALTH	132,447
110 CROSS FOOT ADJUSTMENT	
111 NEGATIVE COST CENTER	
112 TOTAL	40,300,366

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 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				23,003	7,668	30,671	30,671
007 ADMINSTRATIVE & GENERAL				338,497	112,832	451,329	2,751
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				252,751	84,250	337,001	346
010 LAUNDRY & LINEN SERVICE				98,441	32,813	131,254	254
011 HOUSEKEEPING				7,859	2,620	10,479	
012 DIETARY				98,027	32,676	130,703	434
013 CAFETERIA				53,770	17,923	71,693	451
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				32,230	10,743	42,973	1,110
016 CENTRAL SERVICES & SUPPLY				180,114	60,038	240,152	444
017 PHARMACY				9,545	3,182	12,727	1,260
025 MEDICAL RECORDS & LIBRARY				61,565	20,522	82,087	637
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				500,410	166,801	667,211	4,532
028 INTENSIVE CARE UNIT				59,783	19,928	79,711	779
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER				137,130	45,710	182,840	1,249
035 NURSERY				19,122	6,374	25,496	7
036 SKILLED NURSING FACILITY				172,382	57,461	229,843	1,740
037 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM				199,586	66,528	266,114	1,502
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC				492,457	164,152	656,609	2,033
046 01 ULTRASOUND				8,940	2,980	11,920	155
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE				8,495	2,832	11,327	249
049 LABORATORY				171,364	57,121	228,485	
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY				12,918	4,306	17,224	755
055 PHYSICAL THERAPY				74,101	24,700	98,801	1,142
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY				10,277	3,426	13,703	260
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED				44,925	14,975	59,900	
061 DRUGS CHARGED TO PATIENTS				135,889	45,296	181,185	4
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY				27,076	9,025	36,101	164
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC							
097 EMERGENCY				85,396	28,465	113,861	2,207
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 AMBULATORY SURGICAL CENTE							
101 HOSPICE							
102 SUBTOTALS				3,316,053	1,105,347	4,421,400	24,465
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP				11,168	3,723	14,891	
105 RESEARCH							
106 PHYSICIANS' PRIVATE OFFIC							5,912
107 NONPAID WORKERS							
108 OTHER NONREIMBURSABLE COS							
109 01 SPORTS MEDICINE							294
110 02 COMMUNITY IND HEALTH				51,670	17,223	68,893	
111 CROSS FOOT ADJUSTMENTS							
112 NEGATIVE COST CENTER							
113 TOTAL				3,378,891	1,126,293	4,505,184	30,671

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL			MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12								
001 GENERAL SERVICE COST CNTR															
002 OLD CAP REL COSTS-BLDG &															
003 OLD CAP REL COSTS-MVBLE E															
004 NEW CAP REL COSTS-BLDG &															
005 NEW CAP REL COSTS-MVBLE E															
006 EMPLOYEE BENEFITS															
007 ADMINSTRATIVE & GENERAL	454,080														
008 MAINTENANCE & REPAIRS															
009 OPERATION OF PLANT	20,601		357,948												
010 LAUNDRY & LINEN SERVICE	4,619		12,745	148,872											
011 HOUSEKEEPING	7,098		1,017	14,725	33,319										
012 DIETARY	5,998		12,692	892	1,229	151,948									
013 CAFETERIA	6,621		6,962		674									86,401	
014 MAINTENANCE OF PERSONNEL															
015 NURSING ADMINISTRATION	9,949		4,173		404									2,936	
016 CENTRAL SERVICES & SUPPLY	29,853		23,320	490	2,258									2,936	
017 PHARMACY	11,653		1,236		120									3,355	
025 MEDICAL RECORDS & LIBRARY	6,555		7,971		772									3,775	
026 INPAT ROUTINE SRVC CNTRS															
027 ADULTS & PEDIATRICS	46,746		64,790	40,280	6,270	67,158								16,778	
028 INTENSIVE CARE UNIT	7,604		7,740	3,778	749	5,824								2,097	
029 CORONARY CARE UNIT															
031 BURN INTENSIVE CARE UNIT															
033 SURGICAL INTENSIVE CARE U															
034 SUBPROVIDER	12,660		17,755	12,390	1,719	28,462								5,033	
035 NURSERY	411		2,476	1,145	240										
036 SKILLED NURSING FACILITY	17,630		22,319	14,904	2,161	50,504								7,969	
037 NURSING FACILITY															
038 ICF/MR															
039 OTHER LONG TERM CARE															
040 ANCILLARY SRVC COST CNTRS															
041 OPERATING ROOM	38,296		25,841	17,744	2,502									10,066	
042 RECOVERY ROOM															
043 DELIVERY ROOM & LABOR ROO															
044 ANESTHESIOLOGY															
045 RADIOLOGY-DIAGNOSTIC	46,887		63,760	4,938	6,172									10,486	
046 01 ULTRASOUND	1,779		1,158		112									419	
047 RADIOLOGY-THERAPEUTIC															
048 RADIOISOTOPE	2,817		1,100		106									839	
049 LABORATORY	34,798		22,187		2,148										
050 PBP CLINICAL LAB SERVICES															
051 WHOLE BLOOD & PACKED RED															
052 BLOOD STORING, PROCESSING															
053 INTRAVENOUS THERAPY															
054 RESPIRATORY THERAPY	7,159		1,672	684	162									2,936	
055 PHYSICAL THERAPY	10,278		9,594	3,451	929									4,194	
056 OCCUPATIONAL THERAPY															
057 SPEECH PATHOLOGY															
058 ELECTROCARDIOLOGY	2,962		1,331		129									1,258	
059 ELECTROENCEPHALOGRAPHY															
060 MEDICAL SUPPLIES CHARGED	2,981		5,817		563										
061 DRUGS CHARGED TO PATIENTS	25,245		17,594		1,703										
062 RENAL DIALYSIS															
092 ASC (NON-DISTINCT PART)															
093 ONCOLOGY	2,178		3,506		339									419	
095 OUTPAT SERVICE COST CNTRS															
096 CLINIC	8,069													2,936	
097 EMERGENCY	20,970		11,056	33,451	1,070									7,969	
098 OBSERVATION BEDS (NON-DIS															
099 SPEC PURPOSE COST CENTERS															
092 AMBULATORY SURGICAL CENTE															
093 HOSPICE															
095 SUBTOTALS	392,417		349,812	148,872	32,531	151,948								86,401	
096 NONREIMBURS COST CENTERS															
097 GIFT, FLOWER, COFFEE SHOP	207		1,446		140										
098 RESEARCH															
099 PHYSICIANS' PRIVATE OFFIC	58,011														
100 NONPAID WORKERS															
100 OTHER NONREIMBURSABLE COS															
100 01 SPORTS MEDICINE	2,487														
100 02 COMMUNITY IND HEALTH	958		6,690		648										
101 CROSS FOOT ADJUSTMENTS															
102 NEGATIVE COST CENTER															
103 TOTAL	454,080		357,948	148,872	33,319	151,948								86,401	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	13	14	15	16	17	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		61,545					
016 CENTRAL SERVICES & SUPPLY		2,126	301,579				
017 PHARMACY		2,565		32,916			
025 MEDICAL RECORDS & LIBRARY		2,722			104,519		
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		12,202			4,087	930,054	
028 INTENSIVE CARE UNIT		1,654			725	110,661	
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER		3,756			2,639	268,503	
035 NURSERY		25			395	30,195	
036 SKILLED NURSING FACILITY		5,919			1,327	354,316	
037 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		7,394			9,240	378,699	
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC		7,621			21,179	819,685	
046 ULTRASOUND		363			2,406	18,312	
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE		549			1,947	18,934	
049 LABORATORY					13,829	301,447	
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY		2,077			1,668	34,337	
055 PHYSICAL THERAPY		3,211			2,589	134,189	
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY		802			2,627	23,072	
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED			301,579		17,484	388,324	
061 DRUGS CHARGED TO PATIENTS		8		32,916	11,044	269,699	
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 ONCOLOGY		357			215	43,279	
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC		2,250			1,589	14,844	
067 EMERGENCY		5,944			9,529	206,057	
068 OBSERVATION BEDS (NON-DIS							
069 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		61,545	301,579	32,916	104,519	4,344,607	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP						16,684	
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC						63,923	
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COS							
102 SPORTS MEDICINE						2,781	
103 COMMUNITY IND HEALTH						77,189	
104 CROSS FOOT ADJUSTMENTS							
105 NEGATIVE COST CENTER							
103 TOTAL		61,545	301,579	32,916	104,519	4,505,184	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
025	MEDICAL RECORDS & LIBRARY	
026	INPAT ROUTINE SRVC CNTRS	
027	ADULTS & PEDIATRICS	930,054
028	INTENSIVE CARE UNIT	110,661
029	CORONARY CARE UNIT	
031	BURN INTENSIVE CARE UNIT	
033	SURGICAL INTENSIVE CARE U	
034	SUBPROVIDER	268,503
035	NURSERY	30,195
036	SKILLED NURSING FACILITY	354,316
037	NURSING FACILITY	
038	ICF/MR	
039	OTHER LONG TERM CARE	
040	ANCILLARY SRVC COST CNTRS	
041	OPERATING ROOM	378,699
042	RECOVERY ROOM	
043	DELIVERY ROOM & LABOR ROO	
044	ANESTHESIOLOGY	
045	RADIOLOGY-DIAGNOSTIC	819,685
046	ULTRASOUND	18,312
047	RADIOLOGY-THERAPEUTIC	
048	RADIOISOTOPE	18,934
049	LABORATORY	301,447
050	PBP CLINICAL LAB SERVICES	
051	WHOLE BLOOD & PACKED RED	
052	BLOOD STORING, PROCESSING	
053	INTRAVENOUS THERAPY	
054	RESPIRATORY THERAPY	34,337
055	PHYSICAL THERAPY	134,189
056	OCCUPATIONAL THERAPY	
057	SPEECH PATHOLOGY	
058	ELECTROCARDIOLOGY	23,072
059	ELECTROENCEPHALOGRAPHY	
060	MEDICAL SUPPLIES CHARGED	388,324
061	DRUGS CHARGED TO PATIENTS	269,699
062	RENAL DIALYSIS	
063	ASC (NON-DISTINCT PART)	
064	ONCOLOGY	43,279
065	OUTPAT SERVICE COST CNTRS	
066	CLINIC	14,844
067	EMERGENCY	206,057
068	OBSERVATION BEDS (NON-DIS	
069	SPEC PURPOSE COST CENTERS	
070	AMBULATORY SURGICAL CENTE	
071	HOSPICE	
072	SUBTOTALS	4,344,607
073	NONREIMBURS COST CENTERS	
074	GIFT, FLOWER, COFFEE SHOP	16,684
075	RESEARCH	
076	PHYSICIANS' PRIVATE OFFIC	63,923
077	NONPAID WORKERS	
078	OTHER NONREIMBURSABLE COS	
079	SPORTS MEDICINE	2,781
080	COMMUNITY IND HEALTH	77,189
081	CROSS FOOT ADJUSTMENTS	
082	NEGATIVE COST CENTER	
083	TOTAL	4,505,184

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0022

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

PREPARED 5/26/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			106,199			
004 NEW CAP REL COSTS-MVB				106,199		
005 EMPLOYEE BENEFITS			723	723	14,111,714	
006 ADMINSTRATIVE & GENE			10,639	10,639	1,266,007	-7,642,985
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			7,944	7,944	159,274	
009 LAUNDRY & LINEN SERVI			3,094	3,094	117,020	
010 HOUSEKEEPING			247	247		
011 DIETARY			3,081	3,081	199,602	
012 CAFETERIA			1,690	1,690	207,709	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO			1,013	1,013	510,590	
015 CENTRAL SERVICES & SU			5,661	5,661	204,508	
016 PHARMACY			300	300	579,817	
017 MEDICAL RECORDS & LIB			1,935	1,935	293,321	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			15,728	15,728	2,085,781	
026 INTENSIVE CARE UNIT			1,879	1,879	358,506	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER			4,310	4,310	574,784	
033 NURSERY			601	601	3,125	
034 SKILLED NURSING FACIL			5,418	5,418	800,802	
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
038 OPERATING ROOM			6,273	6,273	691,020	
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			15,478	15,478	935,701	
043 01 ULTRASOUND			281	281	71,279	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE			267	267	114,565	
046 LABORATORY			5,386	5,386		
047 PBP CLINICAL LAB SERV						
048 WHOLE BLOOD & PACKED						
049 BLOOD STORING, PROCES						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY			406	406	347,502	
052 PHYSICAL THERAPY			2,329	2,329	525,721	
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY			323	323	119,766	
056 ELECTROENCEPHALOGRAPH						
057 MEDICAL SUPPLIES CHAR			1,412	1,412		
058 DRUGS CHARGED TO PATI			4,271	4,271	1,677	
059 RENAL DIALYSIS						
ASC (NON-DISTINCT PAR						
ONCOLOGY			851	851	75,643	
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY			2,684	2,684	1,015,531	
OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS			104,224	104,224	11,259,251	-7,642,985
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			351	351		
097 RESEARCH						
098 PHYSICIANS' PRIVATE O					2,717,221	
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 SPORTS MEDICINE					135,242	
100 02 COMMUNITY IND HEALTH			1,624	1,624		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,378,891	1,126,293	3,827,840	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			31.816599		.271253	
(WRKSHT B, PT I)				10.605495		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	32,657,381	94,837					
008	OPERATION OF PLANT	1,481,650	7,944	86,893				
009	LAUNDRY & LINEN SERVICE	332,181	3,094	3,094	337,211			
010	HOUSEKEEPING	510,487	247	247	33,354	83,552		
011	DIETARY	431,373	3,081	3,081	2,021	3,081	40,755	
012	CAFETERIA	476,219	1,690	1,690		1,690		206
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATIVE	715,526	1,013	1,013		1,013		7
015	CENTRAL SERVICES & SUPPORT	2,147,045	5,661	5,661	1,111	5,661		7
016	PHARMACY	838,113	300	300		300		8
017	MEDICAL RECORDS & LIBRARY	471,442	1,935	1,935		1,935		9
025	INPATIENT ROUTINE SERVICES	3,362,045	15,728	15,728	91,235	15,728	18,013	40
026	ADULTS & PEDIATRIC INTENSIVE CARE UNIT	546,879	1,879	1,879	8,558	1,879	1,562	5
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE							
031	SUBPROVIDER	910,497	4,310	4,310	28,064	4,310	7,634	12
033	NURSERY	29,587	601	601	2,594	601		
034	SKILLED NURSING FACILITY	1,267,959	5,418	5,418	33,759	5,418	13,546	19
035	NURSING FACILITY							
036	ICF/MR							
037	OTHER LONG TERM CARE							
038	ANCILLARY SERVICE COST CENTER							
039	OPERATING ROOM	2,754,305	6,273	6,273	40,193	6,273		24
040	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR							
042	ANESTHESIOLOGY							
043	RADIOLOGY-DIAGNOSTIC	3,372,179	15,478	15,478	11,185	15,478		25
044	RADIOLOGY-THERAPEUTIC	127,959	281	281		281		1
045	RADIOISOTOPE	202,631	267	267		267		2
046	LABORATORY	2,502,709	5,386	5,386		5,386		
047	PBP CLINICAL LAB SERVICE							
048	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	514,888	406	406	1,550	406		7
051	PHYSICAL THERAPY	739,247	2,329	2,329	7,816	2,329		10
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY	213,014	323	323		323		3
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS	214,385	1,412	1,412		1,412		
057	DRUGS CHARGED TO PATIENTS	1,815,686	4,271	4,271		4,271		
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PARANEOPLASIA)	156,654	851	851		851		1
060	ONCOLOGY							
061	OUTPATIENT SERVICE COST CENTER							
062	CLINIC	580,337						7
063	EMERGENCY	1,508,191	2,684	2,684	75,771	2,684		19
064	OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)							
065	AMBULATORY SURGICAL CENTER							
066	HOSPICE							
067	SUBTOTALS	28,223,188	92,862	84,918	337,211	81,577	40,755	206
068	NONREIMBURSABLE COST CENTER							
069	GIFT, FLOWER, COFFEE	14,891	351	351		351		
070	RESEARCH							
071	PHYSICIANS' PRIVATE OPPORTUNITY	4,171,527						
072	NONPAID WORKERS							
073	OTHER NONREIMBURSABLE							
074	SPORTS MEDICINE	178,882						
075	COMMUNITY AND HEALTH	68,893	1,624	1,624		1,624		
076	CROSS FOOT ADJUSTMENT							
077	NEGATIVE COST CENTER							
078	COST TO BE ALLOCATED (WRKSHT B, PART I)	7,642,985		1,828,408	475,027	682,142	625,161	637,030
079	UNIT COST MULTIPLIER (WRKSHT B, PT I)				1.408694		15.339492	
080	COST TO BE ALLOCATED (WRKSHT B, PART II)	234,035		21,042,063		8,164,281		3,092,378,641
081	UNIT COST MULTIPLIER (WRKSHT B, PT II)							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES
	13	14	15	16	17
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
013 CAFETERIA					
014 MAINTENANCE OF PERSONNEL					
015 NURSING ADMINISTRATION		414,556			
016 CENTRAL SERVICES & SUPPLY		14,319	100		
017 PHARMACY		17,276		100	
025 MEDICAL RECORDS & LIBRARY		18,336			98,091,476
026 INPAT ROUTINE SERVICE					
027 ADULTS & PEDIATRICS		82,191			3,834,258
028 INTENSIVE CARE UNIT		11,138			679,876
029 CORONARY CARE UNIT					
031 BURN INTENSIVE CARE UNIT					
033 SURGICAL INTENSIVE CARE					
034 SUBPROVIDER		25,303			2,475,907
035 NURSERY		166			370,785
036 SKILLED NURSING FACILITY		39,870			1,245,041
037 NURSING FACILITY					
038 ICF/MR					
039 OTHER LONG TERM CARE					
040 ANCILLARY SERVICE COST CENTER					
041 OPERATING ROOM		49,806			8,667,723
042 RECOVERY ROOM					
043 DELIVERY ROOM & LABOR					
044 ANESTHESIOLOGY					
045 RADIOLOGY-DIAGNOSTIC		51,334			19,909,164
046 RADIOLOGY-THERAPEUTIC		2,446			2,256,831
047 RADIOISOTOPE		3,701			1,826,349
048 LABORATORY					12,973,143
049 PBP CLINICAL LAB SERVICE					
050 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING					
051 INTRAVENOUS THERAPY					
052 RESPIRATORY THERAPY		13,990			1,564,988
053 PHYSICAL THERAPY		21,627			2,429,035
054 OCCUPATIONAL THERAPY					
055 SPEECH PATHOLOGY					
056 ELECTROCARDIOLOGY		5,401			2,464,735
057 ELECTROENCEPHALOGRAPH					
058 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENTS			100		16,401,779
059 RENAL DIALYSIS				100	10,360,480
060 ASC (NON-DISTINCT PAR)					
061 ONCOLOGY		2,406			201,951
062 OUTPAT SERVICE COST CENTER					
092 CLINIC		15,154			1,490,340
093 EMERGENCY		40,038			8,939,091
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)					
096 AMBULATORY SURGICAL CENTER					
097 HOSPICE					
098 SUBTOTALS		414,556	100	100	98,091,476
099 NONREIMBURSABLE COST CENTER					
100 GIFT, FLOWER, COFFEE					
101 RESEARCH					
102 PHYSICIANS' PRIVATE OPPORTUNITIES					
103 NONPAID WORKERS					
104 OTHER NONREIMBURSABLE					
105 SPORTS MEDICINE					
106 COMMUNITY INDEPENDENT HEALTH					
107 CROSS FOOT ADJUSTMENT					
108 NEGATIVE COST CENTER					
109 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)		934,217	2,870,346	1,106,694	707,442
110 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		2.253536		11,066.940000	
111 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)			28,703.460000		.007212
112 UNIT COST MULTIPLIER (WORKSHEET B, PART I)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0022

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

PREPARED 5/26/2009
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	5,349,637		5,349,637	234,395	5,584,032
26	INTENSIVE CARE UNIT	811,228		811,228		811,228
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	1,518,086		1,518,086		1,518,086
33	NURSERY	60,766		60,766		60,766
34	SKILLED NURSING FACILITY	2,135,873		2,135,873	6,283	2,142,156
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,887,710		3,887,710	502,795	4,390,505
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	4,965,782		4,965,782		4,965,782
41	01 ULTRASOUND	190,993		190,993		190,993
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	285,549		285,549		285,549
44	LABORATORY	3,339,299		3,339,299		3,339,299
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	713,892		713,892		713,892
50	PHYSICAL THERAPY	1,088,468		1,088,468	697	1,089,165
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	311,525		311,525		311,525
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	3,294,434		3,294,434		3,294,434
56	DRUGS CHARGED TO PATIENTS	3,546,897		3,546,897		3,546,897
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	ONCOLOGY	228,142		228,142	43,298	271,440
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	782,701		782,701		782,701
61	EMERGENCY	2,259,739		2,259,739		2,259,739
62	OBSERVATION BEDS (NON-DIS	559,957		559,957		559,957
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	35,330,678		35,330,678	787,468	36,118,146
102	LESS OBSERVATION BEDS	559,957		559,957		559,957
103	TOTAL	34,770,721		34,770,721	787,468	35,558,189

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,834,258		3,834,258			
26	INTENSIVE CARE UNIT	679,876		679,876			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,475,907		2,475,907			
33	NURSERY	370,785		370,785			
34	SKILLED NURSING FACILITY	1,245,041		1,245,041			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,968,128	7,686,425	9,654,553	.402682	.402682	.454760
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,455,862	17,453,302	19,909,164	.249422	.249422	.249422
41	01 ULTRASOUND	217,305	2,039,526	2,256,831	.084629	.084629	.084629
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	190,500	1,635,849	1,826,349	.156350	.156350	.156350
44	LABORATORY	3,830,789	9,142,354	12,973,143	.257401	.257401	.257401
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,302,389	262,599	1,564,988	.456165	.456165	.456165
50	PHYSICAL THERAPY	1,454,672	974,363	2,429,035	.448107	.448107	.448394
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	640,804	1,823,931	2,464,735	.126393	.126393	.126393
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	9,657,723	6,744,056	16,401,779	.200858	.200858	.200858
56	DRUGS CHARGED TO PATIENTS	5,842,298	4,518,182	10,360,480	.342349	.342349	.342349
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
59	ONCOLOGY	1,710	200,241	201,951	1.129690	1.129690	1.344088
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,490,340	1,490,340	.525183	.525183	.525183
61	EMERGENCY	1,174,823	7,764,268	8,939,091	.252793	.252793	.252793
62	OBSERVATION BEDS (NON-DIS		377,828	377,828	1.482042	1.482042	1.482042
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	37,342,870	62,113,264	99,456,134			
102	LESS OBSERVATION BEDS						
103	TOTAL	37,342,870	62,113,264	99,456,134			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-0022

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

PREPARED 5/26/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,834,258		3,834,258			
26	INTENSIVE CARE UNIT	679,876		679,876			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,475,907		2,475,907			
33	NURSERY	370,785		370,785			
34	SKILLED NURSING FACILITY	1,245,041		1,245,041			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,968,128	7,686,425	9,654,553	.402682	.402682	.454760
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,455,862	17,453,302	19,909,164	.249422	.249422	.249422
41	01 ULTRASOUND	217,305	2,039,526	2,256,831	.084629	.084629	.084629
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	190,500	1,635,849	1,826,349	.156350	.156350	.156350
44	LABORATORY	3,830,789	9,142,354	12,973,143	.257401	.257401	.257401
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,302,389	262,599	1,564,988	.456165	.456165	.456165
50	PHYSICAL THERAPY	1,454,672	974,363	2,429,035	.448107	.448107	.448394
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	640,804	1,823,931	2,464,735	.126393	.126393	.126393
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	9,657,723	6,744,056	16,401,779	.200858	.200858	.200858
56	DRUGS CHARGED TO PATIENTS	5,842,298	4,518,182	10,360,480	.342349	.342349	.342349
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
59	ONCOLOGY	1,710	200,241	201,951	1.129690	1.129690	1.344088
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,490,340	1,490,340	.525183	.525183	.525183
61	EMERGENCY	1,174,823	7,764,268	8,939,091	.252793	.252793	.252793
62	OBSERVATION BEDS (NON-DIS		377,828	377,828	1.482042	1.482042	1.482042
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	37,342,870	62,113,264	99,456,134			
102	LESS OBSERVATION BEDS						
103	TOTAL	37,342,870	62,113,264	99,456,134			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,887,710	378,699	3,509,011			3,887,710
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,965,782	819,685	4,146,097			4,965,782
41	01 ULTRASOUND	190,993	18,312	172,681			190,993
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	285,549	18,934	266,615			285,549
44	LABORATORY	3,339,299	301,447	3,037,852			3,339,299
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	713,892	34,337	679,555			713,892
50	PHYSICAL THERAPY	1,088,468	134,189	954,279			1,088,468
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	311,525	23,072	288,453			311,525
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,294,434	388,324	2,906,110			3,294,434
56	DRUGS CHARGED TO PATIENTS	3,546,897	269,699	3,277,198			3,546,897
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY	228,142	43,279	184,863			228,142
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	782,701	14,844	767,857			782,701
61	EMERGENCY	2,259,739	206,057	2,053,682			2,259,739
62	OBSERVATION BEDS (NON-DIS	559,957	93,264	466,693			559,957
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	25,455,088	2,744,142	22,710,946			25,455,088
102	LESS OBSERVATION BEDS	559,957	93,264	466,693			559,957
103	TOTAL	24,895,131	2,650,878	22,244,253			24,895,131

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	9,654,553	.402682	.402682
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	19,909,164	.249422	.249422
41 01	ULTRASOUND	2,256,831	.084629	.084629
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	1,826,349	.156350	.156350
44	LABORATORY	12,973,143	.257401	.257401
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,564,988	.456165	.456165
50	PHYSICAL THERAPY	2,429,035	.448107	.448107
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,464,735	.126393	.126393
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	16,401,779	.200858	.200858
56	DRUGS CHARGED TO PATIENTS	10,360,480	.342349	.342349
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ONCOLOGY	201,951	1.129690	1.129690
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,490,340	.525183	.525183
61	EMERGENCY	8,939,091	.252793	.252793
62	OBSERVATION BEDS (NON-DIS	377,828	1.482042	1.482042
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	90,850,267		
102	LESS OBSERVATION BEDS	377,828		
103	TOTAL	90,472,439		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,887,710	378,699	3,509,011	37,870	203,523	3,646,317
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,965,782	819,685	4,146,097	81,969	240,474	4,643,339
42	01 ULTRASOUND	190,993	18,312	172,681	1,831	10,015	179,147
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	285,549	18,934	266,615	1,893	15,464	268,192
44	LABORATORY	3,339,299	301,447	3,037,852	30,145	176,195	3,132,959
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	713,892	34,337	679,555	3,434	39,414	671,044
50	PHYSICAL THERAPY	1,088,468	134,189	954,279	13,419	55,348	1,019,701
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	311,525	23,072	288,453	2,307	16,730	292,488
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,294,434	388,324	2,906,110	38,832	168,554	3,087,048
56	DRUGS CHARGED TO PATIENTS	3,546,897	269,699	3,277,198	26,970	190,077	3,329,850
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY	228,142	43,279	184,863	4,328	10,722	213,092
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	782,701	14,844	767,857	1,484	44,536	736,681
61	EMERGENCY	2,259,739	206,057	2,053,682	20,606	119,114	2,120,019
62	OBSERVATION BEDS (NON-DIS	559,957	93,264	466,693	9,326	27,068	523,563
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	25,455,088	2,744,142	22,710,946	274,414	1,317,234	23,863,440
102	LESS OBSERVATION BEDS	559,957	93,264	466,693	9,326	27,068	523,563
103	TOTAL	24,895,131	2,650,878	22,244,253	265,088	1,290,166	23,339,877

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			
38	OPERATING ROOM	9,654,553	.377678	.398759
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	19,909,164	.233226	.245305
41	01 ULTRASOUND	2,256,831	.079380	.083818
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	1,826,349	.146846	.155313
44	LABORATORY	12,973,143	.241496	.255077
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,564,988	.428785	.453970
50	PHYSICAL THERAPY	2,429,035	.419797	.442583
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,464,735	.118669	.125457
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	16,401,779	.188214	.198491
56	DRUGS CHARGED TO PATIENTS	10,360,480	.321399	.339746
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ONCOLOGY	201,951	1.055167	1.108259
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,490,340	.494304	.524187
61	EMERGENCY	8,939,091	.237163	.250488
62	OBSERVATION BEDS (NON-DIS	377,828	1.385718	1.457359
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	90,850,267		
102	LESS OBSERVATION BEDS	377,828		
103	TOTAL	90,472,439		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0022 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/26/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				930,054		930,054
26	INTENSIVE CARE UNIT				110,661		110,661
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				268,503		268,503
33	NURSERY				30,195		30,195
101	TOTAL				1,339,413		1,339,413

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0022 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/26/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,113	3,197			152.14	486,392
26	INTENSIVE CARE UNIT	477	332			231.99	77,021
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,331	2,130			115.19	245,355
33	NURSERY	753				40.10	
101	TOTAL	9,674	5,659				808,768

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		378,699	9,654,553	850,395		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		819,685	19,909,164	1,662,934		
41	01 ULTRASOUND		18,312	2,256,831			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		18,934	1,826,349			
44	LABORATORY		301,447	12,973,143	1,809,072		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		34,337	1,564,988	439,020		
50	PHYSICAL THERAPY		134,189	2,429,035	231,201		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		23,072	2,464,735	410,574		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		388,324	16,401,779	4,043,183		
56	DRUGS CHARGED TO PATIENTS		269,699	10,360,480	2,772,684		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY		43,279	201,951	688		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		14,844	1,490,340			
61	EMERGENCY		206,057	8,939,091	743,046		
62	OBSERVATION BEDS (NON-DIS		93,264	377,828			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,744,142	90,850,267	12,962,797		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0022
 COMPONENT NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.039225	33,357
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.041171	68,465
41	01 ULTRASOUND	.008114	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.010367	
44	LABORATORY	.023236	42,036
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.021941	9,633
50	PHYSICAL THERAPY	.055244	12,772
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.009361	3,843
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.023676	95,726
56	DRUGS CHARGED TO PATIENTS	.026032	72,179
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	ONCOLOGY	.214304	147
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC	.009960	
61	EMERGENCY	.023051	17,128
62	OBSERVATION BEDS (NON-DIS	.246842	
101	OTHER REIMBURS COST CNTRS		
	TOTAL		355,286

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

PROVIDER NO: 15-0022
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
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					6,113	
26	INTENSIVE CARE UNIT					477	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					2,331	
33	NURSERY					753	
34	SKILLED NURSING FACILITY					4,136	
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					13,810	

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

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS		3,197
26	INTENSIVE CARE UNIT		332
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	2,130	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,473	
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL	9,132	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			9,654,553			850,395	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			19,909,164			1,662,934	
41	01 ULTRASOUND			2,256,831				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			1,826,349				
44	LABORATORY			12,973,143			1,809,072	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,564,988			439,020	
50	PHYSICAL THERAPY			2,429,035			231,201	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,464,735			410,574	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,401,779			4,043,183	
56	DRUGS CHARGED TO PATIENTS			10,360,480			2,772,684	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	ONCOLOGY			201,951			688	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,490,340				
61	EMERGENCY			8,939,091			743,046	
62	OBSERVATION BEDS (NON-DIS			377,828				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			90,850,267			12,962,797	

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
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2,371,821					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,469,603					
41	01 ULTRASOUND	187,277					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,378					
44	LABORATORY	189,959					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	51,976					
50	PHYSICAL THERAPY	5,866					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	838,352					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,259,384					
56	DRUGS CHARGED TO PATIENTS	2,332,237					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY	146,591					
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	2,966					
61	EMERGENCY	1,586,123					
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	14,443,533					

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		378,699	9,654,553	7,314		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		819,685	19,909,164	79,157		
41	01 ULTRASOUND		18,312	2,256,831			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		18,934	1,826,349			
44	LABORATORY		301,447	12,973,143	363,725		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		34,337	1,564,988	37,011		
50	PHYSICAL THERAPY		134,189	2,429,035	17,286		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		23,072	2,464,735	36,682		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		388,324	16,401,779	73,494		
56	DRUGS CHARGED TO PATIENTS		269,699	10,360,480	510,020		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY		43,279	201,951			
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		14,844	1,490,340			
61	EMERGENCY		206,057	8,939,091	53,680		
62	OBSERVATION BEDS (NON-DIS		93,264	377,828			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,744,142	90,850,267	1,178,369		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0022
 COMPONENT NO: 15-S022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.039225	287
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.041171	3,259
41	01 ULTRASOUND	.008114	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.010367	
44	LABORATORY	.023236	8,452
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.021941	812
50	PHYSICAL THERAPY	.055244	955
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.009361	343
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.023676	1,740
56	DRUGS CHARGED TO PATIENTS	.026032	13,277
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	ONCOLOGY	.214304	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.009960	
61	EMERGENCY	.023051	1,237
62	OBSERVATION BEDS (NON-DIS	.246842	
101	OTHER REIMBURS COST CNTRS		
	TOTAL		30,362

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			9,654,553			7,314	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			19,909,164			79,157	
41 01	ULTRASOUND			2,256,831				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			1,826,349				
44	LABORATORY			12,973,143			363,725	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,564,988			37,011	
50	PHYSICAL THERAPY			2,429,035			17,286	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,464,735			36,682	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,401,779			73,494	
56	DRUGS CHARGED TO PATIENTS			10,360,480			510,020	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	ONCOLOGY			201,951				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,490,340				
61	EMERGENCY			8,939,091			53,680	
62	OBSERVATION BEDS (NON-DIS			377,828				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			90,850,267			1,178,369	

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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0022
 COMPONENT NO: 15-5395
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0022
 COMPONENT NO: 15-5395
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ULTRASOUND		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	ONCOLOGY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			9,654,553			2,912	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			19,909,164			129,304	
01	ULTRASOUND			2,256,831				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			1,826,349				
44	LABORATORY			12,973,143			304,699	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,564,988			217,069	
50	PHYSICAL THERAPY			2,429,035			932,676	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,464,735			9,068	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			16,401,779			239,413	
56	DRUGS CHARGED TO PATIENTS			10,360,480			1,012,102	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	ONCOLOGY			201,951			194	
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			1,490,340				
61	EMERGENCY			8,939,091				
62	OBSERVATION BEDS (NON-DIS			377,828				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			90,850,267			2,847,437	

TITLE XVIII, PART A SKILLED NURSING FACILITY 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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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	613
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	913.47
85	OBSERVATION BED COST	559,957

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	5,584,032		559,957	
87	NEW CAPITAL-RELATED COST	930,054	.166556	559,957	93,264
88	NON PHYSICIAN ANESTHETIST	5,584,032		559,957	
89	MEDICAL EDUCATION	5,584,032		559,957	
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		2,140,741	
26	INTENSIVE CARE UNIT		412,729	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.454760	850,395	386,726
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.249422	1,662,934	414,772
41	01 ULTRASOUND	.084629		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.156350		
44	LABORATORY	.257401	1,809,072	465,657
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.456165	439,020	200,266
50	PHYSICAL THERAPY	.448394	231,201	103,669
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.126393	410,574	51,894
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.200858	4,043,183	812,106
56	DRUGS CHARGED TO PATIENTS	.342349	2,772,684	949,226
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ONCOLOGY	1.344088	688	925
60	OUTPAT SERVICE COST CNTRS CLINIC	.525183		
61	EMERGENCY	.252793	743,046	187,837
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.482042		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,962,797	3,573,078
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,962,797	

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
	SUBPROVIDER		2,254,947	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.454760	7,314	3,326
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.249422	79,157	19,743
42	01 ULTRASOUND	.084629		
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE	.156350		
45	LABORATORY	.257401	363,725	93,623
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.			
49	INTRAVENOUS THERAPY	.456165	37,011	16,883
50	RESPIRATORY THERAPY	.448394	17,286	7,751
51	PHYSICAL THERAPY			
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	.126393	36,682	4,636
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY	.200858	73,494	14,762
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.342349	510,020	174,605
57	DRUGS CHARGED TO PATIENTS			
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
	ONCOLOGY	1.344088		
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	.525183		
62	EMERGENCY	.252793	53,680	13,570
	OBSERVATION BEDS (NON-DISTINCT PART)	1.482042		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,178,369	348,899
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,178,369	

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		437,468	
26	INTENSIVE CARE UNIT		38,156	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.402682	224,351	90,342
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.249422	49,212	12,275
01 41	ULTRASOUND	.084629	16,351	1,384
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.156350	5,227	817
44	LABORATORY	.257401	273,567	70,416
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.456165	55,038	25,106
50	PHYSICAL THERAPY	.448107	3,378	1,514
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.126393	13,397	1,693
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.200858	1,150,969	231,181
56	DRUGS CHARGED TO PATIENTS	.342349	380,280	130,188
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ONCOLOGY	1.129690		
60	OUTPAT SERVICE COST CNTRS CLINIC	.525183		
61	EMERGENCY	.252793	39,806	10,063
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.482042		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,211,576	574,979
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,211,576	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	2,282,561	1,107,846
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		1,227,974
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)	57,550	58,893
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	56.36	
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)		2.04
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.80
4.02 SUM OF LINES 4 AND 4.01		16.84
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.54
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	80,803	82,688
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)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	2,420,914	2,477,401
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	2,420,914	1,991,049
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)	4,898,315	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	429,554	
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	5,327,869	
17 PRIMARY PAYER PAYMENTS	1,071	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	5,326,798	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	739,872	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,584	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	159,657	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	111,760	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	126,966	
22 SUBTOTAL	4,695,102	
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	4,695,102	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	4,530,658	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	164,444	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- 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)		

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).	4,136,107
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,013,926
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	922
1.04	LINE 1.01 TIMES LINE 1.03.	3,813,491
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)	

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)	4,013,926

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,122,083
19	SUBTOTAL (SEE INSTRUCTIONS)	2,891,843
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,891,843
24	PRIMARY PAYER PAYMENTS	894
25	SUBTOTAL	2,890,949

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	145,779
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	102,045
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	106,037
28	SUBTOTAL	2,992,994
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	2,992,994
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,081,589
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-88,595
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,623,134
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,623,134
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
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

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 15-5395
 PREPARED 5/26/2009
 WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0022	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-5395		PART III

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

TITLE XVIII

SNF

PPS
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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		1,153,598	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		1,153,598	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		1,153,598	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		2,211,576	
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		2,211,576	
	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)		2,211,576	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		1,057,978	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,153,598	
	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		1,153,598	
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		1,153,598	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,153,598	
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)		1,153,598	
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)		-1,153,598	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
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
15-0022	FROM 1/ 1/2008	5/26/2009
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
15-0022	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-S022		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

- 1 COMPUTATION OF NET COST OF COVERED SERVICE
- 2 INPATIENT HOSPITAL/SNF/NF SERVICES
- 3 MEDICAL AND OTHER SERVICES
- 4 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
- 5 ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)
- 6 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
- 7 SUBTOTAL
- 8 INPATIENT PRIMARY PAYER PAYMENTS
- 9 OUTPATIENT PRIMARY PAYER PAYMENTS
- 10 SUBTOTAL
- 11 COMPUTATION OF LESSER OF COST OR CHARGES
- 12 REASONABLE CHARGES
- 13 ROUTINE SERVICE CHARGES
- 14 ANCILLARY SERVICE CHARGES
- 15 INTERNS AND RESIDENTS SERVICE CHARGES
- 16 ORGAN ACQUISITION CHARGES, NET OF REVENUE
- 17 TEACHING PHYSICIANS
- 18 INCENTIVE FROM TARGET AMOUNT COMPUTATION
- 19 TOTAL REASONABLE CHARGES
- 20 CUSTOMARY CHARGES
- 21 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 22 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 23 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 24 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
- 25 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)
- 26 RATIO OF LINE 17 TO LINE 18
- 27 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 28 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 29 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 30 COST OF COVERED SERVICES
- 31 PROSPECTIVE PAYMENT AMOUNT
- 32 OTHER THAN OUTLIER PAYMENTS
- 33 OUTLIER PAYMENTS
- 34 PROGRAM CAPITAL PAYMENTS
- 35 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
- 36 ROUTINE SERVICE OTHER PASS THROUGH COSTS
- 37 ANCILLARY SERVICE OTHER PASS THROUGH COSTS
- 38 SUBTOTAL
- 39 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)
- 40 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE
- 41 XVIII ENTER AMOUNT FROM LINE 30
- 42 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)
- 43 COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 44 EXCESS OF REASONABLE COST
- 45 SUBTOTAL
- 46 COINSURANCE
- 47 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19
- 48 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 49 38.01 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING
- 50 BEFORE 10/01/05 (SEE INSTRUCTIONS)
- 51 38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 52 38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING
- 53 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)
- 54 UTILIZATION REVIEW
- 55 SUBTOTAL (SEE INSTRUCTIONS)
- 56 INPATIENT ROUTINE SERVICE COST
- 57 MEDICARE INPATIENT ROUTINE CHARGES
- 58 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 59 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 60 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 61 FOR PAYMENT OF PART A SERVICES
- 62 RATIO OF LINE 43 TO 44
- 63 TOTAL CUSTOMARY CHARGES
- 64 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 65 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 66 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
- 67 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 68 OTHER ADJUSTMENTS (SPECIFY)
- 69 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
- 70 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 71 SUBTOTAL
- 72 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)
- 73 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 74 TOTAL AMOUNT PAYABLE TO THE PROVIDER
- 75 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 76 INTERIM PAYMENTS
- 77 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 78 BALANCE DUE PROVIDER/PROGRAM
- 79 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0022	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
15-S022		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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0022	FROM 1/ 1/2008	5/26/2009
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

NF

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

1

2

- 1 COMPUTATION OF NET COST OF COVERED SERVICE
- 2 INPATIENT HOSPITAL/SNF/NF SERVICES
- 3 MEDICAL AND OTHER SERVICES
- 4 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
- 5 ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)
- 6 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
- 7 SUBTOTAL
- 8 INPATIENT PRIMARY PAYER PAYMENTS
- 9 OUTPATIENT PRIMARY PAYER PAYMENTS
- 10 SUBTOTAL

- 11 COMPUTATION OF LESSER OF COST OR CHARGES
- 12 REASONABLE CHARGES
- 13 ROUTINE SERVICE CHARGES
- 14 ANCILLARY SERVICE CHARGES
- 15 INTERNS AND RESIDENTS SERVICE CHARGES
- 16 ORGAN ACQUISITION CHARGES, NET OF REVENUE
- 17 TEACHING PHYSICIANS
- 18 INCENTIVE FROM TARGET AMOUNT COMPUTATION
- 19 TOTAL REASONABLE CHARGES

- 20 CUSTOMARY CHARGES
- 21 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 22 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 23 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 24 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
- 25 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)
- 26 RATIO OF LINE 17 TO LINE 18
- 27 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 28 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 29 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 30 COST OF COVERED SERVICES

- 31 PROSPECTIVE PAYMENT AMOUNT
- 32 OTHER THAN OUTLIER PAYMENTS
- 33 OUTLIER PAYMENTS
- 34 PROGRAM CAPITAL PAYMENTS
- 35 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
- 36 ROUTINE SERVICE OTHER PASS THROUGH COSTS
- 37 ANCILLARY SERVICE OTHER PASS THROUGH COSTS
- 38 SUBTOTAL
- 39 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)
- 40 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE
- 41 XVIII ENTER AMOUNT FROM LINE 30
- 42 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)

- 43 COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 44 EXCESS OF REASONABLE COST
- 45 SUBTOTAL
- 46 COINSURANCE
- 47 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19
- 48 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 49 38.01 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING
- 50 BEFORE 10/01/05 (SEE INSTRUCTIONS)
- 51 38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 52 38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING
- 53 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)
- 54 UTILIZATION REVIEW
- 55 SUBTOTAL (SEE INSTRUCTIONS)
- 56 INPATIENT ROUTINE SERVICE COST
- 57 MEDICARE INPATIENT ROUTINE CHARGES
- 58 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
- 59 PAYMENT FOR SERVICES ON A CHARGE BASIS
- 60 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
- 61 FOR PAYMENT OF PART A SERVICES
- 62 RATIO OF LINE 43 TO 44
- 63 TOTAL CUSTOMARY CHARGES
- 64 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 65 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 66 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
- 67 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 68 OTHER ADJUSTMENTS (SPECIFY)
- 69 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
- 70 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 71 SUBTOTAL
- 72 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)
- 73 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 74 TOTAL AMOUNT PAYABLE TO THE PROVIDER
- 75 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 76 INTERIM PAYMENTS
- 77 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 78 BALANCE DUE PROVIDER/PROGRAM
- 79 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0022	FROM 1/ 1/2008	5/26/2009
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

NF

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 FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	763,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,150,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,124,000			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	836,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	10,873,000			
FIXED ASSETS				
12 LAND	28,062,000			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
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				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	28,062,000			
OTHER ASSETS				
22 INVESTMENTS	4,248,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	32,365,000			
26 TOTAL OTHER ASSETS	36,613,000			
27 TOTAL ASSETS	75,548,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,749,000			
29 SALARIES, WAGES & FEES PAYABLE	790,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	28,000			
35 OTHER CURRENT LIABILITIES	9,000			
36 TOTAL CURRENT LIABILITIES	2,576,000			
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	-120,000			
42 TOTAL LONG-TERM LIABILITIES	-120,000			
43 TOTAL LIABILITIES	2,456,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	73,092,000			
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	73,092,000			
52 TOTAL LIABILITIES AND FUND BALANCES	75,548,000			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,834,258		3,834,258
2 00 SUBPROVIDER	2,475,907		2,475,907
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,245,041		1,245,041
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	7,555,206		7,555,206
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	679,876		679,876
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	679,876		679,876
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	8,235,082		8,235,082
17 00 ANCILLARY SERVICES	28,737,003	61,735,437	90,472,440
18 00 OUTPATIENT SERVICES		4,535,004	4,535,004
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 NURSERY	370,785		370,785
25 00 TOTAL PATIENT REVENUES	37,342,870	66,270,441	103,613,311

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		46,308,150	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	1,460,309		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,460,309	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		47,768,459	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	103,613,311
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	56,332,337
3	NET PATIENT REVENUES	47,280,974
4	LESS: TOTAL OPERATING EXPENSES	47,768,459
5	NET INCOME FROM SERVICE TO PATIENTS	-487,485
	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	108,170
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	25,529
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	108,790
15	REVENUE FROM RENTAL OF LIVING QUARTERS	134,397
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	15
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	23,521
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	13,490
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC REV	897,073
25	TOTAL OTHER INCOME	1,310,985
26	TOTAL	823,500
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	823,500

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0022	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0022		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	386,914
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	42,640
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	16.33
	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	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	429,554
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)	