

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0057		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 17:46

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. FRANCIS H&H-MOORESVILLE 15-0057 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 XVII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	-157,323	50,198	0		
100	TOTAL	0	-157,323	50,198	0		

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. O
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0
 0 0.0000 0.0000

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
 28.03 STAFFING 0.00%
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 28.09 0.00%
 28.10 0.00%
 28.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 28.15 0.00%
 28.16 0.00%
 28.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y Y
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 158014
 40.01 NAME: SISTERS OF ST. FRANCIS HEALTH SERVICE/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR # 0130
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 104,997
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:
15-0057

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

PREPARED 5/27/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	61	22,391				3,134	1,054
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	61	22,391				3,134	1,054
9 SURGICAL INTENSIVE CARE UNIT	8	2,817				483	17
11 NURSERY							62
12 TOTAL	69	25,208				3,617	1,133
13 RPCH VISITS							
25 TOTAL	69						
26 OBSERVATION BED DAYS							48
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TITLE V 6.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			6,984				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			6,984				
9 SURGICAL INTENSIVE CARE UNIT			691				
11 NURSERY			1,040				
12 TOTAL			8,715			.25	
13 RPCH VISITS							
25 TOTAL						.25	
26 OBSERVATION BED DAYS		48	286	4	282		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					994	200	2,381
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	.25	294.40			994	200	2,381
13 RPCH VISITS							
25 TOTAL	.25	294.40					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	15,992,027		15,992,027	613,532.00	26.07	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,381,434		1,381,434	37,381.00	36.96	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	841,383		841,383	30,896.65	27.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	30,000		30,000	390.00	76.92	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,529,085		3,529,085	104,402.00	33.80	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,802,695		3,802,695			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	359,546		359,546			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	91,189		91,189	2,907.00	31.37	
22 ADMINISTRATIVE & GENERAL	1,131,126		1,131,126	56,712.00	19.95	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	979,449		979,449	46,338.00	21.14	
25 LAUNDRY & LINEN SERVICE	45,065		45,065	4,246.00	10.61	
26 HOUSEKEEPING	718,537		718,537	59,128.00	12.15	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	323,479	-236,012	87,467	6,046.00	14.47	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	646	236,012	236,658	16,345.00	14.48	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	81,673		81,673	1,549.00	52.73	
31 CENTRAL SERVICE AND SUPPLY	58,453		58,453	4,262.00	13.71	
32 PHARMACY	551,038		551,038	14,137.00	38.98	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	226,583		226,583	13,699.00	16.54	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	15,992,027		15,992,027	613,532.00	26.07	
2 EXCLUDED AREA SALARIES	1,381,434		1,381,434	37,381.00	36.96	
3 SUBTOTAL SALARIES	14,610,593		14,610,593	576,151.00	25.36	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,400,468		4,400,468	135,688.65	32.43	
5 SUBTOTAL WAGE-RELATED COSTS	3,802,695		3,802,695		26.03	
6 TOTAL	22,813,756		22,813,756	711,839.65	32.05	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

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	186,834
17.01	GROSS MEDICAID REVENUES	1,291,483
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	1,478,317
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)	.404961
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	5,894,564
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,387,069
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,844,773
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,152,022
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,387,069

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-0057

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

PREPARED 5/27/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,912,023	2,912,023	2,130,949	5,042,972
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,050,532	2,050,532		2,050,532
5	0500 EMPLOYEE BENEFITS	91,189	29,275	120,464		120,464
6.01	0640 ADMIN TTING	545,983	164,595	710,578		710,578
6.02	0650 PATIENT ACCOUNTING					
6.03	0660 OTHER ADMIN STRATIVE AND GENERAL	585,143	640,969	1,226,112		1,226,112
8	0800 OPERATION OF PLANT	979,449	2,011,965	2,991,414		2,991,414
9	0900 LAUNDRY & LINEN SERVICE	45,065	68,534	113,599		113,599
10	1000 HOUSEKEEPING	718,537	309,429	1,027,966		1,027,966
11	1100 DIETARY	323,479	377,483	700,962	-511,426	189,536
12	1200 CAFETERIA	646	-90,649	-90,003	511,426	421,423
14	1400 NURSING ADMINISTRATION	81,673	22,277	103,950		103,950
15	1500 CENTRAL SERVICES & SUPPLY	58,453	39,803	98,256	-6,333	91,923
16	1600 PHARMACY	551,038	367,161	918,199		918,199
17	1700 MEDICAL RECORDS & LIBRARY	226,583	89,189	315,772		315,772
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,788,376	1,821,004	5,609,380	-33,045	5,576,335
29	2900 SURGICAL INTENSIVE CARE UNIT	958,773	312,403	1,271,176		1,271,176
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,615,110	18,552,391	20,167,501	-12,739,471	7,428,030
41	4100 RADIOLOGY-DIAGNOSTIC	1,003,625	659,094	1,662,719	-9,357	1,653,362
41.01	3630 ULTRA SOUND	163,764	57,171	220,935	-8	220,927
42	4200 RADIOLOGY-THERAPEUTIC	49,876	1,864,629	1,914,505	-534	1,913,971
44	4400 LABORATORY		2,020,406	2,020,406	751	2,021,157
48	4800 INTRAVENOUS THERAPY	5,482	19,328	24,810	-1,499	23,311
49	4900 RESPIRATORY THERAPY	441,829	198,904	640,733	-63,710	577,023
50	5000 PHYSICAL THERAPY	752,176	587,088	1,339,264	-30,310	1,308,954
51	5100 OCCUPATIONAL THERAPY	39,524	25,879	65,403	-7,603	57,800
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	2,626	966,285	968,911		968,911
54	5400 ELECTROENCEPHALOGRAPHY	151,730	63,361	215,091		215,091
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				13,073,370	13,073,370
56	5600 DRUGS CHARGED TO PATIENTS		1,123,431	1,123,431		1,123,431
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	902,044	443,056	1,345,100	-51,423	1,293,677
60.01	6001 WOUND CARE INSTITUTE	92	23	115		115
60.02	6002 OP NUTRITIONAL COUNSELING	14,115	3,659	17,774		17,774
60.03	6003 BARIATRIC MEDICINE					
61	6100 EMERGENCY	514,213	634,603	1,148,816	-5,645	1,143,171
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		-73,861	-73,861	-2,130,949	-2,204,810
95	SUBTOTALS	14,610,593	38,271,440	52,882,033	125,183	53,007,216
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,845	23,369	39,214		39,214
98	9800 PHYSICIANS' PRIVATE OFFICES		44,938	44,938		44,938
100	7950 COMMUNITY RELATIONS & MARKETING	208,074	1,192,331	1,400,405		1,400,405
100.01	7951 PLAINFIELD RADIOLOGY & PHYSICAL THER	227,631	420,424	648,055	-396	647,659
100.02	7952 JV MV ENDOSCOPY		3,141,012	3,141,012	-124,787	3,016,225
100.03	7953 IMPACT CENTER	929,884	367,363	1,297,247		1,297,247
101	TOTAL	15,992,027	43,460,877	59,452,904	-0-	59,452,904

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0057
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,947,163	3,095,809
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	604,254	2,654,786
5	0500 EMPLOYEE BENEFITS	474,365	594,829
6.01	0640 ADMIN TTNG	289,213	999,791
6.02	0650 PATIENT ACCOUNTING	742,367	742,367
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	5,065,175	6,291,287
8	0800 OPERATION OF PLANT	6,539	2,997,953
9	0900 LAUNDRY & LINEN SERVICE		113,599
10	1000 HOUSEKEEPING	-43,776	984,190
11	1100 DIETARY	-13,743	175,793
12	1200 CAFETERIA	-202,668	218,755
14	1400 NURSING ADMINISTRATION	188,065	292,015
15	1500 CENTRAL SERVICES & SUPPLY	208,068	299,991
16	1600 PHARMACY	-20,008	898,191
17	1700 MEDICAL RECORDS & LIBRARY	-37,615	278,157
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	40,061	40,061
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	21,067	21,067
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-559,584	5,016,751
29	2900 SURGICAL INTENSIVE CARE UNIT		1,271,176
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-419,641	7,008,389
41	4100 RADIOLOGY-DIAGNOSTIC	-1,487,998	165,364
41.01	3630 ULTRA SOUND		220,927
42	4200 RADIOLOGY-THERAPEUTIC	-44,455	1,869,516
44	4400 LABORATORY	288,610	2,309,767
48	4800 INTRAVENOUS THERAPY		23,311
49	4900 RESPIRATORY THERAPY	-1,209	575,814
50	5000 PHYSICAL THERAPY		1,308,954
51	5100 OCCUPATIONAL THERAPY		57,800
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		968,911
54	5400 ELECTROENCEPHALOGRAPHY		215,091
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,073,370
56	5600 DRUGS CHARGED TO PATIENTS		1,123,431
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		1,293,677
60.01	6001 WOUND CARE INSTITUTE		115
60.02	6002 OP NUTRITIONAL COUNSELING		17,774
60.03	6003 BARIATRIC MEDICINE		
61	6100 EMERGENCY	-262,227	880,944
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	2,204,810	-0-
95	SUBTOTALS	5,092,507	58,099,723
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,214
98	9800 PHYSICIANS' PRIVATE OFFICES		44,938
100	7950 COMMUNITY RELATIONS & MARKETING	782,586	2,182,991
100.01	7951 PLAINFIELD RADIOLOGY & PHYSICAL THER		647,659
100.02	7952 JV MV ENDOSCOPY		3,016,225
100.03	7953 IMPACT CENTER		1,297,247
101	TOTAL	5,875,093	65,327,997

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	PATIENT ACCOUNTING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
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	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CARE INSTITUTE	6001	CLINIC
60.02	OP NUTRITIONAL COUNSELING	6002	CLINIC
60.03	BARITRIC MEDICINE	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY RELATIONS & MARKETING	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PLAINFIELD RADIOLOGY & PHYSICAL THER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	JVMV ENDOSCOPY	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	IMPACT CENTER	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150057

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

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) COST CENTER		LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CHARGEABLE SUPPLIES RECLASS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,073,370
2		LABORATORY	44		751
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 CAFETERIA RECLASS	C	CAFETERIA	12	236,012	275,414
16 INTEREST EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		2,130,949
36 TOTAL RECLASSIFICATIONS				236,012	15,480,484

(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:
150057

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

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 CHARGEABLE SUPPLIES RECLASS	A	CENTRAL SERVICES & SUPPLY	15		6,333	
2		ADULTS & PEDIATRICS	25		33,045	
3		OPERATING ROOM	37		12,739,471	
4		RADIOLOGY-DIAGNOSTIC	41		9,357	
5		ULTRA SOUND	41.01		8	
6		RADIOLOGY-THERAPEUTIC	42		534	
7		INTRAVENOUS THERAPY	48		1,499	
8		RESPIRATORY THERAPY	49		63,710	
9		PHYSICAL THERAPY	50		30,310	
10		OCCUPATIONAL THERAPY	51		7,603	
11		CLINIC	60		51,423	
12		EMERGENCY	61		5,645	
13		PLAINFIELD RADIOLOGY & PHYSICAL THER	100.01		396	
14		JV MV ENDOSCOPY	100.02		124,787	
15 CAFETERIA RECLASS	C	DIETARY	11	236,012	275,414	
16 INTEREST EXPENSE RECLASS	D	INTEREST EXPENSE	88		2,130,949	11
36 TOTAL RECLASSIFICATIONS				236,012	15,480,484	

(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:
150057

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

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CHARGEABLE SUPPLIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,073,370	CENTRAL SERVICES & SUPPLY	15	6,333	
2.00	LABORATORY	44	751	ADULTS & PEDIATRICS	25	33,045	
3.00			0	OPERATING ROOM	37	12,739,471	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	9,357	
5.00			0	ULTRA SOUND	41.01	8	
6.00			0	RADIOLOGY-THERAPEUTIC	42	534	
7.00			0	INTRAVENOUS THERAPY	48	1,499	
8.00			0	RESPIRATORY THERAPY	49	63,710	
9.00			0	PHYSICAL THERAPY	50	30,310	
10.00			0	OCCUPATIONAL THERAPY	51	7,603	
11.00			0	CLINIC	60	51,423	
12.00			0	EMERGENCY	61	5,645	
13.00			0	PLAINFIELD RADIOLOGY & PHYSICA	100.01	396	
14.00			0	JV MV ENDOSCOPY	100.02	124,787	
TOTAL RECLASSIFICATIONS FOR CODE A			13,074,121	TOTAL RECLASSIFICATIONS FOR CODE A			13,074,121

RECLASS CODE: C
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	511,426	DIETARY	11	511,426	
TOTAL RECLASSIFICATIONS FOR CODE C			511,426	TOTAL RECLASSIFICATIONS FOR CODE C			511,426

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,130,949	INTEREST EXPENSE	88	2,130,949	
TOTAL RECLASSIFICATIONS FOR CODE D			2,130,949	TOTAL RECLASSIFICATIONS FOR CODE D			2,130,949

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMENTS								
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS	964,800						964,800	
3	BUILDINGS & FIXTURE	25,938,657	195,970			195,970		26,134,627	
4	BUILDING IMPROVEMENTS	697,449						697,449	
5	FIXED EQUIPMENT	5,961,300	204,009			204,009		6,165,309	
6	MOVABLE EQUIPMENT	14,114,760	2,576,956			2,576,956		16,691,716	
7	SUBTOTAL	47,676,966	2,976,935			2,976,935		50,653,901	
8	RECONCILING ITEMS								
9	TOTAL	47,676,966	2,976,935			2,976,935		50,653,901	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	33,962,186		33,962,186	.670475			
4	NEW CAP REL COSTS-MV	16,691,716		16,691,716	.329525			
5	TOTAL	50,653,902		50,653,902	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
*								15
3	NEW CAP REL COSTS-BL	2,423,886	505,457	166,466				3,095,809
4	NEW CAP REL COSTS-MV	2,411,307	243,479					2,654,786
5	TOTAL	4,835,193	748,936	166,466				5,750,595

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

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
*								15
3	NEW CAP REL COSTS-BL	2,406,566	505,457					2,912,023
4	NEW CAP REL COSTS-MV	1,807,053	243,479					2,050,532
5	TOTAL	4,213,619	748,936					4,962,555

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-704	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-37,937	NEW CAP REL COSTS-BLDG &	3	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-108,304	OTHER ADMINISTRATIVE AND	6.03	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,441,761			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	11,333,338			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-195,116	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,582	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-7,552	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 JV COMMUNICATIONS REVENUE	B	-17,198	OTHER ADMINISTRATIVE AND	6.03	
38 JV ENGINEERING REVENUE	B	-4,246	OPERATION OF PLANT	8	
39 JV ENVIRONMENTAL SERVICES REVENUE	B	-43,776	HOUSEKEEPING	10	
40 JV DIETARY REVENUE	B	-13,743	DIETARY	11	
41 JV PHARMACY REVENUE	B	-55,640	PHARMACY	16	
42 JV MEDICAL RECORDS REVENUE	B	-6,694	MEDICAL RECORDS & LIBRARY	17	
43 MISCELLANEOUS MEDICAL RECORDS REVENUE	B	-24,339	MEDICAL RECORDS & LIBRARY	17	
44 BABY PHOTOS REVENUE	B	-948	ADULTS & PEDIATRICS	25	
45 MISCELLANEOUS OBSTETRICS REVENUE	B	-53,001	ADULTS & PEDIATRICS	25	
46 JV RADIOLOGY REVENUE	B	-1,467,373	RADIOLOGY-DIAGNOSTIC	41	
47 JV CARDIAC CARE REVENUE	B	-12,955	RADIOLOGY-THERAPEUTIC	42	
48 JV RESPIRATORY CARE REVENUE	B	-1,209	RESPIRATORY THERAPY	49	
49 MISCELLANEOUS RADIOLOGY REVENUE	B	-31,500	RADIOLOGY-THERAPEUTIC	42	
49.01 NON-ALLOWABLE INTEREST EXPENSE	B	-1,925,842	NEW CAP REL COSTS-BLDG &	3	11
49.02 DONATIONS EXPENSE	A	-1,825	OTHER ADMINISTRATIVE AND	6.03	
50 TOTAL (SUM OF LINES 1 THRU 49)		5,875,093			

(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 & BUILDING DEPRECIATION - S	15,470		15,470	9
2	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION -	73,323		73,323	9
3	5	EMPLOYEE BENEFITS EMPLOYEE BENEFITS - SHARE	474,365		474,365	
4	6	3 OTHER ADMINISTRATIVE AND ADMIN & GENERAL - SHARED	2,651,968		2,651,968	
4.01	6	1 ADMITTING ADMITTING - SHARED SERVI	289,213		289,213	
4.02	6	2 PATIENT ACCOUNTING PATIENT ACCOUNTING - SHAR	742,367		742,367	
4.03	8	OPERATION OF PLANT PLANT OPS - SHARED SERVIC	10,785		10,785	
4.04	14	NURSING ADMINISTRATION NURSING ADMIN - SHARED SE	188,065		188,065	
4.05	15	CENTRAL SERVICES & SUPPLY CENTRAL SUPPLY - SHARED S	208,068		208,068	
4.06	100	COMMUNITY RELATIONS & MAR MARKETING - SHARED SERVIC	782,586		782,586	
4.07	3	NEW CAP REL COSTS-BLDG & BUILDING DEPRECIATION - S	1,850		1,850	9
4.08	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION -	530,931		530,931	9
4.09	6	3 OTHER ADMINISTRATIVE AND OTHER A&G - SSFHS HOME OF	2,694,167		2,694,167	
4.10	16	PHARMACY PHARMACY - SSFHS HOME OFF	35,632		35,632	
4.11	88	INTEREST EXPENSE INTEREST EXPENSE - SSFHS	2,130,949		2,130,949	
4.12	44	LABORATORY APHL LABORATORY	1,940,406	1,571,796	368,610	
4.13	88	INTEREST EXPENSE INTEREST EXPENSE - SHARED		-73,861	73,861	
4.14	22	I&R SERVICES-SALARY & FRI INDY & MOORESVILLE RESIDE	40,061		40,061	
4.15	23	I&R SERVICES-OTHER PRGM C INDY & MOORESVILLE RESIDE	21,067		21,067	
5		TOTALS	12,831,273	1,497,935	11,333,338	

* 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	A	SSFHS - HOME OFFICE		0.00	
2	B	SHARED SERVICES		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:
15-0057

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

PREPARED 5/27/2009
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 6 3	AGGREGATE	153,633	153,633		138,700			
2 25	AGGREGATE	505,635	505,635		138,700			
3 37	AGGREGATE	419,641	419,641		208,000			
4 41	AGGREGATE	20,625	20,625		225,300			
5 44	AGGREGATE	80,000	80,000		215,700			
6 61	AGGREGATE	288,233	258,233	30,000	138,700	390	26,006	1,300
7								
8								
9								
10								
11								
12								
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23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,467,767	1,437,767	30,000		390	26,006	1,300

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0057
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 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	6 3	AGGREGATE						153,633
2	25	AGGREGATE						505,635
3	37	AGGREGATE						419,641
4	41	AGGREGATE						20,625
5	44	AGGREGATE						80,000
6	61	AGGREGATE				26,006	3,994	262,227
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				26,006	3,994	1,441,761

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	ADMINISTRATIVE	3	INPATIENT CHARGES	ENTERED
6.02	PATIENT ACCOUNTING	4	GROSS CHARGES	ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	9	PATIENT DAYS	ENTERED
12	CAFETERIA	10	FTE'S	ENTERED
14	NURSING ADMINISTRATION	11	DIRECT NURSING HR	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	ENTERED
16	PHARMACY	13	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	ADMINI TTING 6.01	PATI ENT ACCOU NTING 6.02	SUBTOTAL 6a.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,095,809	3,095,809					
005 NEW CAP REL COSTS-MVBLE E	2,654,786		2,654,786				
006 EMPLOYEE BENEFITS	594,829	3,201	2,745	600,775			
006 01 ADMINI TTING	999,791	31,272	26,817	20,629	1,078,509		
006 02 PATI ENT ACCOUNTING	742,367					742,367	
006 03 OTHER ADMINI STRATI VE AND	6,291,287	202,531	173,679	22,108			6,689,605
008 OPERATION OF PLANT	2,997,953	125,920	107,982	37,007			3,268,862
009 LAUNDRY & LI NEN SERVI CE	113,599	6,018	5,160	1,703			126,480
010 HOUSEKEEPING	984,190	25,302	21,698	27,148			1,058,338
011 DI ETARY	175,793	89,591	76,828	3,305			345,517
012 CAFETERIA	218,755	5,761	4,941	8,942			238,399
014 NURSING ADMINI STRATION	292,015			3,086			295,101
015 CENTRAL SERVI CES & SUPPLY	299,991			2,209			302,200
016 PHARMACY	898,191	41,162	35,299	20,820			995,472
017 MEDICAL RECORDS & LI BRARY	278,157	49,725	42,641	8,561			379,084
022 I&R SERVI CES-SALARY & FRI	40,061						40,061
023 I&R SERVI CES-OTHER PRGM C	21,067						21,067
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,016,751	548,683	470,519	143,129	121,936	40,089	6,341,107
029 SURGI CAL INTENSIVE CARE U	1,271,176	60,543	51,918	36,225	13,976	4,373	1,438,211
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,008,389	425,868	365,200	61,024	163,876	108,533	8,132,890
041 RADIOLOGY-DI AGNOSTIC	165,364	178,749	153,285	37,920	17,859	83,344	636,521
041 01 ULTRA SOUND	220,927	5,441	4,666	6,187	1,777	10,867	249,865
042 RADIOLOGY-THERAPEUTIC	1,869,516	136,675	117,204	1,884	267	25,744	2,151,290
044 LABORATORY	2,309,767	65,040	55,775		62,808	78,625	2,572,015
048 INTRAVENOUS THERAPY	23,311			207	1,660	557	25,735
049 RESPI RATORY THERAPY	575,814	17,412	14,932	16,694	26,900	11,006	662,758
050 PHYSICAL THERAPY	1,308,954	53,310	45,715	28,419	29,722	28,442	1,494,562
051 OCCUPATI ONAL THERAPY	57,800			1,493		966	60,259
052 SPEECH PATHOLOGY					28	10	38
053 ELECTROCARDIOLOGY	968,911	42,219	36,204	99	2,507	14,153	1,064,093
054 ELECTROENCEPHALOGRAPHY	215,091	58,127	49,846	5,733		9,102	337,899
055 MEDICAL SUPPLI ES CHARGED	13,073,370	19,589	16,798		547,407	187,017	13,844,181
056 DRUGS CHARGED TO PATI ENTS	1,123,431				87,786	33,981	1,245,198
060 OUTPAT SERVI CE COST CNTRS							
060 CLINI C	1,293,677	100,425	86,119	34,082		24,099	1,538,402
060 01 WOUND CARE INSTI TUTE	115			3		55	173
060 02 OP NUTRI TI ONAL COUNSELING	17,774			533		131	18,438
060 03 BARI ATRI C MEDI CINE							
061 EMERGENCY	880,944	94,136	80,725	19,429		31,134	1,106,368
062 OBSERVATI ON BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	58,099,723	2,386,700	2,046,696	548,579	1,078,509	692,228	56,680,189
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	39,214			599			39,813
098 PHYSICI ANS' PRI VATE OFFI C	44,938	629,297	539,648				1,213,883
100 COMMUNI TY RELATI ONS & MAR	2,182,991			7,862			2,190,853
100 01 PLAI NFI EL D RADIOLOGY & PH	647,659			8,601		5,668	661,928
100 02 JV MV ENDOSCOPY	3,016,225	79,812	68,442			35,149	3,199,628
100 03 IMPACT CENTER	1,297,247			35,134		9,322	1,341,703
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 TOTAL	65,327,997	3,095,809	2,654,786	600,775	1,078,509	742,367	65,327,997

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATION AND	6,689,605						
008 OPERATION OF PLANT	372,918	3,641,780					
009 LAUNDRY & LINEN SERVICE	14,429	8,019	148,928				
010 HOUSEKEEPING	120,737	33,717	3,160	1,215,952			
011 DIETARY	39,417	119,387		40,324	544,645		
012 CAFETERIA	27,197	7,678		2,593		275,867	
014 NURSING ADMINISTRATION	33,666					1,007	329,774
015 CENTRAL SERVICES & SUPPLY	34,476					2,789	
016 PHARMACY	113,565	54,852		18,527		9,251	
017 MEDICAL RECORDS & LIBRARY	43,247	66,262		22,381		8,966	
022 I&R SERVICES-SALARY & FRI	4,570						
023 I&R SERVICES-OTHER PRGM C	2,403						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	723,406	731,163	54,508	246,958	495,609	78,502	177,330
029 SURGICAL INTENSIVE CARE U	164,074	80,679	1,455	27,250	49,036	17,387	39,276
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	927,816	567,502	19,749	191,680		39,536	89,298
041 RADIOLOGY-DIAGNOSTIC	72,616	238,197	8,789	80,454		24,815	
041 01 ULTRA SOUND	28,505	7,251		2,449		3,020	
042 RADIOLOGY-THERAPEUTIC	245,423	182,130	2,629	61,516		1,401	
044 LABORATORY	293,421	86,671	60	29,274			
048 INTRAVENOUS THERAPY	2,936					95	
049 RESPIRATORY THERAPY	75,609	23,203		7,837		8,884	
050 PHYSICAL THERAPY	170,503	71,039	4,942	23,994		20,748	
051 OCCUPATIONAL THERAPY	6,874		129			735	
052 SPEECH PATHOLOGY	4						
053 ELECTROCARDIOLOGY	121,394	56,260		19,002		544	
054 ELECTROENCEPHALOGRAPHY	38,548	77,458	1,854	26,162		3,292	
055 MEDICAL SUPPLIES CHARGED	1,579,393	26,104		8,817			
056 DRUGS CHARGED TO PATIENTS	142,055						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	175,504	133,825	3,434	45,201		19,509	
060 01 WOUND CARE INSTITUTE	20						
060 02 OP NUTRITIONAL COUNSELING	2,103					367	
060 03 BARIATRIC MEDICINE							
061 EMERGENCY	126,217	125,443	9,313	42,370		10,571	23,870
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,703,046	2,696,840	110,022	896,789	544,645	251,419	329,774
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,542					871	
098 PHYSICIANS' PRIVATE OFFIC	138,482	838,584	32,101	283,240			
100 COMMUNITY RELATIONS & MAR	249,937					3,918	
100 01 PLAINFIELD RADIOLOGY & PH	75,514					4,748	
100 02 JV MV ENDOSCOPY	365,020	106,356	6,805	35,923			
100 03 IMPACT CENTER	153,064					14,911	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,689,605	3,641,780	148,928	1,215,952	544,645	275,867	329,774

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	22	23	25	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMIN STRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	339,465						
016 PHARMACY	790	1,192,457					
017 MEDICAL RECORDS & LIBRARY	2		519,942				
022 I&R SERVICES-SALARY & FRI				44,631			
023 I&R SERVICES-OTHER PRGM C					23,470		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,701		30,111	44,631	23,470	8,951,496	-68,101
029 SURGICAL INTENSIVE CARE U	775		3,285			1,821,428	
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			81,521			10,049,992	
041 RADIOLOGY-DIAGNOSTIC	1,566		62,601			1,125,559	
041 01 ULTRA SOUND	32		8,162			299,284	
042 RADIOLOGY-THERAPEUTIC			19,337			2,663,726	
044 LABORATORY			59,056			3,040,497	
048 INTRAVENOUS THERAPY	404		418			29,588	
049 RESPIRATORY THERAPY			8,267			786,558	
050 PHYSICAL THERAPY			21,363			1,807,151	
051 OCCUPATIONAL THERAPY			726			68,723	
052 SPEECH PATHOLOGY			7			49	
053 ELECTROCARDIOLOGY	29		10,630			1,271,952	
054 ELECTROENCEPHALOGRAPHY	283		6,837			492,333	
055 MEDICAL SUPPLIES CHARGED	328,598		140,473			15,927,566	
056 DRUGS CHARGED TO PATIENTS		1,192,457	25,523			2,605,233	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			18,101			1,933,976	
060 01 WOUND CARE INSTITUTE			41			234	
060 02 OP NUTRITIONAL COUNSELING			98			21,006	
060 03 BARIATRIC MEDICINE							
061 EMERGENCY	2,218		23,385			1,469,755	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	339,398	1,192,457	519,942	44,631	23,470	54,366,106	-68,101
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						45,226	
098 PHYSICIANS' PRIVATE OFFIC						2,506,290	
100 COMMUNITY RELATIONS & MAR						2,444,708	
100 01 PLAINFIELD RADIOLOGY & PH	67					742,257	
100 02 JV MV ENDOSCOPY						3,713,732	
100 03 IMPACT CENTER						1,509,678	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	339,465	1,192,457	519,942	44,631	23,470	65,327,997	-68,101

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 ADMINITTING	
006	02 PATIENT ACCOUNTING	
006	03 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	8,883,395
029	SURGICAL INTENSIVE CARE U	1,821,428
033	NURSERY	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	10,049,992
041	RADIOLOGY-DIAGNOSTIC	1,125,559
041	01 ULTRA SOUND	299,284
042	RADIOLOGY-THERAPEUTIC	2,663,726
044	LABORATORY	3,040,497
048	INTRAVENOUS THERAPY	29,588
049	RESPIRATORY THERAPY	786,558
050	PHYSICAL THERAPY	1,807,151
051	OCCUPATIONAL THERAPY	68,723
052	SPEECH PATHOLOGY	49
053	ELECTROCARDIOLOGY	1,271,952
054	ELECTROENCEPHALOGRAPHY	492,333
055	MEDICAL SUPPLIES CHARGED	15,927,566
056	DRUGS CHARGED TO PATIENTS	2,605,233
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,933,976
060	01 WOUND CARE INSTITUTE	234
060	02 OP NUTRITIONAL COUNSELING	21,006
060	03 BARIATRIC MEDICINE	
061	EMERGENCY	1,469,755
062	OBSERVATION BEDS (NON-DIS	
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	54,298,005
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	45,226
098	PHYSICIANS' PRIVATE OFFIC	2,506,290
100	COMMUNITY RELATIONS & MAR	2,444,708
100	01 PLAINFIELD RADIOLOGY & PH	742,257
100	02 JV MV ENDOSCOPY	3,713,732
100	03 IMPACT CENTER	1,509,678
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	65,259,896

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FMITS	ADMITTING	PATIENT ACCOUNTING
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		3,201	2,745	5,946	5,946		
006 01 ADMINITTING		31,272	26,817	58,089	204	58,293	
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND		202,531	173,679	376,210	219		
008 OPERATION OF PLANT		125,920	107,982	233,902	366		
009 LAUNDRY & LINEN SERVICE		6,018	5,160	11,178	17		
010 HOUSEKEEPING		25,302	21,698	47,000	269		
011 DIETARY		89,591	76,828	166,419	33		
012 CAFETERIA		5,761	4,941	10,702	89		
014 NURSING ADMINISTRATION					31		
015 CENTRAL SERVICES & SUPPLY					22		
016 PHARMACY		41,162	35,299	76,461	206		
017 MEDICAL RECORDS & LIBRARY		49,725	42,641	92,366	85		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		548,683	470,519	1,019,202	1,415	6,592	
029 SURGICAL INTENSIVE CARE U		60,543	51,918	112,461	359	756	
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		425,868	365,200	791,068	604	8,859	
041 RADIOLOGY-DIAGNOSTIC		178,749	153,285	332,034	375	965	
041 01 ULTRA SOUND		5,441	4,666	10,107	61	96	
042 RADIOLOGY-THERAPEUTIC		136,675	117,204	253,879	19	14	
044 LABORATORY		65,040	55,775	120,815		3,395	
048 INTRAVENOUS THERAPY					2	90	
049 RESPIRATORY THERAPY		17,412	14,932	32,344	165	1,454	
050 PHYSICAL THERAPY		53,310	45,715	99,025	281	1,607	
051 OCCUPATIONAL THERAPY					15		
052 SPEECH PATHOLOGY						2	
053 ELECTROCARDIOLOGY		42,219	36,204	78,423	1	136	
054 ELECTROENCEPHALOGRAPHY		58,127	49,846	107,973	57		
055 MEDICAL SUPPLIES CHARGED		19,589	16,798	36,387		29,581	
056 DRUGS CHARGED TO PATIENTS						4,746	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		100,425	86,119	186,544	337		
060 01 WOUND CARE INSTITUTE							
060 02 OP NUTRITIONAL COUNSELING					5		
060 03 BARIATRIC MEDICINE							
061 EMERGENCY		94,136	80,725	174,861	192		
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,386,700	2,046,696	4,433,396	5,429	58,293	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					6		
098 PHYSICIANS' PRIVATE OFFIC		629,297	539,648	1,168,945			
100 COMMUNITY RELATIONS & MAR					78		
100 01 PLAINFIELD RADIOLOGY & PH					85		
100 02 JVV ENDOSCOPY		79,812	68,442	148,254			
100 03 IMPACT CENTER					348		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,095,809	2,654,786	5,750,595	5,946	58,293	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATION	376,429						
008 OPERATION OF PLANT	20,983	255,251					
009 LAUNDRY & LINEN SERVICE	812	562	12,569				
010 HOUSEKEEPING	6,793	2,363	267	56,692			
011 DIETARY	2,218	8,368		1,880	178,918		
012 CAFETERIA	1,530	538		121		12,980	
014 NURSING ADMINISTRATION	1,894					47	1,972
015 CENTRAL SERVICES & SUPPLY	1,940					131	
016 PHARMACY	6,390	3,845		864		435	
017 MEDICAL RECORDS & LIBRARY	2,433	4,644		1,043		422	
022 I&R SERVICES-SALARY & FRI	257						
023 I&R SERVICES-OTHER PRGM C	135						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	40,704	51,247	4,600	11,514	162,810	3,695	1,060
029 SURGICAL INTENSIVE CARE U	9,232	5,655	123	1,270	16,108	818	235
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	52,205	39,776	1,667	8,937		1,860	534
041 RADIOLOGY-DIAGNOSTIC	4,086	16,695	742	3,751		1,168	
041 01 ULTRA SOUND	1,604	508		114		142	
042 RADIOLOGY-THERAPEUTIC	13,809	12,765	222	2,868		66	
044 LABORATORY	16,510	6,075	5	1,365			
048 INTRAVENOUS THERAPY	165					4	
049 RESPIRATORY THERAPY	4,254	1,626		365		418	
050 PHYSICAL THERAPY	9,594	4,979	417	1,119		976	
051 OCCUPATIONAL THERAPY	387		11			35	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	6,830	3,943		886		26	
054 ELECTROENCEPHALOGRAPHY	2,169	5,429	156	1,220		155	
055 MEDICAL SUPPLIES CHARGED	88,896	1,830		411			
056 DRUGS CHARGED TO PATIENTS	7,993						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,875	9,380	290	2,107		918	
060 01 WOUND CARE INSTITUTE	1						
060 02 OP NUTRITIONAL COUNSELING	118					17	
060 03 BARIATRIC MEDICINE							
061 EMERGENCY	7,102	8,792	786	1,975		497	143
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	320,919	189,020	9,286	41,810	178,918	11,830	1,972
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	256					41	
098 PHYSICIANS' PRIVATE OFFIC	7,792	58,777	2,709	13,207			
100 COMMUNITY RELATIONS & MAR	14,063					184	
100 01 PLAINFIELD RADIOLOGY & PH	4,249					223	
100 02 JV MV ENDOSCOPY	20,538	7,454	574	1,675			
100 03 IMPACT CENTER	8,612					702	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	376,429	255,251	12,569	56,692	178,918	12,980	1,972

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	22	23		
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,093						
016 PHARMACY	5	88,206					
017 MEDICAL RECORDS & LIBRARY			100,993				
022 I&R SERVICES-SALARY & FRI				257			
023 I&R SERVICES-OTHER PRGM C					135		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	29		5,847			1,308,715	
029 SURGICAL INTENSIVE CARE U	5		638			147,660	
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			15,829			921,339	
041 RADIOLOGY-DIAGNOSTIC	10		12,155			371,981	
041 01 ULTRA SOUND			1,585			14,217	
042 RADIOLOGY-THERAPEUTIC			3,755			287,397	
044 LABORATORY			11,467			159,632	
048 INTRAVENOUS THERAPY	2		81			344	
049 RESPIRATORY THERAPY			1,605			42,231	
050 PHYSICAL THERAPY			4,148			122,146	
051 OCCUPATIONAL THERAPY			141			589	
052 SPEECH PATHOLOGY			1			3	
053 ELECTROCARDIOLOGY			2,064			92,309	
054 ELECTROENCEPHALOGRAPHY	2		1,328			118,489	
055 MEDICAL SUPPLIES CHARGED	2,026		27,310			186,441	
056 DRUGS CHARGED TO PATIENTS		88,206	4,956			105,901	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			3,515			212,966	
060 01 WOUND CARE INSTITUTE			8			9	
060 02 OP NUTRITIONAL COUNSELING			19			159	
060 03 BARIATRIC MEDICINE							
061 EMERGENCY	14		4,541			198,903	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,093	88,206	100,993			4,291,431	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						303	
098 PHYSICIANS' PRIVATE OFFIC						1,251,430	
100 COMMUNITY RELATIONS & MAR						14,325	
100 01 PLAINFIELD RADIOLOGY & PH						4,557	
100 02 JV MV ENDOSCOPY						178,495	
100 03 IMPACT CENTER						9,662	
101 CROSS FOOT ADJUSTMENTS				257	135	392	
102 NEGATIVE COST CENTER							
103 TOTAL	2,093	88,206	100,993	257	135	5,750,595	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	PATIENT ACCOUNTING	
006 03	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	1,308,715
029	SURGICAL INTENSIVE CARE U	147,660
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	921,339
041	RADIOLOGY-DIAGNOSTIC	371,981
041 01	ULTRA SOUND	14,217
042	RADIOLOGY-THERAPEUTIC	287,397
044	LABORATORY	159,632
048	INTRAVENOUS THERAPY	344
049	RESPIRATORY THERAPY	42,231
050	PHYSICAL THERAPY	122,146
051	OCCUPATIONAL THERAPY	589
052	SPEECH PATHOLOGY	3
053	ELECTROCARDIOLOGY	92,309
054	ELECTROENCEPHALOGRAPHY	118,489
055	MEDICAL SUPPLIES CHARGED	186,441
056	DRUGS CHARGED TO PATIENTS	105,901
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	212,966
060 01	WOUND CARE INSTITUTE	9
060 02	OP NUTRITIONAL COUNSELING	159
060 03	BARITRICAL MEDICINE	
061	EMERGENCY	198,903
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	4,291,431
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	303
098	PHYSICIANS' PRIVATE OFFIC	1,251,430
100	COMMUNITY RELATIONS & MAR	14,325
100 01	PLAINFIELD RADIOLOGY & PH	4,557
100 02	JV MV ENDOSCOPY	178,495
100 03	IMPACT CENTER	9,662
101	CROSS FOOT ADJUSTMENTS	392
102	NEGATIVE COST CENTER	
103	TOTAL	5,750,595

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE ADMITTING	EMPLOYEE BENE ADMITTING	PATIENT ACCO	CH RECONCI L-
		(SQUARE FEET	(SQUARE)FEET	(GROSS SALARIES	(INPATIENT)CHARGES	(GROSS)ARGES) IATION
		3	4	5	6.01	6.02	6a.03
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	193,439					
005	NEW CAP REL COSTS-MVB		193,439				
006	EMPLOYEE BENEFITS	200	200	15,900,838			
006 01	ADMITTING	1,954	1,954	545,983	65,365,796		
006 02	PATIENT ACCOUNTING					143,793,377	
006 03	OTHER ADMINISTRATIVE	12,655	12,655	585,143			-6,689,605
008	OPERATION OF PLANT	7,868	7,868	979,449			
009	LAUNDRY & LINEN SERVI	376	376	45,065			
010	HOUSEKEEPING	1,581	1,581	718,537			
011	DIETARY	5,598	5,598	87,467			
012	CAFETERIA	360	360	236,658			
014	NURSING ADMINISTRATION			81,673			
015	CENTRAL SERVICES & SU			58,453			
016	PHARMACY	2,572	2,572	551,038			
017	MEDICAL RECORDS & LIB	3,107	3,107	226,583			
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
025	INPAT ROUTINE SRVC CN						
029	ADULTS & PEDIATRICS	34,284	34,284	3,788,376	7,390,072	7,764,653	
033	SURGICAL INTENSIVE CA	3,783	3,783	958,773	847,039	847,039	
037	NURSERY						
041	ANCILLARY SRVC COST C						
041	OPERATING ROOM	26,610	26,610	1,615,110	9,931,900	21,021,401	
041	RADIOLOGY-DIAGNOSTIC	11,169	11,169	1,003,625	1,082,383	16,142,492	
041 01	ULTRA SOUND	340	340	163,764	107,721	2,104,739	
042	RADIOLOGY-THERAPEUTIC	8,540	8,540	49,876	16,194	4,986,223	
044	LABORATORY	4,064	4,064		3,806,544	15,228,570	
048	INTRAVENOUS THERAPY			5,482	100,635	107,836	
049	RESPIRATORY THERAPY	1,088	1,088	441,829	1,630,328	2,131,797	
050	PHYSICAL THERAPY	3,331	3,331	752,176	1,801,354	5,508,724	
051	OCCUPATIONAL THERAPY			39,524		187,102	
052	SPEECH PATHOLOGY				1,700	1,893	
053	ELECTROCARDIOLOGY	2,638	2,638	2,626	151,940	2,741,177	
054	ELECTROENCEPHALOGRAPH	3,632	3,632	151,730		1,762,962	
055	MEDICAL SUPPLIES CHAR	1,224	1,224		33,177,649	36,229,961	
056	DRUGS CHARGED TO PATI				5,320,337	6,581,601	
060	OUTPAT SERVICE COST C						
060	CLINIC	6,275	6,275	902,044		4,667,642	
060 01	WOUND CARE INSTITUTE			92		10,610	
060 02	OP NUTRITIONAL COUNSE			14,115		25,327	
060 03	BARIATRIC MEDICINE						
061	EMERGENCY	5,882	5,882	514,213		6,030,258	
062	OBSERVATION BEDS (NON						
095	SPEC PURPOSE COST CEN						
096	SUBTOTALS	149,131	149,131	14,519,404	65,365,796	134,082,007	-6,689,605
098	NONREIMBURS COST CENT						
100	GIFT, FLOWER, COFFEE			15,845			
100	PHYSICIANS' PRIVATE O	39,321	39,321				
100	COMMUNITY RELATIONS &			208,074			
100 01	PLAINFIELD RADIOLOGY			227,631		1,097,810	
100 02	JV MV ENDOSCOPY	4,987	4,987			6,807,933	
100 03	IMPACT CENTER			929,884		1,805,627	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	3,095,809	2,654,786	600,775	1,078,509	742,367	
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	16.004058		.037783		.005163	
105	(WRKSHT B, PT I)		13.724151		.016500		
105	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)			5,946	58,293		
107	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER			.000374		.000892	
	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

15-0057

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF DRY)	(SQUARE FEET)	(PATIENT DAYS)	(FTE'S)	(DIRECT NURSING HR)	
6.03	8	9	10	11	12	14	
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 PATIENT ACCOUNTING							
006 03 OTHER ADMINISTRATIVE	58,638,392						
008 OPERATION OF PLANT	3,268,862	170,762					
009 LAUNDRY & LINEN SERVI	126,480	376	390,474				
010 HOUSEKEEPING	1,058,338	1,581	8,285	168,805			
011 DIETARY	345,517	5,598		5,598	7,675		
012 CAFETERIA	238,399	360		360		20,277	
014 NURSING ADMINISTRATION	295,101					74	223,200
015 CENTRAL SERVICES & SU	302,200					205	
016 PHARMACY	995,472	2,572		2,572		680	
017 MEDICAL RECORDS & LIB	379,084	3,107		3,107		659	
022 I&R SERVICES-SALARY &	40,061						
023 I&R SERVICES-OTHER PR	21,067						
025 INPAT ROUTINE SRVC CN							
029 ADULTS & PEDIATRICS	6,341,107	34,284	142,915	34,284	6,984	5,770	120,022
033 SURGICAL INTENSIVE CA	1,438,211	3,783	3,814	3,783	691	1,278	26,583
037 NURSERY							
041 ANCILLARY SRVC COST C							
041 OPERATING ROOM	8,132,890	26,610	51,780	26,610		2,906	60,439
041 RADIOLOGY-DIAGNOSTIC	636,521	11,169	23,045	11,169		1,824	
041 01 ULTRA SOUND	249,865	340		340		222	
042 RADIOLOGY-THERAPEUTIC	2,151,290	8,540	6,893	8,540		103	
044 LABORATORY	2,572,015	4,064	157	4,064			
048 INTRAVENOUS THERAPY	25,735					7	
049 RESPIRATORY THERAPY	662,758	1,088		1,088		653	
050 PHYSICAL THERAPY	1,494,562	3,331	12,957	3,331		1,525	
051 OCCUPATIONAL THERAPY	60,259		339			54	
052 SPEECH PATHOLOGY	38						
053 ELECTROCARDIOLOGY	1,064,093	2,638		2,638		40	
054 ELECTROENCEPHALOGRAPH	337,899	3,632	4,861	3,632		242	
055 MEDICAL SUPPLIES CHAR	13,844,181	1,224		1,224			
056 DRUGS CHARGED TO PATI	1,245,198						
060 OUTPAT SERVICE COST C							
060 01 CLINIC	1,538,402	6,275	9,004	6,275		1,434	
060 02 WOUND CARE INSTITUTE	173						
060 03 OP NUTRITIONAL COUNSE	18,438					27	
061 BARIATRIC MEDICINE							
061 EMERGENCY	1,106,368	5,882	24,417	5,882		777	16,156
062 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	49,990,584	126,454	288,467	124,497	7,675	18,480	223,200
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	39,813					64	
098 PHYSICIANS' PRIVATE O	1,213,883	39,321	84,165	39,321			
100 COMMUNITY RELATIONS &	2,190,853					288	
100 01 PLAINFIELD RADIOLOGY	661,928					349	
100 02 JV MV ENDOSCOPY	3,199,628	4,987	17,842	4,987			
100 03 IMPACT CENTER	1,341,703					1,096	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	6,689,605	3,641,780	148,928	1,215,952	544,645	275,867	329,774
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		21.326642		7.203294		13.604922	
105 (WRKSHT B, PT I)	.114082		.381403		70.963518		1.477482
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	376,429	255,251	12,569	56,692	178,918	12,980	1,972
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.006419	1.494776	.032189	.335843	23.311792	.640134	.008835
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

15-0057

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
	15	16	17	22	23
GENERAL SERVICE COST					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 ADMIN TTING					
006 02 PATIENT ACCOUNTING					
006 03 OTHER ADMIN STRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU	13,505,701				
016 PHARMACY	31,443	100			
017 MEDICAL RECORDS & LIB	66		134,082,007		
022 I&R SERVICES-SALARY &				100	
023 I&R SERVICES-OTHER PR					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	187,025		7,764,653	100	100
029 SURGICAL INTENSIVE CA	30,846		847,039		
033 NURSERY					
ANCILLARY SRVC COST C					
037 OPERATING ROOM			21,021,401		
041 RADIOLOGY-DIAGNOSTIC	62,298		16,142,492		
041 01 ULTRA SOUND	1,254		2,104,739		
042 RADIOLOGY-THERAPEUTIC			4,986,223		
044 LABORATORY			15,228,570		
048 INTRAVENOUS THERAPY	16,059		107,836		
049 RESPIRATORY THERAPY			2,131,797		
050 PHYSICAL THERAPY			5,508,724		
051 OCCUPATIONAL THERAPY			187,102		
052 SPEECH PATHOLOGY			1,893		
053 ELECTROCARDIOLOGY	1,156		2,741,177		
054 ELECTROENCEPHALOGRAPH	11,278		1,762,962		
055 MEDICAL SUPPLIES CHAR	13,073,370		36,229,961		
056 DRUGS CHARGED TO PATI		100	6,581,601		
OUTPAT SERVICE COST C					
060 CLINIC			4,667,642		
060 01 WOUND CARE INSTITUTE			10,610		
060 02 OP NUTRITIONAL COUNSE			25,327		
060 03 BARIATRIC MEDICINE					
061 EMERGENCY	88,247		6,030,258		
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	13,503,042	100	134,082,007	100	100
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
100 COMMUNITY RELATIONS &					
100 01 PLAINFIELD RADIOLOGY	2,659				
100 02 JV MV ENDOSCOPY					
100 03 IMPACT CENTER					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	339,465	1,192,457	519,942	44,631	23,470
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		11,924.570000		446.310000	
(WRKSHT B, PT I)	.025135		.003878		234.700000
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	2,093	88,206	100,993	257	135
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		882.060000		2.570000	
(WRKSHT B, PT III)	.000155		.000753		1.350000

COMPUTATION OF RATIO OF COSTS TO CHARGES

15-0057

FROM 1/ 1/2008

WORKSHEET C

TO 12/31/2008

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,883,395		8,883,395		8,883,395
29	SURGICAL INTENSIVE CARE U	1,821,428		1,821,428		1,821,428
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,049,992		10,049,992		10,049,992
41	RADIOLOGY-DIAGNOSTIC	1,125,559		1,125,559		1,125,559
41	01 ULTRA SOUND	299,284		299,284		299,284
42	RADIOLOGY-THERAPEUTIC	2,663,726		2,663,726		2,663,726
44	LABORATORY	3,040,497		3,040,497		3,040,497
48	INTRAVENOUS THERAPY	29,588		29,588		29,588
49	RESPIRATORY THERAPY	786,558		786,558		786,558
50	PHYSICAL THERAPY	1,807,151		1,807,151		1,807,151
51	OCCUPATIONAL THERAPY	68,723		68,723		68,723
52	SPEECH PATHOLOGY	49		49		49
53	ELECTROCARDIOLOGY	1,271,952		1,271,952		1,271,952
54	ELECTROENCEPHALOGRAPHY	492,333		492,333		492,333
55	MEDICAL SUPPLIES CHARGED	15,927,566		15,927,566		15,927,566
56	DRUGS CHARGED TO PATIENTS	2,605,233		2,605,233		2,605,233
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,933,976		1,933,976		1,933,976
60	01 WOUND CARE INSTITUTE	234		234		234
60	02 OP NUTRITIONAL COUNSELING	21,006		21,006		21,006
60	03 BARIATRIC MEDICINE					
61	EMERGENCY	1,469,755		1,469,755	3,994	1,473,749
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	349,472		349,472		349,472
101	SUBTOTAL	54,647,477		54,647,477	3,994	54,651,471
102	LESS OBSERVATION BEDS	349,472		349,472		349,472
103	TOTAL	54,298,005		54,298,005	3,994	54,301,999

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	7,390,072		7,390,072			
29	SURGICAL INTENSIVE CARE U	847,039		847,039			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,931,900	11,089,501	21,021,401	.478084	.478084	.478084
41	RADIOLOGY-DIAGNOSTIC	1,082,383	15,060,109	16,142,492	.069726	.069726	.069726
01 41	ULTRA SOUND	107,721	1,997,018	2,104,739	.142195	.142195	.142195
42	RADIOLOGY-THERAPEUTIC	16,194	4,970,029	4,986,223	.534217	.534217	.534217
44	LABORATORY	3,806,544	11,422,026	15,228,570	.199657	.199657	.199657
48	INTRAVENOUS THERAPY	90,635	17,201	107,836	.274380	.274380	.274380
49	RESPIRATORY THERAPY	1,630,328	501,469	2,131,797	.368965	.368965	.368965
50	PHYSICAL THERAPY	1,801,354	3,707,370	5,508,724	.328053	.328053	.328053
51	OCCUPATIONAL THERAPY	244	186,858	187,102	.367302	.367302	.367302
52	SPEECH PATHOLOGY	1,700	193	1,893	.025885	.025885	.025885
53	ELECTROCARDIOLOGY	151,940	2,589,237	2,741,177	.464017	.464017	.464017
54	ELECTROENCEPHALOGRAPHY	1,000	1,761,962	1,762,962	.279265	.279265	.279265
55	MEDICAL SUPPLIES CHARGED	33,177,649	3,052,312	36,229,961	.439624	.439624	.439624
56	DRUGS CHARGED TO PATIENTS	5,320,337	1,261,264	6,581,601	.395836	.395836	.395836
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	25,456	4,642,186	4,667,642	.414337	.414337	.414337
01 60	WOUND CARE INSTITUTE	1,000	9,610	10,610	.022055	.022055	.022055
02 60	OP NUTRITIONAL COUNSELING		25,327	25,327	.829392	.829392	.829392
03 60	BARIATRIC MEDICINE						
61	EMERGENCY	455,619	5,574,639	6,030,258	.243730	.243730	.244392
62	OBSERVATION BEDS (NON-DIS	50,000	324,581	374,581	.932968	.932968	.932968
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	65,889,115	68,192,892	134,082,007			
102	LESS OBSERVATION BEDS						
103	TOTAL	65,889,115	68,192,892	134,082,007			

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	10,049,992	921,339	9,128,653			10,049,992
41	OPERATING ROOM	1,125,559	371,981	753,578			1,125,559
41	01 ULTRA SOUND	299,284	14,217	285,067			299,284
42	RADIOLOGY-THERAPEUTIC	2,663,726	287,397	2,376,329			2,663,726
44	LABORATORY	3,040,497	159,632	2,880,865			3,040,497
48	INTRAVENOUS THERAPY	29,588	344	29,244			29,588
49	RESPIRATORY THERAPY	786,558	42,231	744,327			786,558
50	PHYSICAL THERAPY	1,807,151	122,146	1,685,005			1,807,151
51	OCCUPATIONAL THERAPY	68,723	589	68,134			68,723
52	SPEECH PATHOLOGY	49	3	46			49
53	ELECTROCARDIOLOGY	1,271,952	92,309	1,179,643			1,271,952
54	ELECTROENCEPHALOGRAPHY	492,333	118,489	373,844			492,333
55	MEDICAL SUPPLIES CHARGED	15,927,566	186,441	15,741,125			15,927,566
56	DRUGS CHARGED TO PATIENTS	2,605,233	105,901	2,499,332			2,605,233
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,933,976	212,966	1,721,010			1,933,976
60	01 WOUND CARE INSTITUTE	234	9	225			234
60	02 OP NUTRITIONAL COUNSELING	21,006	159	20,847			21,006
60	03 BARIATRIC MEDICINE						
61	EMERGENCY	1,469,755	198,903	1,270,852			1,469,755
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	349,472	51,485	297,987			349,472
101	SUBTOTAL	43,942,654	2,886,541	41,056,113			43,942,654
102	LESS OBSERVATION BEDS	349,472	51,485	297,987			349,472
103	TOTAL	43,593,182	2,835,056	40,758,126			43,593,182

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	21,021,401	.478084	.478084
41	RADIOLOGY-DIAGNOSTIC	16,142,492	.069726	.069726
41	01 ULTRA SOUND	2,104,739	.142195	.142195
42	RADIOLOGY-THERAPEUTIC	4,986,223	.534217	.534217
44	LABORATORY	15,228,570	.199657	.199657
48	INTRAVENOUS THERAPY	107,836	.274380	.274380
49	RESPIRATORY THERAPY	2,131,797	.368965	.368965
50	PHYSICAL THERAPY	5,508,724	.328053	.328053
51	OCCUPATIONAL THERAPY	187,102	.367302	.367302
52	SPEECH PATHOLOGY	1,893	.025885	.025885
53	ELECTROCARDIOLOGY	2,741,177	.464017	.464017
54	ELECTROENCEPHALOGRAPHY	1,762,962	.279265	.279265
55	MEDICAL SUPPLIES CHARGED	36,229,961	.439624	.439624
56	DRUGS CHARGED TO PATIENTS	6,581,601	.395836	.395836
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,667,642	.414337	.414337
60	01 WOUND CARE INSTITUTE	10,610	.022055	.022055
60	02 OP NUTRITIONAL COUNSELING	25,327	.829392	.829392
60	03 BARIATRIC MEDICINE			
61	EMERGENCY	6,030,258	.243730	.243730
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	374,581	.932968	.932968
101	SUBTOTAL	125,844,896		
102	LESS OBSERVATION BEDS	374,581		
103	TOTAL	125,470,315		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,049,992	921,339	9,128,653			10,049,992
41	RADIOLOGY-DIAGNOSTIC	1,125,559	371,981	753,578			1,125,559
41	01 ULTRA SOUND	299,284	14,217	285,067			299,284
42	RADIOLOGY-THERAPEUTIC	2,663,726	287,397	2,376,329			2,663,726
44	LABORATORY	3,040,497	159,632	2,880,865			3,040,497
48	INTRAVENOUS THERAPY	29,588	344	29,244			29,588
49	RESPIRATORY THERAPY	786,558	42,231	744,327			786,558
50	PHYSICAL THERAPY	1,807,151	122,146	1,685,005			1,807,151
51	OCCUPATIONAL THERAPY	68,723	589	68,134			68,723
52	SPEECH PATHOLOGY	49	3	46			49
53	ELECTROCARDIOLOGY	1,271,952	92,309	1,179,643			1,271,952
54	ELECTROENCEPHALOGRAPHY	492,333	118,489	373,844			492,333
55	MEDICAL SUPPLIES CHARGED	15,927,566	186,441	15,741,125			15,927,566
56	DRUGS CHARGED TO PATIENTS	2,605,233	105,901	2,499,332			2,605,233
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,933,976	212,966	1,721,010			1,933,976
60	01 WOUND CARE INSTITUTE	234	9	225			234
60	02 OP NUTRITIONAL COUNSELING	21,006	159	20,847			21,006
60	03 BARIATRIC MEDICINE						
61	EMERGENCY	1,469,755	198,903	1,270,852			1,469,755
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	349,472	51,485	297,987			349,472
101	SUBTOTAL	43,942,654	2,886,541	41,056,113			43,942,654
102	LESS OBSERVATION BEDS	349,472	51,485	297,987			349,472
103	TOTAL	43,593,182	2,835,056	40,758,126			43,593,182

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	21,021,401	.478084	.478084
41	OPERATING ROOM	16,142,492	.069726	.069726
41	01 RADIOLOGY-DIAGNOSTIC	2,104,739	.142195	.142195
42	ULTRA SOUND	4,986,223	.534217	.534217
44	RADIOLOGY-THERAPEUTIC	15,228,570	.199657	.199657
48	LABORATORY	107,836	.274380	.274380
49	INTRAVENOUS THERAPY	2,131,797	.368965	.368965
50	RESPIRATORY THERAPY	5,508,724	.328053	.328053
51	PHYSICAL THERAPY	187,102	.367302	.367302
52	OCCUPATIONAL THERAPY	1,893	.025885	.025885
53	SPEECH PATHOLOGY	2,741,177	.464017	.464017
54	ELECTROCARDIOLOGY	1,762,962	.279265	.279265
55	ELECTROENCEPHALOGRAPHY	36,229,961	.439624	.439624
56	MEDICAL SUPPLIES CHARGED	6,581,601	.395836	.395836
60	DRUGS CHARGED TO PATIENTS			
60	OUTPAT SERVICE COST CNTRS	4,667,642	.414337	.414337
60	01 CLINIC	10,610	.022055	.022055
60	02 WOUND CARE INSTITUTE	25,327	.829392	.829392
60	03 OP NUTRITIONAL COUNSELING			
61	BARIATRIC MEDICINE	6,030,258	.243730	.243730
62	EMERGENCY	374,581	.932968	.932968
101	OBSERVATION BEDS (NON-DIS			
102	OTHER REIMBURS COST CNTRS	125,844,896		
102	LESS OBSERVATION BEDS	374,581		
103	TOTAL	125,470,315		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,308,715		1,308,715
29	SURGICAL INTENSIVE CARE U				147,660		147,660
33	NURSERY						
101	TOTAL				1,456,375		1,456,375

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	7,270	3,134			180.02	564,183
29	SURGICAL INTENSIVE CARE U	691	483			213.69	103,212
33	NURSERY	1,040					
101	TOTAL	9,001	3,617				667,395

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

PROVIDER NO: 15-0057
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 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					7,270	
29	SURGICAL INTENSIVE CARE U					691	
33	NURSERY					1,040	
101	TOTAL					9,001	

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

PROVIDER NO: 15-0057
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	3,134	
29	SURGICAL INTENSIVE CARE U	483	
33	NURSERY		
101	TOTAL	3,617	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
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						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE INSTITUTE						
60	02 OP NUTRITIONAL COUNSELING						
60	03 BARIATRIC MEDICINE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			21,021,401			5,078,816	
41	OPERATING ROOM			16,142,492			490,508	
41	01 RADIOLOGY-DIAGNOSTIC			2,104,739			47,592	
42	ULTRA SOUND			4,986,223			5,232	
44	RADIOLOGY-THERAPEUTIC			15,228,570			1,830,627	
48	LABORATORY			107,836			62,319	
49	INTRAVENOUS THERAPY			2,131,797			222,523	
50	RESPIRATORY THERAPY			5,508,724			1,051,243	
51	PHYSICAL THERAPY			187,102				
52	OCCUPATIONAL THERAPY			1,893			895	
53	SPEECH PATHOLOGY			2,741,177			99,672	
54	ELECTROCARDIOLOGY			1,762,962			491	
55	ELECTROENCEPHALOGRAPHY			36,229,961			16,697,044	
56	MEDICAL SUPPLIES CHARGED			6,581,601			2,746,909	
60	DRUGS CHARGED TO PATIENTS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,667,642			7,328	
60	01 WOUND CARE INSTITUTE			10,610			704	
60	02 OP NUTRITIONAL COUNSELING			25,327				
60	03 BARIATRIC MEDICINE							
61	EMERGENCY			6,030,258			226,407	
62	OBSERVATION BEDS (NON-DIS			374,581			40,359	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			125,844,896			28,608,669	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,842,375					
41	RADIOLOGY-DIAGNOSTIC	3,300,518					
41	01 ULTRA SOUND	455,108					
42	RADIOLOGY-THERAPEUTIC	1,795,168					
44	LABORATORY	101,378					
48	INTRAVENOUS THERAPY	12,211					
49	RESPIRATORY THERAPY	106,591					
50	PHYSICAL THERAPY	600					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,057,108					
54	ELECTROENCEPHALOGRAPHY	372,790					
55	MEDICAL SUPPLIES CHARGED	1,059,776					
56	DRUGS CHARGED TO PATIENTS	689,820					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	274,743					
60	01 WOUND CARE INSTITUTE						
60	02 OP NUTRITIONAL COUNSELING	29					
60	03 BARIATRIC MEDICINE						
61	EMERGENCY	994,137					
62	OBSERVATION BEDS (NON-DIS	68,460					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	13,130,812					

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,308,715		1,308,715
29	SURGICAL INTENSIVE CARE U				147,660		147,660
33	NURSERY						
101	TOTAL				1,456,375		1,456,375

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	7,270	1,054			180.02	189,741
29	SURGICAL INTENSIVE CARE U	691	17			213.69	3,633
33	NURSERY	1,040	62				
101	TOTAL	9,001	1,133				193,374

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0057
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
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		68,101		68,101	7,270	9.37
29	SURGICAL INTENSIVE CARE U					691	
33	NURSERY					1,040	
101	TOTAL		68,101		68,101	9,001	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0057
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	1,054	9,876
29	SURGICAL INTENSIVE CARE U	17	
33	NURSERY	62	
101	TOTAL	1,133	9,876

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
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						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOUND CARE INSTITUTE						
60	02 OP NUTRITIONAL COUNSELING						
60	03 BARIATRIC MEDICINE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			21,021,401			64,774	
41	RADIOLOGY-DIAGNOSTIC			16,142,492			28,538	
41	01 ULTRA SOUND			2,104,739			18,659	
42	RADIOLOGY-THERAPEUTIC			4,986,223				
44	LABORATORY			15,228,570			196,415	
48	INTRAVENOUS THERAPY			107,836			771	
49	RESPIRATORY THERAPY			2,131,797			64,984	
50	PHYSICAL THERAPY			5,508,724			2,041	
51	OCCUPATIONAL THERAPY			187,102				
52	SPEECH PATHOLOGY			1,893				
53	ELECTROCARDIOLOGY			2,741,177			1,742	
54	ELECTROENCEPHALOGRAPHY			1,762,962				
55	MEDICAL SUPPLIES CHARGED			36,229,961			194,000	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			6,581,601			225,897	
60	CLINIC			4,667,642			1,478	
60	01 WOUND CARE INSTITUTE			10,610			225	
60	02 OP NUTRITIONAL COUNSELING			25,327				
60	03 BARIATRIC MEDICINE							
61	EMERGENCY			6,030,258			34,300	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			374,581			9,504	
101	TOTAL			125,844,896			843,328	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	397, 143					
41	RADIOLOGY-DIAGNOSTIC	459, 778					
41	01 ULTRA SOUND	92, 769					
42	RADIOLOGY-THERAPEUTIC	357, 170					
44	LABORATORY	417, 197					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	12, 778					
50	PHYSICAL THERAPY	42, 999					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	46, 689					
54	ELECTROENCEPHALOGRAPHY	40, 748					
55	MEDICAL SUPPLIES CHARGED	229, 008					
56	DRUGS CHARGED TO PATIENTS	124, 241					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	235, 891					
60	01 WOUND CARE INSTITUTE						
60	02 OP NUTRITIONAL COUNSELING	271					
60	03 BARIATRIC MEDICINE						
61	EMERGENCY	364, 123					
62	OBSERVATION BEDS (NON-DIS	26, 450					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	2, 847, 255					

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,694,370	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	9,694,370	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	812,755	
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)	2,556	
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	10,509,681	
17 PRIMARY PAYER PAYMENTS	7,709	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	10,501,972	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	895,968	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	7,680	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	45,903	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,132	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	31,896	
22 SUBTOTAL	9,630,456	
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	9,630,456	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,787,779	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-157,323	
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)		

	TITLE XIX	HOSPITAL	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			922,327	
4	MEDICAL AND OTHER SERVICES			
5				
6	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
7	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
8				
9	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
10			922,327	
11	SUBTOTAL			
12				
13	INPATIENT PRIMARY PAYER PAYMENTS			
14				
15	OUTPATIENT PRIMARY PAYER PAYMENTS			
16			922,327	
17	SUBTOTAL			
18	COMPUTATION OF LESSER OF COST OR CHARGES			
19	REASONABLE CHARGES			
20			2,205,253	
21	ROUTINE SERVICE CHARGES			
22			3,690,583	
23	ANCILLARY SERVICE CHARGES			
24	INTERNS AND RESIDENTS SERVICE CHARGES			
25	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
26	TEACHING PHYSICIANS			
27	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
28			5,895,836	
29	TOTAL REASONABLE CHARGES			
30				
31	CUSTOMARY CHARGES			
32	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
33			5,895,836	
34	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)			
35			4,973,509	
36	RATIO OF LINE 32 TO LINE 33			
37				
38	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
39			932,203	
40	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
41				
42	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
43			922,327	
44	COST OF COVERED SERVICES			
45				
46	PROSPECTIVE PAYMENT AMOUNT			
47	OTHER THAN OUTLIER PAYMENTS			
48				
49	OUTLIER PAYMENTS			
50				
51	PROGRAM CAPITAL PAYMENTS			
52				
53	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
54			9,876	
55	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
56				
57	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
58			932,203	
59	SUBTOTAL			
60				
61	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
62			5,895,836	
63	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
64			932,203	
65	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
66				
67	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
68	EXCESS OF REASONABLE COST			
69				
70	SUBTOTAL			
71			932,203	
72	COINSURANCE			
73	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
74				
75	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
76				
77	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
78				
79	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
80				
81	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
82				
83	UTILIZATION REVIEW			
84				
85	SUBTOTAL (SEE INSTRUCTIONS)			
86			932,203	
87	INPATIENT ROUTINE SERVICE COST			
88				
89	MEDI CARE INPATIENT ROUTINE CHARGES			
90				
91	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
92				
93	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
94				
95	RATIO OF LINE 93 TO 94			
96				
97	TOTAL CUSTOMARY CHARGES			
98				
99	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
100				
101	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
102				
103	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
104				
105	OTHER ADJUSTMENTS (SPECIFY)			
106				
107	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
108				
109	SUBTOTAL			
110			932,203	
111	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
112				
113	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
114				
115	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
116			932,203	
117	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
118				
119	INTERIM PAYMENTS			
120			932,203	
121	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	.19
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		.19
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		.25
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		.19
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.25
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		.25
3.10	SEE INSTRUCTIONS		.19
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.07
3.22	SEE INSTRUCTIONS		.07
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		97,734.51
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,841
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,841

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		3,617
5	TOTAL INPATIENT DAYS		7,675
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.471270
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,224	3,224
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		7,675
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

TITLE XVIII

- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 16,954,303
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 7,109
- 16 TOTAL PART A REASONABLE COST 16,946,594

PART B REASONABLE COST

- 17 REASONABLE COST 4,429,479
- 18 PRIMARY PAYER PAYMENTS 116
- 19 TOTAL PART B REASONABLE COST 4,429,363
- 20 TOTAL REASONABLE COST 21,375,957
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .792788
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .207212

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 3,224
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 2,556
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 668

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,415,607			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	22,095,182			
5	OTHER RECEIVABLES	203,651			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,981,425			
7	INVENTORY	2,103,017			
8	PREPAID EXPENSES	339,361			
9	OTHER CURRENT ASSETS	121,276			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	16,296,669			
FIXED ASSETS					
12	LAND	2,128,489			
12.01	LAND IMPROVEMENTS	45,766,488			
13	LAND IMPROVEMENTS	45,766,488			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	32,433,530			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	782,433			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	18,323,098			
16.01	LESS ACCUMULATED DEPRECIATION	-21,994,177			
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	77,439,861			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,790,081			
26	TOTAL OTHER ASSETS	1,790,081			
27	TOTAL ASSETS	95,526,611			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,071,371			
29 SALARIES, WAGES & FEES PAYABLE	1,627,343			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,068,709			
36 TOTAL CURRENT LIABILITIES	6,767,423			
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	499,675			
42 TOTAL LONG-TERM LIABILITIES	499,675			
43 TOTAL LIABILITIES	7,267,098			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	88,259,513			
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	88,259,513			
52 TOTAL LIABILITIES AND FUND BALANCES	95,526,611			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		37,642,893		
2 OF PERIOD				
3 NET INCOME (LOSS)		50,616,620		
4 TOTAL		88,259,513		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		88,259,513		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		88,259,513		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,390,072		7,390,072
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	7,390,072		7,390,072
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
13 00 SURGICAL INTENSIVE CARE UNIT	847,039		847,039
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	847,039		847,039
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	8,237,111		8,237,111
17 00 ANCILLARY SERVICES	57,620,838	77,935,429	135,556,267
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	65,857,949	77,935,429	143,793,378

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	59,452,904		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		59,452,904	

DESCRIPTION

1	TOTAL PATIENT REVENUES	143,793,378
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	33,723,854
3	NET PATIENT REVENUES	110,069,524
4	LESS: TOTAL OPERATING EXPENSES	59,452,904
5	NET INCOME FROM SERVICE TO PATIENTS	50,616,620
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
25	TOTAL OTHER INCOME	
26	TOTAL	50,616,620
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	50,616,620

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0057	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0057		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	811,124
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	982
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	20.97
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.06
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.08
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	649
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDI CAID 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	812,755
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)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0057	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
15-0057		PARTS I-IV

TITLE XIX

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	20.97
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.25
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.34
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	